AGENDA
COMMUNITY SERVICES COMMITTEE

Wednesday, June 13, 2012
5:00 p.m.
Council Chambers
Lanark County Administration Building

Councillor John Levi, Chair

1. CALL TO ORDER (Please silence all cell phones)

2. DISCLOSURE OF PECUNIARY INTEREST

3. APPROVAL OF MINUTES

  Suggested Motion:
  "THAT, the minutes of the Community Services Committee meeting held on May 16, 2012 be approved as circulated."

4. ADDITIONS AND APPROVAL OF AGENDA

  Suggested Motion:
  "THAT, the agenda be adopted as presented."

5. DELEGATIONS & PRESENTATIONS

6. COMMUNICATIONS

  i) Champlain LHIN: Local Seniors Benefiting from Groundbreaking Provincial Project

  ii) Champlain LHIN: May 30, 2012 Board Meeting Highlights

  iii) Halton Region: Universal Influenza Immunization Program, 2011-2012

  iv) Letter from Accreditation Canada: New Accreditation Decision Levels

  v) Letter from the Ministry of Community & Social Services: Revision of the Cost Sharing Formula for Ontario Works Non-Health and Health-Related Discretionary Benefits

  Suggested Motion:
  "THAT, the communications for the June Community Services Committee meeting be received for information."
7. CONSENT REPORTS

23-35
i) Report #SS-08-2012: Carleton Place Satellite Office Update

36-39
ii) Report #SS-09-2012: 2012 Social Services Goals Update

40-43
iii) Report #LL-09-2012 Lanark Lodge 2012 Goals Update

44-51
iv) Report #LL-10-2012 MOHLTC Funding Announcements

Suggested Motion:
"THAT, the following June Consent Reports be received for information:
Report #SS-08-2012 Carleton Place Satellite Office Update
Report #SS-09-2012 2012 Social Services Goals Update
Report #LL-09-2012 Lanark Lodge 2012 Goals Update
Report #LL-10-2012 MOHLTC Funding Announcements."

8. DISCUSSION REPORTS

52-56
i) Report #CAO-08-2012: Community Information - 211 Phone Service Update
   Chief Administrative Officer, Peter Wagland

   Suggested Motion:
   "THAT, the Community Services Committee recommend to County Council that the need for funding 211 phone service be referred to the 2013 Budget for consideration, and;
   
   THAT, the Director of Social Services contact 211 and advise them of the County's decision and rationale."

57-63
ii) Report #SS-07-2012: Licensed Child Care
   Children's Services Manager, Mary Lou White

   Suggested Motion:
   "THAT, Lanark County receives Report #SS-07-2012 – Licensed Child Care as information only."

64-69
iii) Report #LL-10-2012 Lighting Retrofit for Lanark Lodge: Part 2
    Director of Lanark Lodge, Deb Pigeon

   Suggested Motion:
   "THAT, Report #LL-11-2012 is received as information;

   AND THAT, the Director of Lanark Lodge be authorized to proceed with Laser Electric Ottawa Ltd. (the original contractor for the Retrofit Lighting) for the completion of the lighting retrofit project for the value of $ 56 770 plus GST."
AND THAT project is financed through County reserves, and the Hydro grant

AND THAT, if at 2012 year end there is unspent capital funds for Lanark Lodge that the costs of the lighting retrofit project be charged to the Capital budget and the monies for the project costs be returned to County reserves."

9. DEFERRED REPORTS

None

10. VERBAL REPORTS

i) Leeds, Grenville & Lanark District Health Unit
   Councillor, Aubrey Churchill

   a) May 17, 2012 Board of Health Meeting Summary

   Suggested Motion:
   "THAT, the Leeds, Grenville & Lanark District Health Unit Update be received as information only."

ii) Lanark County Housing Corporation
    Councillor, John Fenik

    Meeting Minutes - May 29, 2012

    Suggested Motion:
    "THAT, the Lanark County Housing Corporation Update be received as information only."

11. CONFIDENTIAL REPORTS

None

12. NEW/OTHER BUSINESS

13. ADJOURNMENT
Champlain LHIN

Local seniors benefiting from groundbreaking provincial project

Investment in behavioural supports leading to better care across Champlain

News

May 29, 2012 - Ottawa - Local seniors living in the Champlain region are starting to see changes in how care is provided in long-term care homes, hospitals and the community. Through the Behavioural Supports Ontario (BSO) Project, new services, programs and training are now being introduced to provide appropriate care and support for an increasing number of seniors across Ontario and their families and caregivers, who live and cope with dementia, mental illness and/or other neurological conditions.

First announced by the province last August, BSO represents a comprehensive system redesign that has successfully broken down barriers, encouraged collaborative work, shared knowledge and fostered partnerships among local, regional and provincial agencies. The result is a cultural transformation; a new way of thinking and acting.

The Champlain Local Health Integration Network (LHIN) has worked with health service providers to develop a local action plan. Much of the regional plan has already been put in place. Thirteen new nurses have been hired to travel to all long-term care homes across the Champlain region and provide expertise in the development of care plans for specific clients. In addition, four new nurses and two new occupational therapists were hired to work with individuals in their homes and in retirement homes. Planning is also underway to create a specialized behavioural support unit at a long-term care home in Ottawa.

What’s more, the LHIN has provided funding for 26,000 extra hours of care annually from personal support workers in long-term care homes. In fact, the most unique part of the Champlain LHIN program is the establishment of a new staff role known as the ‘personal support worker champion’ at our 61 long-term care homes. Each long-term care home in the region has identified such a champion. Earlier this month, the champions received special training using videos, mini-lectures and case scenarios to help better serve clients with conditions such as dementia, delirium, and depression. Champions work closely with the 13 new behavioural support outreach nurses and coach other staff in their homes to build more capacity and share skills.

The Royal Ottawa Health Care Group has accepted the role of lead agency in our region, helping to evaluate the project and create region-wide processes to ensure services are well-coordinated.

To date, more than 300 new front-line staff have been hired across the province; over 310 long-term care homes have increased their in-house behavioural supports; and upwards of 4,000 new and existing front-line staff have received specialized training in techniques/approaches applicable to behavioural supports.
Quotes

"Ontario’s population is aging and so too are the numbers of seniors living with dementia and other complex health needs. These seniors need and deserve quality patient-centered care. I’m proud that our government’s investment in Behavioural Supports Ontario has enabled dedicated health care providers to work with their LHINs to develop and implement local plans that are making a difference and leading to the right care being delivered in the right place, at the right time."

- The Honourable Deb Matthews, Minister of Health and Long-Term Care

“The Alzheimer Society of Ontario applauds the progress BSO has made towards improved quality of life for this group of Ontarians, especially those living with dementia. We’re encouraged by these early signs of success and look forward to working with the LHINs as the project continues to roll out across the province."

- Gale Carey, CEO, Alzheimer Society of Ontario

“This project will have a widespread and long-lasting impact on seniors’ care across the Champlain region, resulting in better health, better care, and more value for dollars. It’s an example of how health-care providers are working together in new ways to meet the unique needs of some of the most vulnerable residents of our communities.”

- Chantale LeClerc, Champlain LHIN CEO

Quick Facts

- Total funding for new behavioural supports in the Champlain region equals roughly $3.8 million annually
- BSO is a $40-million investment by the Ontario government
- 65 per cent of long-term care home residents have dementia
- By 2020, the number of persons with dementia in Ontario will increase by 40 per cent to 250,000
- 34 per cent of Alternate Level of Care (ALC) bed days are occupied by people with dementia

Learn More

- To learn more about Behavioural Supports Ontario in the Champlain LHIN, please click here
- To learn more about the Behavioural Supports Ontario project, please visit www.bssproject.ca
- To learn more about Alzheimer’s disease and other dementias, visit www.alzheimer.ca/on
- For further information related to this release, see backgrounder below.
For more information:

Carole Ouellette,  
Communications Officer, Champlain LHIN  
613.747.3238  
Carole.Ouellette@lhins.on.ca

Backgrounder

The number of people with cognitive impairment is growing, which places further strain on individuals and the health care system. Older people with cognitive impairments due to mental health problems, addictions, dementia, or other neurological conditions often exhibit responsive or challenging behaviours such as aggression, wandering, physical resistance and agitation. These behaviours, which occur whether the person is living at home, in acute care or in long-term care, are a major source of distress to the individual, their family or caregivers and others providing support.

Behavioural Supports Ontario (BSO) supports Ontario’s Action Plan for Health Care by enhancing care for Ontarians with behaviours associated with complex and challenging mental health, dementia or other neurological conditions – delivering the right care, when they require it – at the right time, and wherever they live – in the right place.

Central to the success of the project is creating a system that ensures people are treated with dignity and respect in an environment that supports safety for all and is based on high quality and evidence-based care and practices.

Phase 1 of the BSO project (January – October 2010) saw the development of a Framework for Care that would meet the needs of older adults with cognitive impairments and associated challenging behaviours.

The project has now transitioned from conceptualization and development to implementation and operation.

In Phase 2, currently underway, all 14 LHINs are implementing their respective Action Plans and all have started to show early signs of positive and meaningful system impacts that will change the way people living with complex and responsive behaviours across Ontario (including their families and caregivers) are cared for and supported.

BSO breaks down barriers, encourages collaborative work, shares knowledge, fosters partnerships among local, regional and provincial agencies and speaks to a new way of thinking and acting.
Communities of Service

A new approach to organizing staff for program delivery is being implemented by the Leeds, Grenville and Lanark District Health Unit on July 1, 2012. Five areas within Lanark, Leeds and Grenville have been identified as communities of service. The five communities are: a) Brockville, Prescott, Elizabethtown, Athens, Augusta, Front of Yonge, Leeds and Thousand Islands and Gananoque; b) Smiths Falls, Rideau Lakes, Westport, Montague and Kitley; c) Perth, Lanark Highlands, Drummond North Elmsley and Tay Valley; d) Mississippi Mills, Carleton Place and Beckwith; and e) Kemptville, North and South Grenville, Merrickville-Wolford and Edwardsburgh/Cardinal.

Each area will have assigned staff who will deliver public health programs and services in collaboration with community partners and residents. Grouping staff by communities will enable staff to work more effectively as a team within a specific geographic area and to tailor programs to specific community needs.

Healthy Communities Partnership

The work of the Lanark, Leeds, and Grenville Healthy Communities Partnership is to promote regular physical activity for everyone which includes forming a Physical Activity Network, working to increase access for all residents to sports and recreation facilities, and developing safe routes to school. A presentation by Alan Medcalf, a cycling enthusiast, highlighted the value of cycling for individuals and the benefits it has on our environment and economy. Municipalities have a key role to create policies and the environment to encourage cycling. The partnership already has over 400 organizations and community members and all are encouraged to join the network.

Marketing Public Health

The Board recognized the importance of having a communication strategy to promote public health programs and services in Leeds, Grenville and Lanark. Other Ontario Health Units have chosen a marketing name e.g. Ottawa Public Health as one part of this communication strategy. Staff will continue to work on the external communication strategy, and report back to the Board on how the term “Leeds, Grenville and Lanark Public Health” could be used in our marketing work.
May 17, 2012

The Honourable Deb Matthews, M.P.P.
Minister of Health
Ministry of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Minister:

RE: MO-16-12 - Universal Influenza Immunization Program, 2011-2012

This will confirm that the Council of the Regional Municipality of Halton, at its meeting held Wednesday, April 18, 2012, adopted the following resolution:

1. THAT Report No. MO-16-12 re: “Universal Influenza Immunization Program, 2011-2012” be received for information.

2. THAT the Regional Chair send a letter to the Minister of Health and Long-Term Care requesting that hospital staff influenza immunization rates become one of the reportable patient safety indicators, and that the letter be copied to AMO, and to the Clerks of other regional and single tier municipalities in Ontario for their information.

Attached please find a copy of Report No. MO-16-12 for your information.

If you have any questions please contact Dr. Bob Nosal, Commissioner and Medical Officer of Health.

Sincerely,

[Signature]

Gary Carr
Regional Chair

encl.

c. Pat Moyle, Chief Administrative Officer, Halton Region
Dr. Bob Nosal, Commissioner and Medical Officer of Health, Halton Region
AMO
Clerks of other regional and single tier municipalities in Ontario

The Regional Municipality of Halton

HEAD OFFICE 1151 Bronte Road, Oakville, Ontario L6M 3L1 • Tel: 905-825-6000 • Toll free: 1-866-442-5866 • TTY: 905-827-9833 • www.halton.ca
RECOMMENDATION

THAT Report No. MO-16-12 re: “Universal Influenza Immunization Program, 2011-2012” be received for information.

REPORT

Purpose

The purpose of this report is to provide Regional Council with the details of the 2011-2012 Universal Influenza Immunization Program (UIIP), including immunization rates and related costs.

Background

In October 2000, Ontario launched the world’s first Universal Influenza Immunization Program (UIIP). The UIIP makes publicly funded vaccine available to all persons six months of age and older who live, study, or work in the province. The program is now in its 12th year. The goals of the UIIP remain unchanged:

- Share important influenza information so that residents:
  - feel informed
  - can take steps to protect themselves from infection
  - know where to get more information
- Immunize as many Halton residents as possible against seasonal influenza virus
- Reduce the impact of influenza on health care services and hospital emergency rooms
- Support efforts to increase immunization of health care providers in Halton
- Minimize the number of influenza cases within Halton
The role of the Halton Region Health Department is to distribute influenza vaccine to family physicians, hospitals, long-term care homes (LTCH), health care services, and agencies conducting workplace programs. The Health Department also completes a qualification process by verifying that these settings have the appropriate vaccine storage and handling processes in place by performing cold chain inspections prior to distribution of vaccine. The Health Department promotes the annual influenza campaign, provides immunization clinics for the general public and monitors distribution and uptake of vaccine in the community. In addition to co-ordinating the program with its partners, the Health Department is responsible for documenting and reporting the influenza immunization coverage rates to the Ministry of Health and Long-Term Care (MOHLTC). The following is a list of various groups in the community that were included in the influenza immunization coverage rate as of November 15, 2011:

- Staff at hospitals: including employees, students, medical house staff, physicians, volunteers, and contract workers
- All persons who carry on activities in LTCH including employees, physicians, contract workers, maintenance workers, volunteers and other workers who come in contact with residents
- Residents of LTCH

In the 2010-2011 season, 121,625 doses of vaccines were distributed by the Health Department to physicians, hospitals, agencies, workplaces and LTCH and 13,015 doses were administered at the Health Department community clinics. This season 2011-2012, a total of 127,307 doses of influenza vaccine were distributed and 12,883 doses were administered by staff at clinics run by the Health Department.

KEY INITIATIVES:

The Halton Region Health Department uses a number of different media resources to promote influenza vaccine and community clinics. The Health Department is also responsible for vaccine distribution and support efforts in promoting influenza immunization in Halton Region’s health care facilities.

1. Communications

The rate of seasonal influenza immunization has decreased across Ontario over the last few years. This year a new campaign theme, “The Flu ends with U”, was created by Strategic Communications to help raise awareness among Halton residents about the importance of receiving the seasonal flu vaccine. The campaign targeted adult Halton residents (age 18 and older) and health care workers in Halton.
To the public

The UIIP campaign incorporated new tactics based on research conducted by the MOHLTC. These new tactics included various social media tools such as:

- A three-part blog series on the HaltonParents Wordpress blog
- Twitter messages promoting clinics sent out through HaltonParents Twitter account
- A targeted Facebook advertising campaign that directed traffic to halton.ca/flu

Additional communications tactics included:

- Updated materials and new digital resources on the Halton seasonal influenza website (halton.ca/flu)
- A fact sheet to help individuals to find the location and schedule of the vaccine clinics
- Media relations campaign including press releases and staff interviews with local publications
- Print advertising in local newspapers
- Coordinated messages for mobile signs that promoted flu clinic information and the halton.ca/flu web page
- Creation and distribution of printed promotional materials including posters and clinic schedules

To health care providers

Health care workers in Halton Region were also a primary audience for this year’s communication activities. A 2010-2011 report to Council about the 2009-2010 season indicated that staff immunization rates in long-term care homes and retirement residences had decreased significantly compared to the 2008-2009 season. In response, specific tactics and key messages were developed to encourage this group to take responsibility for receiving the flu immunization.

Informational activities that specifically focused on hospitals and LTCH in the Region included:

- Meeting with hospital occupational health managers, infection control staff, as well as public relations officers from the hospitals to discuss strategies and activities to promote influenza immunization to their employees
- Provide “Flu ends with U” buttons to community LTCH, retirement homes, and hospitals to be given out to immunized staff
- Creating and providing posters with the tag line “Flu ends with U” to community LTCH and retirement homes and hospitals
- Meeting with health care agencies to review their influenza immunization policies for their staff working within hospitals and LTCH
- Providing influenza materials for posting and distribution to healthcare staff
- Reviewing the influenza immunization program with all LTCH
2. Vaccine Distribution

As of March 1, 2012, 127,307 doses of seasonal influenza vaccine had been distributed through the Health Department’s Vaccine Depot Service. This represents 5,682 more doses than last season. Also, to ensure quality control, MOHLTC manages a prequalification process for organizations that administer vaccine. Settings such as health care agencies, retirement homes, LTCH, and workplaces that do not normally administer vaccines year-round must demonstrate that they can meet the vaccine storage and handling requirements to participate in the UIIP. The Halton Region Health Department prior to distributing influenza vaccine completed 49 cold chain inspections by verifying that these settings have the appropriate vaccine storage and handling processes in place. The distribution reported in Table 1 identifies the amount of vaccine received by various health care groups.

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<tbody>
<tr>
<td>Physicians’ Offices</td>
<td>83,243</td>
<td>82,070</td>
<td>57,272</td>
<td>86,040</td>
<td>91,364</td>
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<tr>
<td>Hospitals*</td>
<td>4,660</td>
<td>4,650</td>
<td>1,653</td>
<td>3,900</td>
<td>3,260</td>
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<tr>
<td>Long Term Care Facilities*</td>
<td>8,210</td>
<td>7,910</td>
<td>6,444</td>
<td>7,110</td>
<td>8,100</td>
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<tr>
<td>Nursing Agencies* &amp; Private Companies*</td>
<td>19,870</td>
<td>15,030</td>
<td>4,900</td>
<td>11,560</td>
<td>11,700</td>
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<tr>
<td>Health Dept. Clinics</td>
<td>20,268</td>
<td>17,560</td>
<td>13,094</td>
<td>13,015</td>
<td>12,883</td>
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<tr>
<td>Total</td>
<td>136,251</td>
<td>127,220</td>
<td>83,363</td>
<td>121,625</td>
<td>127,307</td>
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*Includes doses administered to the general public through agency-sponsored public clinics. This does not include any adjustments for wastage.

** Does not include doses of pandemic H1N1 vaccine

Halton is responsible to ensure that vaccine is distributed to many different providers such as physicians’ offices, medical clinics, workplaces, public health clinics, and pharmacies. Halton residents have a number of options to receive their influenza immunization, which increases accessibility.

3. Health Department Community Clinics

This year 30 community clinics were held between October 18, 2011, and January 19, 2012. While most clinics were offered at high schools, some were also held at Seniors’ Centres and Halton workplaces (386 staff immunized) for a total of 12,883 doses.

Overall attendance at all clinics was similar to the 2010/2011 season as reflected in Table I.
4. Influenza Immunization Coverage Rates in Halton Region Healthcare Facilities

Table II reflects the influenza immunization coverage rates for staff of the hospitals as of November 15, 2011, as required by the MOHLTC. Note that the reported rates may understate the true coverage as some staff may have been immunized after the reporting date.

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>2007/08</th>
<th>2008/09</th>
<th>2009/10</th>
<th>2010/11</th>
<th>2011/12</th>
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<tr>
<td>Halton Healthcare Services (three sites)</td>
<td>56%</td>
<td>44%</td>
<td>17% seasonal</td>
<td>34%</td>
<td>43%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>52% pH1N1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Joseph Brant Memorial Hospital (JBMH)</td>
<td>51%</td>
<td>32%</td>
<td>31% seasonal</td>
<td>28%</td>
<td>25%*</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>76% pH1N1</td>
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</table>

*The per cent of staff that were immunized decreased from last season, however the number of people immunized increased (last year 416, this year 596). This discrepancy can be attributed to the fact that this year JBMH in their report included all staff who carry out activities (e.g., volunteers, maintenance workers, etc.) rather than just medical personnel.

Overall, there was improved staff influenza immunization coverage at Halton Region hospitals this year. Halton Healthcare Services also offered clinics for the public to receive their immunization. However, despite education and the recommendations of the National Advisory Committee on Immunization, significant numbers of staff in acute care settings continue to not be immunized against influenza. None of the Region’s hospitals achieved the targeted provincial staff worker influenza immunization rate of 70 per cent.
Table III and Table IV reflect influenza immunization coverage rates for both staff and residents of LTCH as of November 15, 2011. Note that the reported rates may understate the true coverage as some staff may have been immunized after the reporting date.

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<tbody>
<tr>
<td>Allendale Village</td>
<td>88</td>
<td>76</td>
<td>91</td>
<td>98</td>
<td>89</td>
<td>64</td>
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<tr>
<td>Bennett Health Care Centre</td>
<td>51</td>
<td>93</td>
<td>79</td>
<td>16</td>
<td>62</td>
<td>75</td>
</tr>
<tr>
<td>Billings Court Manor</td>
<td>61</td>
<td>74</td>
<td>61</td>
<td>1</td>
<td>40</td>
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</tr>
<tr>
<td>The Brant Centre</td>
<td>80</td>
<td>74</td>
<td>66</td>
<td>67</td>
<td>57</td>
<td>86</td>
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<tr>
<td>Burloak LTC</td>
<td>87</td>
<td>83</td>
<td>55</td>
<td>30</td>
<td>62</td>
<td>52</td>
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<tr>
<td>Cama Woodlands</td>
<td>43</td>
<td>34</td>
<td>88</td>
<td>29</td>
<td>58</td>
<td>71</td>
</tr>
<tr>
<td>Creekway Village</td>
<td>77</td>
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<td>Extendicare Halton Hills</td>
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<td>73</td>
<td>53</td>
<td>23</td>
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<td>46</td>
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<tr>
<td>Hampton Terrace Care Centre</td>
<td>80</td>
<td>78</td>
<td>71</td>
<td>9</td>
<td>15</td>
<td>55</td>
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<tr>
<td>Maple Villa LTC</td>
<td>91</td>
<td>86</td>
<td>89</td>
<td>74</td>
<td>72</td>
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<tr>
<td>Mount Nemo Christian Nursing Home</td>
<td>96</td>
<td>81</td>
<td>72</td>
<td>40</td>
<td>36</td>
<td>64</td>
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<tr>
<td>Northridge LTC</td>
<td>58</td>
<td>72</td>
<td>64</td>
<td>18</td>
<td>48</td>
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<tr>
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<td>Village of Tansley Woods</td>
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<tr>
<td>The Waterford</td>
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<td>93</td>
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<td>64</td>
<td>72</td>
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<tr>
<td>Wellington Park Care</td>
<td>57</td>
<td>48</td>
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<td>West Oak Village</td>
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<tr>
<td>Wyndham Manor</td>
<td>98</td>
<td>95</td>
<td>97</td>
<td>24</td>
<td>67</td>
<td>62</td>
</tr>
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The staff influenza immunization rate improved this year with an average coverage rate of 60 percent, up from the previous year of 56 per cent. As shown in Table III none of Halton Region’s long-term care homes met the Ministry target of 90 per cent immunization coverage for staff however, seven out of the 18 homes had two-thirds of their staff immunized (67 per cent) or more. The three Regional LTCH continued to promote influenza immunization to staff beyond November 2011, as of December 2011, Allendale Village, Creekway Village and Post Inn Village had attained a staff immunization rate of 75, 86, 69 percent respectively.
Table IV: Resident Immunization Rate Long-Term Care Homes (%) *

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<td>88</td>
<td>88</td>
</tr>
<tr>
<td>Billings Court Manor</td>
<td>95</td>
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<td>100</td>
<td>97</td>
</tr>
<tr>
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<td>96</td>
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<td>91</td>
<td>93</td>
<td>96</td>
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<tr>
<td>Burloak LTC</td>
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<td>97</td>
<td>99</td>
<td>94</td>
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<tr>
<td>Cama Woodlands</td>
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<tr>
<td>Creekway Village</td>
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<td>Extendicare Halton Hills</td>
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<tr>
<td>Hampton Terrace Care Centre</td>
<td>90</td>
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<tr>
<td>Maple Villa LTC</td>
<td>94</td>
<td>95</td>
<td>95</td>
<td>96</td>
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<td>97</td>
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<tr>
<td>Mount Nemo Christian Nursing Home</td>
<td>96</td>
<td>97</td>
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<tr>
<td>Northridge LTC</td>
<td>97</td>
<td>99</td>
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<tr>
<td>Post Inn Village</td>
<td>94</td>
<td>97</td>
<td>94</td>
<td>86</td>
<td>99</td>
<td>90</td>
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<tr>
<td>Village of Tansley Woods</td>
<td>98</td>
<td>93</td>
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<td>The Waterford</td>
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<tr>
<td>Wellington Park Care</td>
<td>83</td>
<td>94</td>
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<td>78</td>
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<td>76</td>
</tr>
<tr>
<td>West Oak Village</td>
<td>95</td>
<td>97</td>
<td>96</td>
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<td>92</td>
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<td>Wyndham Manor</td>
<td>97</td>
<td>92</td>
<td>94</td>
<td>91</td>
<td>92</td>
<td>88</td>
</tr>
</tbody>
</table>

Resident immunization rates in six of the 18 LTCH met or surpassed the Ministry target of 95 per cent. All but three of the remaining homes achieved over 90 per cent immunization of residents. Health Department staff will continue to support initiatives that aim to immunize this vulnerable population.

**Conclusion**

The Halton Region Health Department created communications strategies that promoted awareness about the importance of receiving the seasonal influenza vaccine by using many different methods of communication. The Health Department supported the administration of the UIIP program by ensuring residents can receive their influenza immunization in a variety of settings, including community clinics. In total, 5,682 more doses of vaccine were distributed this season compared to the last season. In addition, to ensure quality control, the Health Department completed 49 cold chain inspections for health care settings that provide influenza immunizations.
Finally, the Health Department collected and reported to the MOHLTC the staff influenza immunization coverage at hospital and LTCH facilities, which showed a slight improvement from the previous year. However, improvements are still necessary. This will continue to be an area of focus for the Health Department.

**FINANCIAL/PROGRAM IMPLICATIONS**

The MOHLTC continues to pay $5.00 for every dose of seasonal influenza vaccine administered by the Health Department (excluding workplace clinics). This amount of per dose funding has been in place since the first UIIP campaign began in 2000. The direct cost of providing influenza vaccine services in 2011 was $7.91. There are additional related costs which push the per dose costs higher. The UIIP costs in excess of the $5 per dose administered are funded through the Health Department’s cost-shared public health programs’ budget.

**RELATIONSHIP TO HALTON REGION’S 2011-2014 ACTION PLAN**

The subject of this staff report is an operational matter not related to Halton Region’s 2011-2014 Action Plan.

Respectfully submitted,

Matt Ruf
Director, Health Protection Services

Robert M. Nosal MD FRCPC
Commissioner and Medical Officer of Health

Approved by

Pat Moyle
Chief Administrative Officer

If you have any questions on the content of this report, please contact:

<table>
<thead>
<tr>
<th>Name</th>
<th>Tel. #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matt Ruf</td>
<td>7863</td>
</tr>
<tr>
<td>Kathy Jovanovic</td>
<td>7823</td>
</tr>
<tr>
<td>Frances Weatherley</td>
<td>7332</td>
</tr>
</tbody>
</table>
June 1, 2012

Ms. Deborah Pidgeon
Director of Long Term Care
Lanark Lodge
115 Christie Lake Road R.R.#4
Perth, Ontario
K7H 3C6

Dear Ms. Pidgeon:

As per the e-mail from Accreditation Canada on October 31, 2011, the new accreditation decision levels came into effect on January 1, 2012. Client organizations now receive one of four decisions following their on-site survey:

- Accredited with Exemplary Standing
- Accredited with Commendation
- Accredited
- Not Accredited

These decisions are calculated based on the organization’s compliance with the standards, high-priority criteria, Required Organizational Practices tests for compliance, and survey instrument sample size thresholds.

Since the new accreditation decision levels are retroactive to surveys that took place in 2011, your organization’s decision has been recalculated.

I am pleased to advise you that the new decision for Lanark Lodge is Accredited with Commendation.

You will be receiving a replacement certificate(s) reflecting your organization’s new decision. Please be advised that new banners will be available shortly.

Sincerely,

Suzanne Larocque
Chair, Accreditation Decision Committee
MEMORANDUM TO: Ontario Works Administrators  
- Municipalities and DSSABs  
- First Nations  
Regional Directors  
Municipal Services Managers  
Municipal Program Supervisors  

FROM: Jeff Butler  
A/Director, Ontario Works  

RE: Revision of the Cost Sharing Formula for Ontario Works Non-Health and Health-Related Discretionary Benefits  

Further to my memo of April 20, 2012, I am writing to inform you that the Ontario government has approved regulation amendments to support the revision to the cost sharing formula for Ontario Works non-health and health-related discretionary benefits.

The current maximum monthly amount eligible for Provincial cost-sharing of non-health related discretionary benefits expenditures is determined by a formula: $8.75 multiplied by the sum of the combined Ontario Works and ODSP average monthly caseload within a delivery agent’s geographic area.

Effective July 1, 2012, the existing formula will be replaced with a new formula of $10 multiplied by the sum of the combined Ontario Works and ODSP average monthly caseload within a delivery agent’s geographic area, and will apply to combined total health and non-health related discretionary benefits expenditures. The new per case amount will continue to be subject to the terms of the current cost sharing arrangements.

A regulation amendment to remove home repairs benefits from the ODSP regulation effective December 31, 2012 was also approved. To align with this change, updated policy directives reflecting the removal of home repairs from Ontario Works discretionary Director- approved special services, items and payments will be provided by December 31, 2012.
Ontario Works Delivery agents providing home repairs as a discretionary benefit will need to develop a transition strategy based on local policies.

**Implementation Details**

**Discretionary Benefits Cost Sharing**

The following implementation supports regarding the revised cost sharing formula for discretionary benefits are attached:

- Fact Sheet
- Questions and Answers

Additional implementation tools and resources will be provided in the coming months:

- Updated policy directives reflecting the new cost sharing formula will be provided by July 1, 2012; and
- The ministry will distribute a set of updated administration instructions, templates and a transition process for 2012 in early July.

There will be no significant changes to the current business processes for the administration of the revised cost sharing formula. Delivery Agents will continue to report their expenditures and caseload counts on a monthly basis.

**Legislative Authority**

*Ontario Works Act, 1997*

Ontario Regulation 135/98 (Administration and Cost Sharing) made under the *Ontario Works Act, 1997* as amended by O. Reg. 123/12.

The regulation amendments were filed with the Registrar of Regulations on June 1, 2012, and will be published in the *Ontario Gazette* on June 16, 2012. A copy of the amending Regulations will be available under “Regulations asFiled” at: [www.e-laws.gov.on.ca](http://www.e-laws.gov.on.ca) on June 5, 2012.

Please ensure that this memo is shared with all staff within 24 hours. If you have any questions with respect to these changes please contact Anna Cain, Manager at 416-325-6086.

*Original Signed By*

Jeff Butler

c. Patti Redmond, Director, Ontario Disability Support Program Branch
  Maxine Daley, Director, Social Assistance and Municipal Operations Branch
  Kira Heineck, Ontario Municipal Social Services Association
MINISTRY OF COMMUNITY AND SOCIAL SERVICES
FACT SHEET
Regulation Amendments (July 2012)

For use by Ontario Works Delivery Agents

The Ontario government has approved amendments to the Ontario Works Administration and Cost Sharing Regulation (O. Reg. 135/98) to support the revised cost sharing formula for Ontario Works discretionary benefits.

The regulation amendments will be effective on July 1, 2012.

REVISION OF THE COST SHARING FORMULA FOR ONTARIO WORKS NON-HEALTH AND HEALTH-RELATED DISCRETIONARY BENEFITS

- The amendments support the revision of the cost sharing formula for Ontario Works non-health and health-related discretionary benefits.

- The current formula to determine the maximum amount eligible for Provincial cost-sharing of non-health related discretionary benefits expenditures of $8.75 multiplied by the monthly average number of recipients of basic financial assistance under the Ontario Works Program and the number of recipients of income support under ODSP (average monthly caseload) within a delivery agent’s geographic area will be replaced effective July 1, 2012.

- The new formula will be $10 multiplied by the sum of the combined Ontario Works and ODSP average monthly caseload within a delivery agent’s geographic area, and will apply to combined health and non-health related discretionary benefits expenditures. The new per case amount will continue to be subject to the terms of the current cost sharing agreement.

- There will be no significant changes to the current business processes for the administration of the revised cost sharing formula. Delivery Agents will continue to report their expenditures and caseload counts on a monthly basis.

- The ministry will distribute a set of updated administration instructions, templates and a transition process for 2012 in early July. Updated policy directives, reflecting the new cost sharing formula, will be provided by July 1, 2012.
MINISTRY OF COMMUNITY AND SOCIAL SERVICES
QUESTIONS AND ANSWERS
Regulation Amendments

For use by Ontario Works Delivery Agents

Revision of the Cost Sharing Formula for Ontario Works Discretionary Benefits

Q  What regulatory change is the Ministry making?

A. The regulations are being revised to replace the current formula for determining the maximum amount of discretionary benefits expenditures eligible for Provincial cost sharing.

The current formula of $8.75 multiplied by the sum of the combined Ontario Works and ODSP average monthly caseload within a delivery agent’s geographic area will be replaced effective July 1, 2012.

The new formula will be $10 multiplied by the sum of the combined Ontario Works and ODSP average monthly caseload within a delivery agent’s geographic area, and will apply to combined health and non-health related discretionary benefits expenditures. The new per case amount will continue to be subject to the terms of the current cost sharing agreement.

Q  Will there be changes to the business process for the administration of the revised cap on the amount of discretionary benefits expenditures eligible for Provincial cost sharing on July 1st?

A. There will be no significant changes to the current business processes for the administration of the revised cost sharing formula. Delivery Agents will continue to report their expenditures and caseload counts on a monthly basis.

The ministry will distribute a set of updated administration instructions, templates and a transition process for 2012 in early July. Updated policy directives reflecting the new cost sharing formula will be provided by July 1, 2012.

Q.  When will these changes be effective?

A. This change is effective July 1, 2012.
THE COUNTY OF LANARK

COMMUNITY SERVICES COMMITTEE
June 13, 2012

Report #SS-08-2012 of the
Director, Social Services

Carleton Place Satellite Office Update

1. STAFF RECOMMENDATIONS

THAT, Report #SS-08-2012, “Carleton Place Satellite Office Update” be received for information.

Recommended by:  

Nancy Green  
Director, Social Services

Approved for Submission by:  

Peter Wagland  
Chief Administrative Officer
2. **PURPOSE**

The purpose of this report is to provide Council with an update regarding the final budget costs for the renovations and relocation of the Carleton Place Satellite Office.

3. **BACKGROUND**

Related Reports: December 2011 – SS#12-2011 Carleton Place Satellite Office Relocation and Retrofit Requirements

Lanark County Council approved the relocation and retrofit of new satellite office space at The Mews, Unit 135, Lansdowne Ave., Carleton Place.

Funding in the amount of $148,421 was allocated for this relocation. There was no impact to the municipal levy since any relocation and renovation costs were funded with earned employment assistance funding which is 100% provincial monies.

It was necessary to relocate to the new site to address a number of deficiencies with the former location including:

- Lack of reception space
- Lack of office/work space;
- Lack of Supervisory presence due to lack of available space
- Inefficient layout/design of office space
- Health and Safety issues
- Accessibility issues

4. **DISCUSSION**

Renovations to the new Carleton Place Satellite Office began in January 2012 and were finished in April 2012. Relocation of staff to the new office occurred on April 12th, 2012 and it was open to the public on April 16th.

The new office space has addressed the issues initially identified as evidenced partly in the photos provided in Appendix A. There is a substantial difference in the new office space compared to the former space. It not only improves service delivery to our clients, but also provides a better work environment for staff.

This location has also addressed the many accessibility issues that were present in the former location. A tour has been scheduled for the Accessibility Committee to review the space on June 7th. Any concerns identified by the Committee will be addressed following their assessment. Our objective is to make this office space equally accessible to clients and staff.

5. **ANALYSIS AND OPTIONS**

N/A
5. **FINANCIAL IMPACT**

<table>
<thead>
<tr>
<th>Item</th>
<th>Budgeted Cost</th>
<th>Actual Cost</th>
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<tbody>
<tr>
<td>Renovation Costs (Materials, Labour, Project Management and Contingency Costs) – including HST</td>
<td>$112,898</td>
<td>$95,392</td>
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<tr>
<td>Other costs including</td>
<td></td>
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</tr>
<tr>
<td>- Telephony requirements (phones, cabling, etc)</td>
<td>$4,200</td>
<td>$4,421</td>
</tr>
<tr>
<td>- Technology requirements (computers, computer drops, etc)</td>
<td>$12,748</td>
<td>$6,335</td>
</tr>
<tr>
<td>- Furniture (desks, chairs, etc)</td>
<td>$16,575</td>
<td>$10,981</td>
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<tr>
<td>- Other misc (moving costs (etc)</td>
<td>$2,000</td>
<td>$2,041</td>
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<tr>
<td><strong>Interim Project Costs</strong></td>
<td><strong>$148,421</strong></td>
<td><strong>$119,171</strong></td>
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<tr>
<td>Cost for heating/ventilation retrofit (covered by landlord)</td>
<td>$18,000</td>
<td>$18,000</td>
</tr>
<tr>
<td><strong>Total Project Costs</strong></td>
<td><strong>$166,421</strong></td>
<td><strong>$137,171</strong></td>
</tr>
<tr>
<td>Revenue from Landlord for heating/ventilation retrofit costs</td>
<td>$18,000</td>
<td>$18,000</td>
</tr>
<tr>
<td>Additional Revenue From APS Program</td>
<td></td>
<td>$5,437</td>
</tr>
<tr>
<td><strong>Final Project Costs</strong></td>
<td><strong>$148,421</strong></td>
<td><strong>$113,734</strong></td>
</tr>
<tr>
<td>Amount of Under Expenditure</td>
<td></td>
<td>$34,687</td>
</tr>
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</table>

The budgeted amount for the project costs was $166,421 with $18,000 of the heating and ventilation retrofit being paid by the landlord. Therefore the budgeted cost to Lanark County was $148,421. The final actual cost to Lanark County was $113,734 resulting in an under-expenditure of $34,687 for this project.
7. LOCAL MUNICIPAL IMPACT

Relocation of the Carleton Place Satellite Office allowed for service to be maintained in the geographical area in which 30% of our overall client population reside. This is critical if we are to meet our objective of providing an enhanced level of service to clients whose greatest barrier can be transportation. The access to the variety of services connected with Social Services allows these clients to remain in their community where they will continue to work towards the goal of self-reliance and remain contributing members of that community.

8. CONCLUSIONS

The re-location of the Carleton Place Satellite Offices was completed within established timeframes and within budget. It was funded through earned employment assistance funding which represents 100% provincial monies.

This has been a positive move for both staff and clients. It has allowed us to foster new relationships with community partners who are in close proximity. As a result, a more integrated delivery of service has been possible.

9. ATTACHMENTS

Appendix “A” – Pictures of new Carleton Place Satellite Office at “The Mews”
APPENDIX “A”

SPACE BEFORE RENOVATIONS STARTED
SIDE VIEW OF SIGN OUTSIDE ENTRANCE
Agenda Item # 7i)

HALLWAY TO STAFF OFFICES, KITCHENETTE AND WASHROOM

STAFF OFFICE
STAFF OFFICES
STAFF KITCHENETTE
WASHROOM FACILITIES (STAFF AND CLIENTS)
THE COUNTY OF LANARK

COMMUNITY SERVICES COMMITTEE
June 13, 2012

Report #SS-09-2012 of the
Director, Social Services

2012 SOCIAL SERVICES GOALS UPDATE

STAFF RECOMMENDATIONS

THAT, Report #SS-09-2012 "2012 Social Services Goals Update be received for information only

Recommended by:

Nancy Green
Director, Social Services

Approved for Submission by:

Peter Wagland
Chief Administrative Officer
<table>
<thead>
<tr>
<th>Goal</th>
<th>2012</th>
<th>2013</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>1st Quarter</td>
<td>2nd Quarter</td>
</tr>
<tr>
<td>1. Implementation of Housing Services Act</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>2. Development of 10 year Housing and Homelessness Plan</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>3. Implementation of Investment in Affordable Housing (IAH)</td>
<td>✓</td>
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**Comments**

1. Policy review ongoing
2. Initial consultation with non-profit providers, LCHC and other stakeholders has taken place on preliminary discussion plans. More to be held over the coming months.

1. Workplan being finalized to outline timelines, community consultations, etc over the next year with 10 year plan to be approved by Council June 30th.
2. Initial review of current practices underway (i.e. Centralized Waitlist)

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<th>2012</th>
<th>2013</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>1st Quarter</td>
<td>2nd Quarter</td>
<td>3rd Quarter</td>
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<tr>
<td>4. Update Social Services Emergency Plan</td>
<td>√</td>
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<tr>
<td>5. Continued Implementation of requirements relating To Developmental Services Transformation</td>
<td>√</td>
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<td>Goal</td>
<td>2012</td>
<td>2013</td>
<td>Comments</td>
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<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>1st Quarter</td>
<td>2nd Quarter</td>
<td>3rd Quarter</td>
</tr>
</tbody>
</table>
| 8. Site Readiness activities associated with implementation of new SSSMP technology for the delivery of Ontario Works in 2013 | ✓    | ✓    | ✓            | ✓            | 1. Design Engagement Sessions attended by staff (monthly since January 2012)  
2. Data Cleanup has begun and will be continuing based upon adhoc reports provided by MCSS (3 reports rec’d to date) |
| 10. Achieve Ministry Targets and Outcomes in all Program Areas Within Social Services | ✓    | ✓    | ✓            | ✓            | ✓            | 1. **OW** - Employment targets and outcomes established have been achieved in the first quarter  
2. **APS**. Targets established for the number of clients to be served have been achieved in the first quarter  
3. **Children’s Services** – Targeted number of children to be served and childcare spaces available were achieved in the first quarter  
4. **Social Housing** – Required number of domiciliary hostel clients have been served in the 1st quarter. Those served by the homelessness program. rent bank and emergency energy consistent with funding |
THE COUNTY OF LANARK

COMMUNITY SERVICES COMMITTEE
June 13, 2012

Report #LL-09-2012 of the
Director of Lanark Lodge

Lanark Lodge 2012 Goals Update

1. STAFF RECOMMENDATIONS

"THAT,

Report LL-09-2012: Lanark Lodge 2012 Goals Update" be received for information only.

Recommended by:                                      Approved for Submission By:

Deborah Pidgeon                                       Peter Wagland
Director of Lanark Lodge                               Chief Administrative Officer

Page 1 of 4
## Lanark Lodge DEPARTMENT

### 2012 Goals

<table>
<thead>
<tr>
<th>Goal</th>
<th>1st Quarter</th>
<th>2nd Quarter</th>
<th>3rd Quarter</th>
<th>4th Quarter</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage our clients in defining their needs to enrich their quality of life:</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Participation in SETS Meeting with Residents' First coach- introducing quality initiatives that are indicator based. Active network for problem solving across SE LHIN group of operators. Lead training for Director at the June 27, 28, 2012. Information secured on companies that provide set-up service for information kiosks. Kiosks to be strategically placed in the home to announce events, upcoming activities. Large wall calendar holders created for resident activities in May 2012-well received. Staff kiosks set-up in two locations in anticipation for fourth quarter initiative for schedule access by individuals.</td>
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<tr>
<td>• Residents First Initiative with LHIN and MOHLTC</td>
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<tr>
<td>• Communication Kiosks</td>
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<tr>
<td>Review delivery of recreation and volunteer programs</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>Training of 10 staff members on Montessori Methods for Dementia in April and May 2012. Implementation team meeting in June 2012 for project plan for implementation of strategies. All</td>
</tr>
<tr>
<td>Agenda Item # 7iii)</td>
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<td></td>
</tr>
<tr>
<td><strong>Review Maintenance Program:</strong> Introduce technology to support record keeping and effective management.</td>
<td>X</td>
<td>X</td>
<td>Review of technologies available to support maintenance department-introduction of new maintenance personnel, input on perceived needs. Short listed software vendor for product-demonstration booked for June 2012. Pricing secured.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Build an engaged workforce by developing a training strategy:</strong> mandatory, orientation and priority based</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Education and training program for 2012 developed by the leadership team. Monthly educational focus including staff newsletter information, monthly reading contest and training. Responsive education and training needs to meet Best Practice requirements and MOHLTC requirements.</td>
<td></td>
</tr>
</tbody>
</table>
| **Achieve service excellence through an effective and efficient organization:**  
- LTC Homes Act.  
- RAI-MDS Initiatives  
- Accreditation Map | X | X | X | Review of LTC Homes Protocols by leadership; resource binders created for staff access. Quality and risk management activities aligned with requirements.  
Point of Care kiosk training and focus on restorative nursing and MDS initiatives with a goal to increase CMI for the home-consistent increases each quarter-measurable progress!  
Submission to Accreditation Canada in April 2012 consistent with Accreditation Roadmap-Accreditation with Commendation received (letter dated June 1, 2012) |
| **Create a culture of safety to manage risk:** Increased engagement for Quality and Risk | X | X | X | X | Policy and quality audits aligned with MOHLTC, Accreditation and Residents’ First guidelines.  
No staff lost time incidents, diligent reporting of staff and resident incidents. Benchmarking with peer LTC homes; action working groups |
<table>
<thead>
<tr>
<th>Management Activities, benchmarking</th>
<th></th>
<th></th>
<th>to address variances. Council of Family and Friends in place—meeting monthly. Residents' Council meetings monthly with written response to concerns.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluate and revise emergency/life safety measures manual</td>
<td>X</td>
<td>X</td>
<td>Updates to plan following full evacuation testing in October 2011. Quarterly tests of life safety systems; revisions to plan with training to support staff. Mandatory training October/November 2012.</td>
</tr>
<tr>
<td>Introduce Electronic Medication Records and Inventory Control through Pharmacy partnership</td>
<td>X</td>
<td>X</td>
<td>Coordinated discussions with pharmacy provider, Medical Pharmacies for implementation of electronic MARS in September/October 2012. Meeting with vendor and Implementation team in July 2012. Registered staff notified of forthcoming change in March and again in May 2012.</td>
</tr>
</tbody>
</table>
THE COUNTY OF LANARK

COMMUNITY SERVICES COMMITTEE
June 13, 2012

Report #LL-10-2012 of the
Director of Lanark Lodge

MOHLTC Funding Announcements

1. STAFF RECOMMENDATIONS

"THAT,

Report #LL-10-2012 "MOHLTC Funding Announcements" be received as information.

__________________________
Recommended by:

Deborah Pidgeon
Director of Lanark Lodge

__________________________
Approved for Submission By:

Peter Wagland
Chief Administrative Officer
2. **PURPOSE**

The purpose of this report is to provide an update to Community Services Committee on recent funding announcements from the Acting Assistant Deputy Minister of Health. On May 29, 2012, the Ministry of Health and Long-Term Care (MOHLTC) announced its annual funding increases to the accommodation envelope, raw food and resident accommodation co-payment effective July 1, 2012 (Attachment #1). This announcement does not provide any announcement for a funding increase to the nursing and personal care envelope (NPC) or programs and support services (PSS).

3. **BACKGROUND**

The province has established a new base rate for basic accommodation for residents residing in long-term care homes. The rate is set consistent with the base rate increase in inflation as measured by the Consumer Price Index (CPI). For 2012/2013 rates will increase by $1.81 per day for basic accommodation. Accordingly, effective July 1, 2012 the daily maximum basic accommodation rate will increase to $55.04.

The cost differential for a semi private ($8.00 per day) and a private ($18.00 per day) remains unchanged for residents admitted to an older home (the bed is classified as a “B”, “C” or upgraded “D” according to the Ministry design standards). For residents admitted to a “NEW” or “A” classified home, the preferred premium will increase for a semi-private room from $8.00 to $9.00 per day for newly admitted residents and for a private room from $18.00 per day to $19.75 per day. Lanark Lodge is classified as a “B” facility and hence there will be no revenue increase to the preferred differential for residents’ residing in private or semi-private rooms.

The raw food and other accommodation envelope will increase by $1.31 per resident per day effective July 1, 2012 (for 163 residents this results in an additional $213.53 per day or $39,289.52 for 2012 budget year). The other accommodation portion of the per diem will increase by $1.09 from its current $51.08 to $52.17 with raw food increasing by $0.22 from $7.46 to $7.68.

Lanark Lodge is required to provide each resident with three meals per day, three snacks per day as well as any required nutritional supplements or specialized diets with the allocated food allowance. Over the last few years operators have repeatedly raised concerns about the inadequacy of the funding to provide residents with nutritious and enjoyable meals. Lanark Lodge’s average raw food cost is consistent with funding received by the Ministry of Health and Long-Term Care; no additional monies have been requested or required since 2008.

4. **DISCUSSION**

There continues to be a considerable amount of work by long-term care associations, family councils, and operators to bring forward the continued concerns regarding inadequate funding for long-term care.
The recently announced funding increases for other accommodation and raw food are in alignment with previous years’ funding. The decision of the MOHLTC to provide an increase to preferred accommodation premiums for NEW or “A” homes creates a financial advantage for operators that have built new homes or updated existing homes to new design standards.

A significant concern for operators is the continued “cap” on CMI at previous year’s levels with no announcements on proposed funding for 2013 and no announced audit process for home’s where the quality of rehabilitation data was in question. As outlined in Report LL-03-2012, the Nursing and Personal Care envelope for Lanark Lodge received a reduction of funding by the MOHLTC of $ 85 077 for April 1-December 31, 2012 given the decision by the MOHLTC to “cap” the home’s CMI level at the prior year’s level. These monies were absorbed in the 2012 Lanark Lodge budget through reductions and cost savings as described in Report LL-03-2012.

5. ANALYSIS AND OPTIONS

The additional funding to other accommodation and raw food is welcomed; the ongoing delays in announcing any long-term strategies to fund the NPC and PSS envelopes remains most concerning for long-term care operators. The lack of identified funding commitments to these core envelopes has created uncertainty for operators on what level of staffing they are able to maintain in NPC and PSS where the greatest number of staff for care and service delivery are funded through.

It is important that we continue to seek opportunities to rally the government to address the issues of data quality issues for Special Rehabilitation so that where homes are not reporting consistent with requirements that there is an expedited audit process to review such homes. It is imperative that long-term care homes that are following the outlined rules and regulations are not adversely affected and penalized because the ministry cannot fairly distribute the funds available for long-term care nursing services. The CMI level for Lanark Lodge continues to climb yet the funding for essential nursing services remains capped at previous years’ CMI levels.

Residents and their families have been provided with their 30 day notice of the increase to their accommodation portion consistent with MOHLTC regulations (Attachment #2).

6. FINANCIAL IMPACT

Increased revenue from resident co-payments effective July 1, 2012 equates to an additional $ 54 285.52 in the 2012 budget.
Increase to Other Accommodation and Raw Food provides an additional $ 39 289.52.

Total Additional Revenue to 2012 Budget: $ 93 575.04

7. LOCAL MUNICIPAL IMPACT

None
8. CONCLUSIONS

These recent announcements from the Ministry of Health and Long-Term Care are good news for operations of our accommodation envelope at Lanark Lodge. The additional monies will help offset some of the ongoing costs for operations of our long-term care home.

There needs to be continued work by operators, the long-term care sector associations, residents/families, staff and municipal governments on the need for improved LTC funding and access to services so that residents residing in our long-term care establishments receive quality care and services.

9. ATTACHMENTS

i) Letter dated May 29, 2012: LTC Home Accommodation Changes and Rate Reductions-Changes Effective July 1, 2012 from the Acting Assistant Deputy Minister, MOHLTC - Attachment #1

ii) Bulletin to Residents of LTC Homes: Important News Regarding LTC Homes Accommodation Charges: May 2012 - Attachment #2
MAY 2 9 2012
MEMORANDUM TO: Long-Term Care Home Licensees
Long-Term Care Administrators

FROM: Rachel Kempus
Acting Assistant Deputy Minister

RE: LTC Home Accommodation Charges and Rate Reductions – Changes Effective July 1, 2012

I am writing to you in regard to the 2012/13 co-payment rates. On July 1, 2012, the co-payment rates for long-term care (LTC) home basic accommodation will increase from $53.23 per day to $55.04 per day, an increase of $1.81, consistent with recent increases to inflation. These increases will not affect low income LTC residents. LTC residents receiving a rate reduction will continue to pay only what they can afford based on their income. However, residents will be required to reapply for a rate reduction as of July 1, 2012.

In addition, the Ministry has undertaken a review of the preferred accommodation premiums. Currently, a premium of $8 per day for semi-private, and $18 per day for private accommodation, is applied on top of the basic co-payment to determine the maximum amounts that can be charged. These premiums of $8 and $18 per day have not been increased since they were introduced in 1993.

The Ministry has heard from both non-profit and for-profit LTC homes that co-payment rates need to be reviewed and increased in order to keep pace with rising costs for quality meal and accommodation services.

To help address inflationary pressures, a modest increase is being implemented to the preferred accommodation premiums. These increases will only apply to newly admitted residents on or after July 1, 2012 and only to those residents admitted into a bed that is classified as “New” or “A”. Effective July 1, 2012, the preferred premium will increase from $8.00 to $9.00 for semi-private and $16.00 to $19.75 for private accommodations. Preferred accommodation premiums are not increasing for any residents currently residing in beds classified as “New” or “A”, or those admitted to older structural classification beds (“B”, “C”, “D” or “Upgraded D”). The table on the following page summarizes the revised co-payment rates effective July 1, 2012.

Please note, as you are required by regulation to provide a minimum of 30 days written notice of the co-payment rate increase to residents, a bulletin advising residents of the rate change has been enclosed with this memo. Please ensure that this bulletin is provided to all residents and is placed in areas accessible to residents before May 31, 2012.

The higher preferred accommodation rates for newer LTC homes recognize the investment required to redevelop LTC homes, which provides residents with enhanced privacy and comfort.
There are 35,000 older LTC beds in Ontario that require redevelopment. The increased preferred rates for newer LTC homes will encourage and support the redevelopment of these older LTC homes so that all LTC residents can enjoy enhanced privacy and comfort.

<table>
<thead>
<tr>
<th>Type of Accommodation</th>
<th>New Daily Rate</th>
<th>New Monthly Rate</th>
<th>Increase Per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Long-Stay Resident:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic</td>
<td>$55.04</td>
<td>$1,674.14</td>
<td>$1.81</td>
</tr>
<tr>
<td>Semi-Private</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residents admitted on or after July 1, 2012 to a newer LTC home (meaning that the bed is classified as “NEW” or “A” according to Ministry design standards)</td>
<td>$64.04</td>
<td>$1,947.89</td>
<td>$2.61</td>
</tr>
<tr>
<td>Residents already living in an LTC home prior to July 1, 2012 or residents admitted to an older LTC home (meaning that the bed is classified as “B”, “C”, “D” or Upgraded “D” according to Ministry design standards)</td>
<td>$63.04</td>
<td>$1,917.47</td>
<td>$1.81</td>
</tr>
<tr>
<td><strong>Private</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residents admitted on or after July 1, 2012 to a newer LTC home (meaning that the bed is classified as “NEW” or “A” according to Ministry design standards)</td>
<td>$74.79</td>
<td>$2,274.86</td>
<td>$3.56</td>
</tr>
<tr>
<td>Residents already living in an LTC home prior to July 1, 2012 or residents admitted to an older LTC home (meaning that the bed is classified as “B”, “C”, “D” or Upgraded “D” according to Ministry design standards)</td>
<td>$73.04</td>
<td>$2,221.64</td>
<td>$1.81</td>
</tr>
<tr>
<td><strong>Short-Stay Resident (Respite Bed)</strong></td>
<td>$35.63</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Rate Reductions**

In January 2011, the Ministry implemented a new rate reduction program, which is enshrined in the new Long-Term Care Homes Act, 2007 and Ontario Regulation 79/10 (Regulation). Since then, the Ministry has monitored the effectiveness of the new program and has found that there is room for improvement.

As such, the Ministry is introducing minor amendments to the Regulation. These amendments to the Regulation will help ensure that our assessment more accurately calculates a resident’s ability to pay.

.../3
The amendments will improve the effectiveness of the rate reduction program by:
- Ensuring an accurate assessment of a resident’s ability to pay at the time of application;
- Improving the efficiency of the application process;
- Better recognizing residents’ unique financial circumstances.

The Ministry is also extending the amount of time residents and LTC homes have to submit rate reduction applications to the Ministry from 30 to 90 days.

These minor changes to the rate reduction application process will also take effect on July 1, 2012. The Ministry is currently updating the application forms and the Rate Reduction Information System Application (RRISA), which is the IT application used by LTC home staff to calculate and submit rate reductions. The revised forms and updated IT application will be made available to LTC homes before July 1, 2012. More information will be provided in the coming weeks from Karen Slater, Acting Director of the Performance Improvement and Compliance Branch.

Accommodation Funding

The Ministry is pleased to announce that funding in the Raw Food and Other Accommodation envelopes will increase by a total of $1.31 per day effective July 1, 2012. The current and new funding per diem rates will be as follows:

<table>
<thead>
<tr>
<th>Envelope</th>
<th>Current Per Diem</th>
<th>Amount of Increase</th>
<th>New per diem effective July 1, 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing and Personal Care</td>
<td>$86.05</td>
<td>$66.05</td>
<td>$96.05</td>
</tr>
<tr>
<td>Program and Support Services</td>
<td>$8.35</td>
<td>$8.35</td>
<td>$8.35</td>
</tr>
<tr>
<td>Raw Food</td>
<td>$7.46</td>
<td>$0.22</td>
<td>$7.68</td>
</tr>
<tr>
<td>Other Accommodation</td>
<td>$51.08</td>
<td>$1.09</td>
<td>$52.17</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$152.94</strong></td>
<td><strong>$1.31</strong></td>
<td><strong>$154.25</strong></td>
</tr>
</tbody>
</table>

Funding for your home will be adjusted in your July monthly payment to reflect the increase in per diem rates.

Should you have any questions, please contact the LTC Action Line, at 1-866-434-0144.

Sincerely,

[Signature]

[Name]
Acting Assistant Deputy Minister

c. Local Health Integration Networks CEO’s
   Donna Rubin, CEO, OANHSS
   Gail Peach, CEO, OLTCA
Basic Accommodation Rates

On July 1, 2012, the co-payment that residents pay for basic accommodation in long-term care (LTC) homes will increase from $53.23 to $55.04 per day, or $1.81 per day, consistent with recent increases in inflation. This will help cover the rising costs of meals and accommodation.

If you are currently paying less than $53.23 per day because you are receiving a reduction in the basic co-payment, known as a “Rate Reduction”, then you should reapply for a rate reduction as the current rate reduction expires on June 30, 2012. Staff at your LTC home will provide you with the application form and will help you in submitting your application to the Ministry of Health and Long-Term Care.

Preferred Accommodation Rates

The maximum charges for preferred accommodation for residents living in LTC homes on or before June 30, 2012 will also increase by the same amount of $1.81 per day.

The table below provides the new rates that will apply as of July 1, 2012 to residents who continue to reside in the same type of accommodation within a LTC home.

<table>
<thead>
<tr>
<th>Type of Accommodation</th>
<th>Daily</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-Stay: Basic</td>
<td>$55.04</td>
<td>$1,674.14</td>
</tr>
<tr>
<td>Semi-Private</td>
<td>$63.04</td>
<td>$1,917.47</td>
</tr>
<tr>
<td>Private</td>
<td>$73.04</td>
<td>$2,221.64</td>
</tr>
<tr>
<td>Short-Stay</td>
<td>$35.63</td>
<td></td>
</tr>
</tbody>
</table>

For more information on co-payment rates or the changes to the rate reduction application process, please speak with your home’s Administrator. Should you have any additional questions, please contact: LTC Homes Action Line at 1-866-434-0144
THE COUNTY OF LANARK

COMMUNITY SERVICES
June 13th, 2012

Report #CAO-08-2012 of the
Chief Administrative Officer

Community Information – 211 Phone Service Update

1. STAFF RECOMMENDATIONS

“THAT the Community Services Committee recommend to County Council that the
need for funding 211 phone service be referred to the 2013 Budget for consideration,
and;

THAT the Director of Social Services contact 211 and advise them of the County’s
decision and rationale.”

Prepared, Recommended and Approved for Submission By:

Peter F. Wagland,
Chief Administrative Officer.
2. PURPOSE

The purpose of this Report is to provide a recommendation to Committee with respect to financially supporting the 211 Community Information Service.

3. BACKGROUND

The Director of Finance & Treasurer, in consultation with the Director of Social Services, submitted report #FIN-12-2012 to Community Services Committee on April 11th, 2012 recommending Council consider funding the 211 Community Information Service, or not. Committee asked for additional information with respect to the support which was being given by other members of the Eastern Ontario Wardens Caucus (EOWC).

4. DISCUSSION

Attached to this report is a summary of the EOWC support or not for 211 funding by EOWC Members. The majority of members have chosen not to fund this service for reasons ranging from an escalating contribution to a concern that this is voluntary downloading and creates the potential for the provincial government to withdraw provincial support forcing municipalities to contribute a larger share over the longer term. I would not disagree with any of these concerns.

Since this secondary review began, we have also learned that 211 has endorsed a study entitled A Call to Municipal Service Managers and District Social Services Administrative Boards – Establishing Collective Support for Ontario 211. They were looking for support from the OMSSA Board and AMO to create an MOU with the Provincial Government to provide certainty for future funding models. At this stage the OMSSA Board has neither committed to a funding model, nor has AMO received any request nor had a discussion with 211.

Two funding models have been included in this Study. One is identified as the Municipal proposal which shows funding as follows: Provincial 60%, Federal 10%, Municipal 20%, United Way 10%, for a total of 100%. The preferred approach however in this Report is: Provincial 80%, Federal 10%, United Way 10%, for a total of 100%.

We also know that currently 211 Centres are operating, and therefore one must assume that funding is in place. The Lanark County United Way fell short of their campaign target for 2011 and are therefore not in a position, nor have they been asked to provide any funding, based on the recommended model. An argument could be put forward that since United Way is unable to meet the proposed funding model commitment, would Lanark County intervene on their behalf? This argument has not been put forward, and as mentioned, the service is operating, therefore funding from Lanark County is not required.
5. **ANALYSIS AND OPTIONS**

   The Treasurer’s Report #FIN-12-2012 provided two options, either to decline the request for funding, or to approve the funding request of $11,500.

   I think there is another option, and that is to refer this matter to the 2013 Budget process, and make no contribution at this time.

6. **FINANCIAL IMPACT**

   The 2012 Budget includes an allocation of $11,500.

7. **LOCAL MUNICIPAL IMPACT**

   None.

8. **CONCLUSIONS**

   Uncertainty continues to surround the operation of 211 service and its funding requirements. The service is currently operating without a contribution from the County or the local United Way. It seems appropriate therefore that Council not contribute at this time.

9. **ATTACHMENTS**

   i) EOWC Survey
## County 211 Funding
### Survey of Eastern Ontario March 19, 2012
(Updated May 11th, 2012)

<table>
<thead>
<tr>
<th>County</th>
<th>211 Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stormont, Dundas &amp; Glengarry</td>
<td>NO</td>
</tr>
<tr>
<td>SD&amp;G Council was advised by the United Way that the service would be provided regardless of funding contributions from the County. County Council chose not to fund.</td>
<td></td>
</tr>
<tr>
<td>Prescott &amp; Russell</td>
<td>NO</td>
</tr>
<tr>
<td>No reason has been stated.</td>
<td></td>
</tr>
<tr>
<td>Leeds &amp; Grenville</td>
<td>NO</td>
</tr>
<tr>
<td>A decision has not been considered by Council. It was discussed by staff, and they chose not to incorporate it in the Budget. They are monitoring the funding demand.</td>
<td></td>
</tr>
<tr>
<td>Peterborough</td>
<td>YES/NO</td>
</tr>
<tr>
<td>The city of Peterborough and the County jointly contributed $30,000 to the development and roll-out of the 211 service. They have chosen not to contribute to the annual operation because they had previously contributed to a similar (complimentary) service operating in the community. <a href="http://www.fourinfo.com">www.fourinfo.com</a> The 211 service is being maintained by the Peterborough &amp; District United Way.</td>
<td></td>
</tr>
<tr>
<td>Haliburton</td>
<td>YES/NO – funding stopped</td>
</tr>
<tr>
<td>211 service has a very low profile in Haliburton. Its’ primarily focussed on the Muskoka area.</td>
<td></td>
</tr>
<tr>
<td>Prince Edward</td>
<td>NO</td>
</tr>
<tr>
<td>The new CAO is neither familiar with 211, nor aware of any decision that has been made by the County. He will be researching the initiative.</td>
<td></td>
</tr>
<tr>
<td>Frontenac</td>
<td>YES</td>
</tr>
<tr>
<td>Lennox &amp; Addington</td>
<td>YES</td>
</tr>
</tbody>
</table>
Renfrew
Renfrew County sees 211 as a Provincial initiative that should be financed by the province. It is like voluntary downloading.

Hastings
Hastings County is facing a proposed $30,000 increase, which they believe is unreasonable.

Kawartha Lakes
The City of Kawartha Lakes endorsed the implementation of 211 as a community initiative, without any financial contribution by the City.

General Comments:
- As a provincial initiative, should this be a county/municipal responsibility?
- Will the provinces simply move to reduce their share, forcing us to increase our share, once the service is established?
- Currently, the service is available without financial participation by the County. Why then should we make a commitment?
- No information exists which provides a forecast of the long-term operating costs, and therefore long-term funding commitments.
- 211 has done a poor job of communicating this initiative to counties.
- We understand that a collective group of CMSMs have been working on this initiative, purporting to represent all CMSMs, and yet the majority in Eastern Ontario were unaware until 211 came knocking on our door. Nancy Green is following up on this initiative.
- Apparently, a letter has been written to Minister of MOSS, Madeleine Meilleur with a funding proposal suggesting provincial 80%, federal 10% and United Way 10%. In other words, no county/municipal funding. A response is still pending.
- Similarly, a letter has apparently been written to AMO, asking that some form of provincial/AMO MOU be established, defining the financing rules around this project. Once again, information is sketchy. Susan Freeman is following up with AMO on the status of this request.
THE COUNTY OF LANARK
COMMUNITY SERVICES COMMITTEE

June 13, 2012
Report #SS07-2012
Nancy Green, Director of Social Services

LICENSED CHILD CARE

1. STAFF RECOMMENDATIONS

"THAT, Lanark County receives Report #SS07-2012 – Licensed Child Care as information only.

Prepared by:

Mary Lou White
Children’s Services Manager

Recommended by:  Approved for Submission By:

Nancy Green
Director of Social Services

for: Peter Wagland
Chief Administrative Officer

1 of 7
2. PURPOSE

The purpose of this report is to provide details with regards to the state of licensed child care in Lanark County.

3. BACKGROUND

In 1999, the Province of Ontario initiated a major shift in Provincial and Municipal responsibilities. The County of Lanark was designated a Consolidated Municipal Service Manager (CMSM) with responsibility for the management of Children’s Services.

The Best Start Initiative was introduced in 2004, with the vision “Children in Ontario will be ready and eager to achieve success in school by the time they start Grade 1. Ontario will be an international leader in helping all children realize their social, intellectual, economic and physical potential.”

This initiative would be implemented over the next 10 years, in a phased in process. The first phase was to expand child care programs in school for 4/5 year olds. During the early implementation it was critical to build strong partnerships within our communities including a number of community services across sectors given there would be significant collaboration required to successfully implement this initiative.

In 2007, changes in how we determine fee subsidy for families in need of financial support with their child care costs was introduced. It was a move from a needs testing system to an income testing system. Although there was a year to transition families to this new process, Lanark County activated it immediately to ensure that those families affected would not have to wait to see the benefits.

In October 2009, the Province announced the implementation of the full day of early learning program (ELP) for four and five year olds beginning in September 2010. The announcement of the full day of early learning was coupled with the Ministry of Education taking a lead role in the eventual operations of extended day programs for children aged 3.8 to 12 years old.

The most recent change effective January 2010, was the transfer of responsibility from the Ministry of Children and Youth Services to the Ministry of Education, with the licensing component following in January 2012.

The changes implemented over the past 10+ years were based on input from community partners, parents, service providers and Ministry direction. Note some of the changes:

- No longer averaged the cost of a licensed child care space to determine funding allocations. Providers are now paid for the true cost of a child care space, there is no longer a differential between what the cost of a space is for subsidized parents and full fee parents
- Fee subsidy funding is no longer attached to specific centres, therefore allowing families the choice to seek the service that best suit their family's needs.
- The elimination of the parent fee, so that when subsidy was determined it was clear what if any cost would be paid by the parent.
- Increased funding for Special Needs Resource Program which had historically been under funded for a number of years, thus eliminating waiting lists and supporting inclusiveness for children with special needs.
- Implemented changes in Wage Subsidy to allow each program, non-profit and commercial, to be funded equally.
- Provide 100% wage subsidy funding to all service providers based on the criteria.

Lanark County providers embraced the Best Start Initiative and collectively moved into action expanding existing program and adding new programs. The initial focus was implementing licensed child care for 4/5 years in schools. In fact, the providers exceeded the target of 120 spaces set out by the Ministry and increased the spaces by 169. The second phase was to expand spaces for the ages of 0-4 years.

Service Providers were very clear that expansion could not take place if we don't support the existing programs. They clearly identified the importance of supporting existing spaces to sustain these programs.

Therefore, we took a two-pronged approach:
- Support existing programs through infrastructure funding
- Support expanding programs within existing programs through funding

Our rural community also recognized that programs will not exist without highly qualified staff and that transportation in a rural community can be a significant barrier for families to participate in early learning programs. We strongly advocated with the Ministry of Children and Youth Services and were successful in achieving the approval of dedicated funding for transportation and professional development within budget.

4. DISCUSSION

It is critical that there is an understanding of the background of where we have been and why there is still concern even with the significant changes in the system as noted above. Our communities and service providers work tirelessly to provide affordable, quality child care in our rural community but that will not be enough to sustain strong, healthy licensed child care in our communities.

While the Child Care sector supports the introduction of Full Day Kindergartner the impact on licensed child care is of a critical nature. When you remove the age group of 4/5 years, moving them out of the child care system and into education it will have a significant impact. The revenue attached to the spaces for the 4/5 years was used to offset the cost for the younger age groups. So without that offsetting revenue, it drives the price for these spaces even higher.
In some of our communities that have been impacted by the economy these spaces are even more critical. Quality child care is imperative in our communities. Low ratios for infants and toddler care, combined with high fees will make licensed child care unaffordable for parents.

Our service providers are not in competition with one another, they are supportive in sharing information, services and staff. They have developed a strong community in their field and are committed to maintaining services in our communities.

5. **ANALYSIS AND OPTIONS**

The Ontario Municipal Social Services Association has created a report on Rural, Northern and Remote Childcare in Ontario and has completed an analysis along with recommendations to support the sustainability of licensed child care in our communities. Following are solutions which have been carried forward to the Ministry of Education:

**Some concrete solutions to increase centre viability**, include:
- Provide base operational funding for centres.
- Increase access to free or low-rent spaces in schools and other community spaces.
- Ensure flexibility with legislation and make changes to the Day Nurseries Act.
- Change the Day Nurseries Act in terms of allowing more flexibility of age ratios
- Broad eligibility by revising the scale and criteria for income testing.

**Some concrete solutions to support licensed home child care**, include:
- Change staffing ratios, making it worthwhile to stay open and licensed.
- Change the restrictions on the number of young children who may be cared for in home-based care (Eliminate the 2-under-2 rule. Make it 3-under-3).
- Expand capacity to care for school-age children before and after school.

**Some concrete solutions to staffing challenges** include:
- Offer more competitive salaries to attract better qualified staff.
- Offer a northern-rural incentive to attract and keep local staff.
- Support full-time employment opportunities as much as possible.
- Promote ECE training to high school students and adults.

**Some concrete solutions to building and infrastructure challenges** include:
- Provide capital dollars for renovations and relocations.
- Support the operational costs of buildings.
- Increase health and safety funding to address ongoing facilities and material issues.

**Promote and market** the benefits of licensed child care. Families need more information to understand the benefits to children, including school readiness and developmental benefits. Additionally, licensed child care needs to be understood as an important part of community infrastructure. Roads, bridges, schools and health care are all understood to be part of the lifeblood of a community. Licensed child care needs to be seen in the same light.
6. FINANCIAL IMPLICATIONS

Currently, the funding provided to support licensed child care has been a combination of 80/20 and 100% funding envelopes. As well, in the last provincial budget there was the following additional funding announced:

- $90 million in 2012-13
- $68 million in 2013-14
- $84 million in 2012-15

It has been stated that this funding is to ensure the child care sector remains strong and can help families experience a seamless transition to full-day kindergarten (FDK). Ontario will provide assistance to child care operators as we move towards full implementation of FDK in 2014-2015. This investment is funded from within the Ministry of Education’s allocation published in the 2012 Budget.

It has not been announced exactly how this funding will be rolled out and how this funding will be delivered to the providers.

7. LOCAL MUNICIPAL IMPACT

Our objective is to continue to support our child care system in our communities as they undergo significant changes. It is still the goal to provide affordable, accessible and high quality child care and improve outcomes for children and families, and to have early learning and child care settings inclusive of the needs of children with differing abilities. We will continue to work in partnership with the Ministries and community partners to achieve this goal.

We recognize the importance of maintaining, quality, affordable child care within our communities, supporting all families and building strong communities. Service Providers will be engaging parents in identifying their concerns and advising them of what to expect should there not be systematic changes to ensure the sustainability of programs in the future.

8. CONCLUSIONS

Lanark County continues to work closely with service providers and the Ministry to bring forward concerns, issues and solutions to ensure we maintain our existing services and to sustain and build on our services.

9. ATTACHMENTS

2. Backgrounder: Office of the Premier - Making the 2012 Budget Even Better
Statement By Ontario Premier Dalton McGuinty On 2012 Budget

NEWS
April 20, 2012

Today Premier Dalton McGuinty released the following statement:

"Balancing the budget is essential to creating jobs and growing the economy. Our five-year plan to balance the budget will keep our economy on track while protecting health care and education.

The budget plan presented to Ontarians did include ideas put forward by both opposition parties.

The PCs, led by Tim Hudak, proposed a very low rate of growth in government spending. The budget proposes only one per cent annual increases in spending over the next three years, and seeks a real wage freeze for our doctors, teachers and other public servants.

The NDP, led by Andrea Horwath, proposed a freeze on corporate income taxes. Our budget proposes to freeze corporate income taxes at 11.5 per cent.

Before the budget was tabled, I informed both opposition leaders that in keeping with Ontarians' expectations we would consider changes to make the budget even better.

The PCs abandoned Ontarians from the outset. They decided to vote against the budget before they even read it, risking an unnecessary and expensive election.

The NDP have shown a willingness to work across party lines to reach an agreement. We've been working hard with the NDP to better understand their proposals. Since the beginning of those discussions, we've been clear that while we can shift funding from one priority to another, we will not consider any new unsustainable spending.

Today I spoke with Ms. Horwath about these discussions and indicated a willingness to work together to reach an agreement.

I confirmed that we are taking action to make our budget stronger in two areas: child care and the Ontario Disability Support Program.

These steps can be taken within the government's fiscal plan and by finding savings in less important programs.

To ensure the child care sector remains strong and can help families experience a seamless transition to full-day kindergarten, we will provide additional assistance to child care operators.
Making The 2012 Budget Even Better

Child Care

To ensure the child care sector remains strong and can help families experience a seamless transition to full-day kindergarten (FDK), Ontario will provide assistance to child care operators as we move towards full implementation of FDK in 2014-15.

The total fiscal impact of this action is $80 million in 2012-13, $68 million in 2013-14 and $84 million in 2014-15. This investment is funded from within the Ministry of Education’s allocation published in the 2012 Budget.

Additional Savings Measure: Saving Money by Cutting the Price of Generic Drugs

In 2010, Ontario lowered the cost of generic drugs paid for by the Trillium Drug Benefit and Ontario Drug Benefit to 25 per cent of the cost of the brand product.

To save money that can be redirected into more important priorities, the government will move immediately to lower the cost of the top ten generic drugs to 20 per cent of the brand product. This will generate an additional $55 million a year in savings.

One Per Cent Increase in Ontario Disability Support Program

Ontario Disability Support Program rates will be increased by one per cent in the fall of 2012.

The annual cost of this policy is $33 million — and will come from the Additional Savings Measure identified above.
THE COUNTY OF LANARK
COMMUNITY SERVICES COMMITTEE

June 13, 2012

Report #LL-11-2012
Director of Lanark Lodge

Lanark Lodge Lighting Retrofit Project-2nd Phase

1. STAFF RECOMMENDATIONS

It is recommended:

THAT, Report #LL-11-2012 is received as information;

AND THAT, the Director of Lanark Lodge be authorized to proceed with Laser Electric Ottawa Ltd. (the original contractor for the Retrofit Lighting) for the completion of the lighting retrofit project for the value of $56,770 plus GST.

AND THAT, project is financed through County reserves, and the Hydro grant

AND THAT, if at 2012 year end there is unspent capital funds for Lanark Lodge that the costs of the lighting retrofit project be charged to the Capital budget and the monies for the project costs be returned to County reserves

Recommended by:                       Approved for Submission By:

[Signature]                         [Signature]
Deborah Pidgeon                     Peter Wagland
Director of Lanark Lodge            Chief Administrative Officer
2. PURPOSE

To provide Community Services Committee with the proposed costing and payback opportunity to complete the second and final phase of the lighting retrofit project for Lanark Lodge.

3. BACKGROUND

In the 2011 Capital budget for Lanark Lodge; Council passed a motion to allow Lanark Lodge to seek qualified vendor(s) to replace the current lighting system because the current system had reached its end-of-life and energy savings could be realized through the lighting retrofit.

An outside consultant was hired to project the budget estimates for the Lighting Retrofit. These budget estimates formed the basis for approval of funding.

Initially a RFT (Request for Tender) was published under RFT LL#003-2011 for the lighting retrofit. A total of 2 bids were received, and both were significantly over budget and the RFT was closed with no award.

An Invitation to Tender was issued to the original 4 vendors who attended the mandatory site visit under RFT LL#003-2011. The scope and document were completely re-written and published in July 26, 2011 with a closing of August 24, 2011. Lanark County received bids from four (4) vendors.

The RFT was awarded to Laser Electric for a cost of $202,625 plus GST per Report LL-04-2011.

4. DISCUSSION

There were timeline considerations for awarding of the initial lighting retrofit tender, initiation of work and completion of the outlined work to ensure that Lanark Lodge could access the approved grant monies from Ontario Hydro for $60,000. The lighting retro-fit project was required to be completed by April 30, 2012 to remain eligible to secure the grant monies. Lanark Lodge secured the full grant monies from Ontario Hydro for the initial lighting retrofit work.

The initial lighting retrofit project required adjustments to the number of lamps required per fixture; the lumen (candlelight) levels were too high in a number of areas which resulted in the removal of a number of lamps (a number of three lamp fixtures were reduced to one or two lamps). These adjustments have resulted in further annual savings in electrical costs with a pay-back period of 0.86 years for the investment in product costs.

(Attachment #1)
A review of the remaining lights that require replacement has been completed and a "best price" has been negotiated with the fixture and lamp supplier that supplied required product to Laser Electric who was awarded the initial lighting retrofit RFT. A review of the RFT document has occurred by the Lanark County Purchasing Officer to confirm that the second phase of the lighting retro-fit project can occur without issuing another RFT.

5. ANALYSIS AND OPTIONS

There are a number of remaining fixtures and lamps that require replacement at the Lodge; these replacements are to provide improved lighting to meet Ministry requirements for lighting levels and to replace aged fixtures and lamps that have reached their end of life.

The second and last phase of the lighting retro-fit project would cost $ 56 770 plus HST on the project. An Ontario Hydro grant application would be submitted for $ 8 925 to offset costs. The payback period on this project is 0.74 years (Attachment #2).

It is also important to note that the costs of electricity continue to rise and estimates are that there will be a 7% increase in electrical costs in 2013.

6. FINANCIAL IMPLICATIONS

In consultation with the Treasurer, Lanark County, it is proposed that the costs of the project could be taken from reserves. In the event that the full approved capital for Lanark Lodge is not spent in 2012, the monies could be utilized to offset the costs of the project and the original monies spent on the project returned to reserves.

The costs of the second phase of the lighting retrofit is $ 56 770 plus HST. An Ontario Hydro grant application would be submitted for $ 8 925.

7. LOCAL MUNICIPAL IMPACT

None

8. CONCLUSIONS

The completion of the lighting retrofit for Lanark Lodge will provide a prompt payback on the investment. Laser Electric can complete the required work under the original RFT; the supplier of the lamps and fixtures has guaranteed availability of the products at a fixed price and the installers will make this project a priority.
9. ATTACHMENTS

Attachment #1: Custom Lighting Incentive Worksheet: Initial Project
Attachment #2: Custom Lighting Incentive Worksheet: Second Phase of Project
## Custom Lighting Incentive Worksheet

### Phase 1 Project-Attachment #1

**Project:** Lanark Lodge  
**Customer:** Netno  
**Director:** Deb Pigeon

<table>
<thead>
<tr>
<th>Existing Fixtures</th>
<th>Description</th>
<th>Units</th>
<th>Lamp Watts</th>
<th>Annual Usage Hours</th>
<th>Total KW</th>
<th>Total kWh</th>
<th>Annual Cost</th>
</tr>
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<td>1</td>
<td>2-LAMP T12 HOSPITAL FIXTURES</td>
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<th>New Fixtures</th>
<th>Fixtures</th>
<th>Model</th>
<th>Cost</th>
<th>Units</th>
<th>Lamp Watts</th>
<th>Annual Usage Hours</th>
<th>Total KW</th>
<th>Total kWh</th>
<th>Annual Cost</th>
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<td>$28,903</td>
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**Annual Energy Savings:** 262,734 kWh  
**Carbon Reduction:** 81.19 tCO₂  
**Upgrading Power Reduction:** 29.3%  
**Cars of the Road:** 14.29 Cars

- **Assumed Electricity Cost:** $0.11  
- **Annual Cost Savings:** $28,903  
- **Project Cost:** $83,860  
- **Demand Savings kW:** 31.28 Kw  
- **Maximum Expected Incentive:** $58,870.00  
- **Minimum All In Payback:** 0.86
### Existing Fixtures

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<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Units</th>
<th>Lamp Usage Watts</th>
<th>Annual Usage Hours</th>
<th>Total kW</th>
<th>Total kWh</th>
<th>Annual Cost</th>
</tr>
</thead>
<tbody>
<tr>
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<td>5</td>
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<td>8,096</td>
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<td>$943</td>
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<tr>
<td>11</td>
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### New Fixtures

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<tr>
<th>Item</th>
<th>Fixture</th>
<th>Model</th>
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<th>Units</th>
<th>Lamp Usage Watts</th>
<th>Annual Usage Hours</th>
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<th>Annual Cost</th>
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<tbody>
<tr>
<td>1</td>
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<td>HCAV 1140</td>
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<td>34</td>
<td>56, w 8400</td>
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<td>2,448 kW</td>
<td>20,968</td>
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<td>BATHROOM FIXTURES</td>
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<td>12</td>
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**Assumed Electricity Cost**: $0.14

**Annual Cost Savings**: $23,622.31

**Project Cost**: $26,000

**Demand Savings KWh**: 26,000 KWh

**Maximum Expected Incentive**: $8,925.00

**Minimum Allowable Payback**: 0.74
Communities of Service

A new approach to organizing staff for program delivery is being implemented by the Leeds, Grenville and Lanark District Health Unit on July 1, 2012. Five areas within Lanark, Leeds and Grenville have been identified as communities of service. The five communities are: a) Brockville, Prescott, Elizabethtown, Athens, Augusta, Front of Yonge, Leeds and Thousand Islands and Ganoque; b) Smiths Falls, Rideau Lakes, Westport, Montague and Kitley; c) Perth, Lanark Highlands, Drummond North Elmsley and Tay Valley; d) Mississippi Mills, Carleton Place and Beckwith; and e) Kemptville, North and South Grenville, Merrickville-Wolford and Edwardsburgh/Cardinal.

Each area will have assigned staff who will deliver public health programs and services in collaboration with community partners and residents. Grouping staff by communities will enable staff to work more effectively as a team within a specific geographic area and to tailor programs to specific community needs.

Healthy Communities Partnership

The work of the Lanark, Leeds, and Grenville Healthy Communities Partnership is to promote regular physical activity for everyone which includes forming a Physical Activity Network, working to increase access for all residents to sports and recreation facilities, and developing safe routes to school. A presentation by Alan Medcalf, a cycling enthusiast, highlighted the value of cycling for individuals and the benefits it has on our environment and economy. Municipalities have a key role to create policies and the environment to encourage cycling. The partnership already has over 400 organizations and community members and all are encouraged to join the network.

Marketing Public Health

The Board recognized the importance of having a communication strategy to promote public health programs and services in Leeds, Grenville and Lanark. Other Ontario Health Units have chosen a marketing name e.g. Ottawa Public Health as one part of this communication strategy. Staff will continue to work on the external communication strategy, and report back to the Board on how the term “Leeds, Grenville and Lanark Public Health” could be used in our marketing work.
Lanark County Housing Corporation

Lanark County Housing Corporation provides quality affordable housing. We work with our tenants, stakeholders and community partners to build healthy, safe and sustainable communities.

Minutes
LCHC BOARD OF DIRECTORS

Tuesday, May 29, 2012
6:30 p.m.
52 Abbott St. North, Unit 4
Smiths Falls
LCHC Board Room

Members Present: Chair, J. Fenik, Vice-Chair, Public Appointee, J. MacTavish, Councillor L. Allen, N. Green, Director of Social Services
Staff/Others Present: K. Greaves, County Treasurer
C. Culham, Director
M. Davidson, Maintenance Manager
L. Lyonnais, Tenant Services Coordinator

Regrets: M. Higgins, Public Appointee, D. Gourlay, Public Appointee, P. Wagland, CAO

Chair: Councillor, J. Fenik

Call to Order
The meeting was called to order at 6:10 p.m. by the Chair, J. Fenik. A quorum was present.

Disclosure of Pecuniary Interest
None were declared at this time.

Additions and Approval of Agenda

Motion #LCHC-2012-42

Moved By: Nancy Green
Seconded By: John MacTavish

“THAT, the agenda be adopted as presented.”

CARRIED.
Minutes of Previous Meetings

Motion #LCHC-2012-43

Moved By: Nancy Green
Seconded By: Lorraine Allen

“THAT, the minutes of the LCHC Board of Directors meeting held on April 24th, 2012 meeting be approved as circulated.”

CARRIED.

Communications
None at this time

Delegations
None at this time.

Reports for Information

Activity Reports – April 2012
Activity Reports for April, 2012 – C. Culham, Director

I. Maintenance Report
II. Move out Report
III. Monthly Applications Activity Report
IV. Financial Statement

Director C. Culham informed the Board that an Energy Conservation Committee had been established with B. Brady, Lanark Lodge, J. Allen, County Public Works, K. Greaves, County Treasurer, K. Wills County Finance and M. Davidson LCHC. This committee is investigating ways to reduce energy as well as applying for rebates where applicable. Hydro Ontario has a rebate program which the LCHC has applied to for our multi-residential buildings. We have applied and are anticipating a retroactive rebate of approximately $20,000.00 back to 2011 and will continue to receive the rebate on an on-going basis.

Motion #LCHC-2012-44

Moved By: John MacTavish
Seconded By: Nancy Green

“THAT, the LCHC Board of Directors receives the reports as presented.”

CARRIED.

Reports for Discussion

Report #LCHC-14-2012 – Management Letter Responses – C. Culham Director
Motion #LCHC-2012-45

Moved By: John MacTavish
Seconded By: Nancy Green

“THAT, the LCHC Board of Directors moves “in camera” at 6:20 p.m. to discuss advice that is subject to solicitor-client privilege including communications necessary for that purpose."

“And THAT, K. Greaves, Treasurer, C. Culham, Director, M. Davidson, Maintenance and Asset Services Manager and L. Lyonnais, Tenant Services Coordinator remain in the room.”

CARRIED.

Motion #LCHC-2012-46

Moved By: Nancy Green
Seconded By: Lorraine Allen

“THAT, the LCHC Board of Directors move “out of camera” at 6:35 p.m.

Rise and Report

Chair, J. Fenik rose and reported that the discussion was of advice that is subject to solicitor-client privilege including communications necessary for that purpose and that LCHC staff had been given direction.

Motion #LCHC-2012-47

Moved By: Lorraine Allen
Seconded By: Nancy Green

“THAT, the LCHC Board of Directors receives the 2011 audit recommendations as outlined in the May 2012 management letter and approves the LCHC responses as outlined in this report.”

CARRIED.


Director C. Culham reviewed the Annual General Shareholders Report for the LCHC Board prior to presenting it to County Council on June 13, 2012.

Motion #LCHC-2012-48

Moved By: John MacTavish
Seconded By: Nancy Green

“THAT, the LCHC Board of Directors approves the Annual General Report for tabling with the Shareholder at the June 13, 2012 meeting.”

CARRIED.
**Policy 2012-01 Long Service Awards-Retirement C. Culham Director**

The LCHC Board of Directors had requested that staff make amendments to the Long Service Awards – Retirement Policy and bring it back to the Board on May 29th, 2012 for final approval.

**Motion #LCHC-2012-49**

Moved By: Nancy Green  
Seconded By: Lorraine Allen  

**THAT, the LCHC Board of Directors approves the Policy No. 2012-01 Long Service Awards – Retirement as presented.**  
CARRIED.

**Maintenance Manager’s Update**

Maintenance Manager, M. Davidson reported to the board that the roof replacement at 77 Harvey St. Perth was completed and on budget. The deck tender for Parkland Court, Smiths Falls has been awarded and in budget. The Energy Efficiency Lighting Program is in progress.

The HVAC Tender for 75 & 77 Harvey St. Perth, 252 Moffat St., 126 Sussex St., Carleton Place and 24 Bourke St., Smiths Falls will be closing on June 15th, 2012. The tender for balconies at 24 Bourke St., Smiths Falls will be closing on June 18th, 2012.

**Motion #LCHC-2012-50**

Moved By: Nancy Green  
Seconded By: John MacTavish  

**THAT, the LCHC Board of Directors receives the updates from the Maintenance Manager as presented.**  
CARRIED.

**Director’s Update**

Director C. Culham congratulated Kurt Greaves on being selected for the position of CAO of Lanark County and Lanark County Housing Corporation and welcomed him as our new CAO.

Director C. Culham asked if all board members had received the information on the Retirement Party for outgoing CAO Peter Wagland.

Director C. Culham informed the Board that, Lynn Lyonnais had accepted the position of Tenant Services Coordinator and congratulated her.

The interview process for the position of Tenant Community Worker has been completed and an applicant has been hired and will begin on June 11th, 2012. The LCHC received 80 applications for this position.

The Annual General Shareholder’s Meeting will be held on June 13th, 2012 at 4:30 p.m. at Lanark County Council
chambers and all Board members are invited to attend.

**Motion #LCHC-2012-51**

Moved By: Lorraine Allen  
Seconded By: Nancy Green

“**THAT,** the LCHC Board of Directors receives the updates from the Director as presented.”

**CARRIED.**

**OTHER BUSINESS**

**ADJOURNMENT**

There being no further business to discuss, the meeting was adjourned at 7:02 p.m. in a motion by Public Member, J. MacTavish and seconded by Director of Social Services, N. Green.

The next Board Meeting will be held on June 19th, 2012 at LCHC.

_________________________________________  _______________________
John Fenik  
Chair  

_________________________________________  _______________________
Christine Culham  
Director