

Core Service Review – Additional Information

Date:	September 9, 2011
To:	Community Development & Recreation Committee
From:	City Manager and Deputy City Manager, Cluster "A"
Wards:	All
Reference Number:	

SUMMARY

The purpose of this report is to respond to the Community Development and Recreation Committee's request for additional information related to its consideration of the Core Service Review Summary and Service Profiles prepared by KPMG LLP at its July 20, 2011 special meeting. At that time, Committee chose to defer consideration of report CD6.1 *Core Service Review* to its September 14, 2011 meeting until the additional requested information would be available to the Committee.

RECOMMENDATIONS

The City Manager and Deputy City Manager, Cluster "A" recommend that:

1. the Community Development and Recreation Committee forward the additional information contained in this report to the Executive Committee for consideration at its September 19, 2011 meeting.

FINANCIAL IMPACT

The City is facing difficult decisions in 2012 and future years to meet its budget challenges. The City currently has a 2012 beginning operating spending pressure estimated at \$774 million. The annual stabilization of one-time short term sources of funding must be replaced with expenditure reductions to ensure a long-term sustainable operating budget for the City of Toronto.

The Core Service Review is intended to align City services and service levels within the context of the 2012 Operating Budget. The Core Service Review opportunities identified by KPMG LLP along with the User Fee Review and Service Efficiency Studies are tools to assist in meeting the 2012 budget challenges.

The Deputy City Manager/Chief Financial Officer has reviewed this report and agrees with the financial impact information.

DECISION HISTORY

At its meeting on April 12 and 13, 2011, City Council approved the report, *Service Review Program, 2012 Budget Process and Multi-Year Service Planning Process* and requested:

- a) the City Manager to report the findings of the Core Service Review in preparation of the 2012 Budget Process to the applicable Standing Committee;
- b) that each Standing Committee make recommendations to Executive Committee for its September 2011 meeting; and
- c) the City Manager comment on any Standing Committee recommendations and submit a report directly to Executive Committee for consideration.

The full report can be found at:

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2011.EX4.10>

At its special meeting on July 20, 2011, the Community Development and Recreation Committee considered the report, *Core Service Review*. The Community Development and Recreation Committee deferred consideration of the report to its meeting on September 14, 2011 to permit additional information on the implications of the Core Service Review opportunities be presented.

The full report can be found at:

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2011.CD6.1>

COMMENTS

This report was developed in conjunction with City Divisions whose program activities were reported through the July 20, 2011 special meeting of Community Development and Recreation Committee, and with the City Manager's Office. In addition to the implications of KPMG's identified opportunities for those program activities, supplementary information requested by Committee includes the areas of child care, long-term care facilities and services, recreation, shelter and housing supports, emergency response, newcomer supports and cost-shared services.

In regard to the reported standards employed by KPMG in the identification of options presented on July 20, 2011, the consultants' analysis was based on information provided

by the City as contained in the Financial Planning and Reporting System (FPARS), including service/activity types, typical/estimated demand, service standards, source of standards, and current service levels. KPMG reviewed and analyzed this information and applied a core service filter to identify options and opportunities. Where an option or opportunity identified potential service level changes, the risks and implications were identified for information and consideration.

Appendix A of this report provides a summary of service implications of the service options and opportunities. Appendix B provides a list of recent communications to other orders of government regarding cost-shared human services. Appendix C provides a list of international awards received by Toronto Long-Term Care Homes and Services.

I. Cost-Shared Human Services

In the fall of 2008, the Provincial-Municipal Fiscal Service Delivery Review (PMFSDR) report *Facing the Future Together* was released by the Ontario Government. The PMFSDR report detailed a number of important recommendations and decisions impacting the delivery of human services in Ontario, including:

- a joint provincial-municipal commitment to develop integrated service delivery systems to better meet community needs;
- a commitment by the Ontario Government to fully upload the costs of social assistance benefits (Ontario Works and the Ontario Disability Support Program) by 2018;
- a commitment to work towards consolidating the existing range of housing and homeless programs into a housing service managed at the municipal level with a focus on long-term outcomes for people using the service system; and
- a commitment to develop a shared accountability framework for cost-shared programs.

Following the release of the PMFSDR report, the Province, the Association of Municipalities of Ontario (AMO) and the City of Toronto established the Human Services Implementation Steering Committee (HSISC) to support the implementation of the PMFSDR recommendations relating to human services. Through HSISC, several provincial-municipal working groups were established:

- the Ontario Works Funding Principles Working Group;
- the Employment Working Group;
- the Housing and Homelessness Consolidation Working Group; and

- a working group on the development of a shared accountability framework governing prospective Provincial-municipal roles and responsibilities for cost-shared programs.

Although the work of HSISC has concluded and it is not known what directions from the Working Groups will be supported by the Provincial government, the City remains an active participant in HSISC process.

Additionally, the City regularly advocates for investment by other orders of government in a variety of human services through pre-budget submissions to both the federal and provincial governments, and through regular intergovernmental staff communications. A list of recent communications to other orders of government regarding cost-shared human services can be found in Appendix B.

II. Provision of Child Care

The City of Toronto is required by Provincial legislation to manage a system of services for children and families and to pay a proportion of costs for these services. Services include managing child care subsidies, family resource programs, and special needs resourcing. Toronto Children's Services' system management role allows the City to plan and allocate resources in a manner that ensures financial accountability and addresses local needs and Provincial and Council requirements. The direct delivery of child care by a municipality is not a provincial requirement. In Toronto, however, it is a service that has been delivered in support of families since the 1940s.

Service Profile – Child Care System Administration and Quality Assurance

In addition to the direct provision of child care, Children's Services also functions as Toronto's provincially mandated child care system manager, functioning both as subsidy manager and quality assurance monitor. In this role, Children's Services reviews the budgets of all operators with which it has service contracts and approves per diem subsidy rates that are based on the actual cost of care.

The division currently manages a system of 24,000 subsidies, of which 22,000 are cost shared with the Province and 2,000 are funded through the Child Care Expansion Reserve Fund (CCER). Allocation of subsidies is conducted using a Provincially-legislated income tested formula. Provincial contributions to child care are not indexed to inflation, creating an annual funding pressure.

Complementing its administration of child care subsidies, Children's Services undertakes quality assessments of child care providers to advance quality in child care, to set high standards in financial management and administration and to ensure compliance with the *Day Nurseries Act* child care facility operation license. Children's Services quality assurance unit conducts 2,680 assessments annually to ensure compliance with service contracts. Each analyst has an annual caseload of 536. This function provides significant benefits for all child care system stakeholders:

- For parents, quality ratings are a customer service tool available on the City's web site which enables them to make informed decisions on the care requirements of their children.
- For funders and taxpayers, quality assurance promotes financial accountability and ensures that operators invest public funds in accordance with the intent of the program. Application of the financial management criteria increases funds available for subsidies by approximately \$7 million annually by ensuring that all programs are run efficiently.
- For operators, quality assurance acts as a development tool that provides clear direction for improving both program quality and operating effectiveness.

These benefits were echoed in a 2008 City commissioned report by Dr. Gordon Cleveland of the Department of Management, University of Toronto. He confirmed that high quality programs have a disproportionately positive impact on at-risk children in child care. Dr Cleveland recognized the importance of Toronto's criteria in measuring quality and ensuring effective standards and outcomes to its role as child care system administrator.

Dr. Cleveland was asked to review the results of child care quality assessments which had been prepared using the City's operating criteria. In his review of the evaluation data he concluded that there were lower scores for commercial child care programs than for non-profit and that municipal program scores exceed both groups. Specifically he found that " ...the average scores on every scale in commercial centres for infant rooms, toddler rooms, and preschool rooms are below those of non-profit centres (5-6 percentage points lower), and the scores on every scale are virtually always higher in municipal centres (5-8 percentage points or more)."

Both the City and the Province have policies in place to ensure that growth in child care is focused in the public and not-for-profit sectors for reasons of quality and accountability.

Dr. Cleveland's full report can be found at:

http://www.toronto.ca/children/pdf/cleveland_report_may08.pdf

The staff report to Council on Dr Cleveland's report can be found at:

<http://www.toronto.ca/legdocs/mmis/2008/cd/bgrd/backgroundfile-12676.pdf>.

Service Profile – Directly Operated City of Toronto Child Care Services

While the majority of child care facilities in Toronto are provided by either community-based not-for-profit organizations or the private sector, Toronto Children's Services directly operates some child care facilities. Children's Services operates 55 (6%) of the 932 licensed child care centres, and one of the 21 licensed home child care agencies in Toronto. In group care, the City-operated centres have a total capacity of 2,849 children.

An additional 753 children are served through home child care providers affiliated with the Children's Services Home Child Care Agency. Overall, the City provides 3,602 of the 56,382 licensed child care spaces in Toronto.

Proportion of younger children and infants in Child Care Programs, by Sector

	Commercial Sector	Not-For-Profit Sector	City
Infants	6%	3%	12%
Infants & Toddlers	22%	14%	31%

Due to higher staffing requirements for infants and toddlers established by the Provincial *Day Nurseries Act*, many not-for-profit and commercial operators minimize services provided to these age groups. Children's Services places a priority on younger children given the magnitude of demand, the limited community supply and the need to address priorities of Council's Children's Services *Child Care Service Plan, 2010-2014*.

Toronto's demographics are unique in the Greater Toronto Area (GTA) and materially impact the services required by children and families. Thirty-two percent of Toronto's children live below the Statistics Canada Low Income Cut-Off (LICO) relative to 18% in the remainder of the GTA. In addition, 60% of all low-income children in the GTA reside in Toronto.

The City delivers services in areas of Toronto where the market does not naturally develop. Its programs are primarily located in areas with a high proportion of children living below LICO, representing a strategic investment of resources in areas where they have the highest impact and generate the greatest benefits. Ninety-five percent of children in Children's Services' care are subsidized, compared to 49% in the remainder of the system. Nine percent of families participate in an Ontario Works Program and 74% of families are single parent.

A transfer of City-operated child care operations to the not-for-profit or commercial sector would require a detailed divestment strategy for a variety of reasons including the successor rights of current staff and the need to ensure that the needs of those vulnerable clients served by City centres could be addressed in the community.

The savings from divestment are likely to be lower than envisioned. While municipal salaries are higher than those in other sectors, they serve as the Provincial benchmark for pay equity purposes. Consequently staff in community agencies would eventually achieve similar salary levels as City staff.

The Children's Services *Child Care Service Plan, 2010-2014* can be found at: http://www.toronto.ca/children/pdf/serv_plan_2010/servplan_2010.pdf

Future Changes and Intergovernmental Developments

As the Core Service Review noted, significant changes are occurring within child care as a result of the Provincial Full Day Early Learning Kindergarten (FDELK) initiative. These changes will occur incrementally to 2014 and will impact the cost, structure and quantity of child care in Ontario.

When FDELK is fully implemented in 2014, it is expected Children's Services will reduce the number of its directly operated child care centres from 55 to 43, and focus in areas of the City not well served by other child care service sectors. A strategy is being developed to guide this transition and to explore alternative models for the delivery of certain services. Staff will report to Council in November 2011 on recommended strategic directions for Children's Services as it goes through this transition.

The City has been using the Child Care Expansion Reserve Fund (CCER) to fund 2,000 subsidized spaces, enabling it to maintain a total service level of 24,000 spaces. However the CCER (which was funded through the now discontinued national child care program) will be depleted in 2013 if additional resources are not secured. Staff has been asked to report to Council prior to the expiration of the CCER on strategies for reducing service levels through attrition should additional resources not be available. In the meantime, discussions continue at the Ministry of Education and Toronto Children's Services staff table on various funding issues.

The Core Service Review also identified Wage Subsidy and Pay Equity payments as areas of potential savings. It is important to note that both programs at their current service levels are legislative requirements of and cost shared with the Province of Ontario.

The City of Toronto continues to advocate to other orders of government for greater investments in child care to ensure it is equally accessible to all Toronto residents. Appendix B lists the City's pre-budget submissions to other orders of government on child care funding.

III. Long Term Care Homes & Services

Legislative Restrictions

The *Long-Term Care Homes Act*, 2007 chapter 8, section 119 (1) requires municipalities to establish and maintain a long-term care (LTC) home. The closure of a municipal LTC home is not a sale or a transfer; it is a process by which the Province makes a determination that may result in LTC beds being reverted to the Province for relicensing. Section 308 (4) (i) of Ontario Regulation 79/10 under the Act requires notice five years before a LTC home is intended to be closed. Further investigation including a fulsome legal opinion is required before considering divesting LTC homes, as differing opinions exist regarding the intended implementation of the *Long-Term Care Homes Act's* provisions requiring municipalities to provide long-term care. To date the *Act* has been

understood to legislatively mandate municipalities to directly operate a single LTC home, however questions have been raised as to whether the *Act* may be interpreted to require municipalities to provide a single system of care proportionate to the municipal population.

The 2011 approved operating budget for the Long-Term Care Homes and Services Division is \$224.2 million of which 79% is Provincial Ministry/Local Health Integrated Networks subsidies and user fees. Provincial funding pays for approximately 80% of the cost of operating LTC beds. The City's contribution to the Division's budget is about 20.8% or \$46.7 million, which is mostly a result of inadequate base provincial/LHIN funding for LTC beds, wage differentials and serving hard to care for individuals. Other programs offered by the Division, such as Supportive Housing Services and Adult Day Programs are funded 100% by the LHIN, while the Homemakers and Nurses Services Program is a cost-shared program with 80% Provincial and 20% City. Homemakers and Nurses Services programs provide in-home services for low-income vulnerable seniors and adults who would not otherwise be able to live independently in the community. Under the legislation, a Homemakers program can only be offered by a municipality.

Service Profile – Long-Term Care Homes & Services

The City of Toronto operates 10 LTC homes with 2,641 beds. This total includes 38 convalescent care beds, which make up over a third of the convalescent care beds in Toronto and 75 beds currently unavailable due to ongoing renovations at the City's Kipling Acres facility. There are 1500 people on the waitlist for a long-term care bed in Toronto. Generally, there are two people waiting for every one bed that becomes available within Toronto, while on a per capita basis, there are more beds available across the rest of Ontario.

The City also operates three community based programs:

- Adult Day Program: over 12,000 client days per year (100% Provincial funding)
- Supportive Housing Services: over 430 clients per year (100% Provincial funding)
- Homemakers & Nurses Services: 115,000 client visits per year (Cost-Share 80% Provincial and 20% City).

The Supportive Housing, Adult Day Program and Homemakers & Nurses Services (HMNS) has a combined waiting list of over 300 people.

The City is a leader in developing and executing efficient and effective practices for long-term care operations and has a long list of awards that exemplifies its innovation in serving a growing population. As a leader in care, Toronto's LTC homes prioritize preventative measures and restorative and rehabilitative care keeping residents healthy,

engaged and out of hospital beds. Key to the City's long-term care is a wellness approach. The City focuses on preventing isolation and illness by keeping clients socially and physically active and engaged.

In response to the diversity of Toronto, the City's long-term care homes collaborate with a large number of external partners, including ethno-racial, cultural, LGBT (lesbian, gay, bisexual and transgendered) and linguistic communities, local agencies and healthcare organizations to meet the needs of residents and clients. Residents in the City's LTC homes come from over 45 countries speak over 36 languages and represent approximately 50 faith groups. The City is able to meet the diverse needs of its resident population, in part, based on our ability to attract and utilize approximately 2,000 active volunteers providing over 137,000 hours of service in 2010.

Profile – Residents in City of Toronto Long-Term Care Homes

Toronto LTC admits a higher than average number of residents with complex care needs including dementia, aggression, mental illness and/or behavioural challenges which require enhanced care and services. Fifty-three percent (53%) of residents in the City's long-term care homes present with challenging behaviours (e.g. aggression, wandering). Specialized staff training and work place health and safety programs are vital to meet the needs of residents, particularly those with complex care needs.

Toronto's LTC homes serve a diverse population from young adults with severe disabilities to seniors with cognitive impairments and behavioural challenges. The City's homes strive to admit and serve vulnerable and hard to care for residents that would not typically be admitted into many other long-term care homes as these services are not adequately funded under the current long-term care funding system.

OMBI Benchmarks – City of Toronto Long-Term Care Homes

The City of Toronto, *2009 Performance Measurement and Benchmarking Report*, page 140 through 147 compared the City of Toronto LTC home to 14 other municipalities and found:

- The City of Toronto operates 16.9 % (2,566 plus 75 Kipling Acres beds) of the 15,641 long-term care beds from all service providers in the City; this is "average" in relation to the municipalities compared (8th out of 14 municipalities).
- Including all service providers, Toronto has a lower supply of long-term care beds (11th out of 14 municipalities) and the unchanged supply of long-term care beds means the City is not keeping pace with the 18% growth in the percentage of Toronto's population 75 and older.
- Municipal long-term care homes have historically experienced high satisfaction ratings from their residents as a place to live, and all OMBI municipal long-term care service providers maintain comprehensive quality improvement programs to

ensure safe, high quality care and services for the residents in their homes (1st out of 14 municipalities).

- The City of Toronto's per diem cost for providing a long-term care bed in 2009 was \$206, which is close to the median average (\$205) of the 14 comparison municipalities.

The City's LTC homes have been nationally accredited by Accreditation Canada and are in 100% compliance, an example of the quality of home operations. Accreditation Canada's program contains rigorous quality and quantitative measures. As the MOHLTC provides additional funding for municipalities which are accredited by Accreditation Canada, the City's maintenance of its accreditation has resulted in additional Ministry funding for its subsidy per bed. Further quality and efficiency reviews are outlined in Appendix A.

A list the many national, provincial and community awards and recognitions the City has received between 2006 and 2011 can be found in Appendix C. In addition to these awards, the City has won many local awards from public health and safety to the public sector quality fair for its services, programs, and staff.

The City is currently under consideration by the MOHLTC to establish one of the three new Centres of Learning, Research and Innovation within Ontario at one of its facilities. The purpose of these centres will be to build capacity and expertise in the sector, facilitate knowledge exchange and improve delivery of existing LTC services by reducing Alternate Level of Care (ALC) pressures (hospital beds and wait times).

IV. Tax Deferrals for Privately-Owned Golf Facilities

Recently, MPAC and the National Golf Course Owners Association Canada (NGCOA) agreed on a province-wide framework on how to value golf course properties for assessment purposes.

MPAC provided the City of Toronto with proposed minutes of settlement (MOS), utilizing this Provincial framework agreement, where the City's nine golf courses with fixed assessment agreements would realize an average overall assessment reduction of approximately 32.8% for each year under appeal (the annual assessment reductions range from a low of 18% to a high of 75%). The results of the proposed MOS will have the following impacts on the fixed assessment golf courses:

- it will have **no** impact on the taxes payable under the fixed assessment agreements;
- the assessment appeal process and final outcome will have **no** influence on Toronto's ability to compel the golf course to terminate or amend/re-negotiate said agreements; and

- the amount of the annual property taxes deferred would decrease as a result of the reduced assessed value, together with a recalculation of the aggregated interest payable.

Under the terms of the fixed assessment agreements, no termination rights are provided to the City and there are no provisions for renegotiation of any terms, and thus do not provide the City with a means by which to compel the golf course(s) to renegotiate. Only if the parties to the fixed agreements are mutually willing can the terms of the agreement(s) be amended, and to-date none have expressed any intention/interest to terminate their agreement. All nine of the agreements are terminable in the following events:

- On the 31st of December in any year, upon the owner of the golf course giving six month's written notice of termination to the municipality; and
- In the event that the land in respect of which the fixed assessment is given or any portion thereof ceases to be occupied for the purposes of a golf course.

On three separate occasions in the past (November 1981, April 1998, and April 13, 2004) the City Solicitor(s), in consultation with the Chief Financial Officer and Treasurer, has brought forward confidential reports to Committee and Council respectively stating that the legislation makes clear that termination rights rest with the clubs, and that there is no option available to the municipality or ability to compel the golf course to terminate or alter said agreements.

In aggregate, the total amount of annual taxes payable for 2011 for the nine golf courses with fixed assessment agreement is approximately \$1.28 million, and the total annual deferred amount is approximately \$0.53 million (subject to pending assessment/tax appeals). The amount actually payable in 2011 therefore represents approximately 71% of the full taxes that would be payable in the absence of the fixed assessment agreements. The total amount of deferred revenue for the nine fixed agreements is \$37.5 million, as at the end of August 31, 2011 (subject to pending assessment/tax appeals). Of this total, \$19.9 million is the principal deferred amount, and accrued aggregate interest (at the rate of 4% annually) is \$17.6 million.

V. Shelter and Housing Supports

Increasing Access to Affordable Housing

Toronto's ten year plan for affordable housing, The *Housing Opportunities Toronto Affordable Housing Action Plan 2010-2020* (HOT Plan) was adopted by Council at its meeting of August 5 and 6, 2009. The HOT Plan contains 67 actions within eight strategic themes. These actions together make up a comprehensive strategy by which all three orders of government work together to meet the affordable housing needs of Toronto residents. This includes a Housing First approach to end homelessness, the repair and revitalization of Toronto Community Housing and other non-profit and co-

operative housing units, and the creation of new affordable rental and ownership homes annually.

The HOT Plan also requests that the provincial government assist 70,000 low-income residents in Toronto through sustainable increased funding for new housing allowances or rent supplements. Currently, the City's Shelter, Support and Housing Administration Division (SSHA) administers funding for approximately 70,500 rent-geared-to-income units in social housing and with private landlords. The waiting list for these rent-geared-to-income units is currently 79,627 households (July 2011). The HOT Plan target is to help 70,000 households with high rent burdens by creating new housing allowances, rent supplements or other shelter benefits at a cost of approximately \$294 million annually.

The City's *Housing Opportunities Toronto Affordable Housing Action Plan, 2010-2020* can be found at: http://www.toronto.ca/affordablehousing/pdf/hot_actionplan.pdf

Addressing Homelessness

Toronto's Housing First approach is based on the principle that the best way to end homelessness and reduce the use of emergency shelters and other costly emergency services is to provide people with permanent housing and supports appropriate to their needs to help them remain housed. This is the basis of the Streets to Homes program, which has housed more than 3,200 people directly from the street since 2005. Follow-up supports are provided to help people stabilize in their new housing, and as a result, more than 80% remain housed.

In January 2009, the Deputy City Manager and Chief Financial Officer reported to Council on the results of a cost analysis of the Streets to Homes program. The analysis found that the use of emergency services (shelters, emergency health care, and incarceration) while people were homeless is substantially more costly than housing-based responses to homelessness, and that the use of these emergency services decreases substantially for the majority of individuals once they are housed. In particular, the study estimated that the six highest service users surveyed were using an average of at least \$36,000 in emergency and health services in the last year that they were homeless. Had they not been housed through the Streets to Homes program, over the next ten years these six individuals alone may have cost the system more than \$2 million dollars in health and emergency services.

As a result of the key findings from the 2006 Street Needs Assessment, emergency shelters and community agencies that provide services to people who are homeless are now required to ensure that homeless clients have an up to date application on the waiting list for social housing. The 2009 Street Needs Assessment found that 45.5% of people who were homeless reported being on a waiting list, an improvement from 36.6% in 2006. Ensuring that all people who are homeless complete an application to access housing is an ongoing priority.

Currently, people who are homeless are identified as one of four local priority groups on the waiting list to access social housing. These groups, including separated families with children in the custody of Children's Aid Society, youth under 18, and newcomers who are homeless, receive one in every seven vacancies. While increasing this priority to 1 in 6 or 1 in 5 would perhaps reduce the wait time for homeless applicants, the impact would be to increase the waiting times for all other applicants. As well, social housing does not necessarily provide the supports that some people who have experienced homelessness need in order to successfully maintain their housing and avoid becoming homeless again in the future.

As directed by the HOT Plan, a comprehensive review of the social housing waiting list is currently underway, which will result in recommendations to Council in the second quarter of 2012 on how to improve customer service for social housing applicants and identify potential changes to local policies, including local priorities for groups such as people who are homeless.

The full report on the Street Needs Assessment can be found at:

<http://www.toronto.ca/legdocs/mmis/2010/cd/bgrd/backgroundfile-29122.pdf>

The full report on the cost analysis of the Streets to Homes program can be found at:

<http://www.toronto.ca/legdocs/mmis/2009/ex/bgrd/backgroundfile-18574.pdf>

Alternative Financing Approaches for Supportive Services and Social Housing

Housing providers are able to borrow to finance capital spending, and the Toronto Community Housing Corporation in particular has taken advantage of market interest rates being at historic lows.

Alternative forms of borrowing exist that in some cases provide advantages over traditional debentures, through such means as preferential interest rates, tax exempt interest, or combining ethical or social impact investing (social finance) with business management support (usually associated with start up businesses). For some large and well established organizations, below market interest, sometimes available through special government loan programs, is comparable and second only to direct funding as a means to reduce costs and leave more funds for services.

More common amongst Canadian social housing providers experiencing rising costs due to aging infrastructure, is the use of existing real property assets or capital funds to leverage co-investment from the private and not-for-profit sectors, and swap properties that are currently under utilized to reduce maintenance costs and release funds for re-investment in replacement units (often in new locations).

Intergovernmental Developments

The City of Toronto regularly engages with the provincial and federal governments to identify and develop policy and funding frameworks that advance Toronto residents' access to affordable housing and supports.

The new provincial Long-Term Affordable Housing Strategy announced in November 2010 moves forward on the recommendation from the Provincial-Municipal Fiscal and Service Delivery Review to consolidate funding for housing and homelessness programs into one funding stream. This initiative is intended to reduce administrative complexities for service managers and partner agencies and create greater local flexibility in identifying priorities and delivery options. The first phase will involve five homelessness service programs, including the Consolidated Homelessness Prevention Fund, Emergency Energy Fund, Emergency Hostels, Domiciliary Hostels and Rent Bank funding.

While increased flexibility for homelessness funding is welcome, the process of consolidating funding could transfer funding risks to the City. Currently, per diem funding for emergency hostels has the ability to expand and contract in response to sudden increases in demand (for example, as a result of changes to immigration policies and geopolitical circumstances related to refugees). While detailed plans for the consolidation have yet to be announced, this flexibility should not be lost by moving to a fixed funding envelope.

In 2009, the HOT Plan was submitted to the Province of Ontario as the City's contribution to the creation of a long-term provincial affordable housing strategy. Among the Provincial actions requested by the City in the HOT Plan were that:

- the provincial government implement a new funding model for shelters which supports a Housing First approach and provides flexibility in the use of shelter funding to establish a permanent program to provide shelter clients with housing supports in the community;
- the provincial government provide funding for 10,700 new units of supportive housing, at a cost of approximately \$29.5 million in one-time capital and \$53.6 million in ongoing operating costs. Such an investment has been identified as critical to reducing the use of more costly shelters and other emergency services; and
- the provincial government reinvest savings achieved through the implementation of a Housing First approach from other areas, such as health, immigration, corrections and emergency services in shelter and housing supports.

Additional information on recent communications to other orders of government regarding shelter and housing cost-shared services can be found in Appendix B.

VI. Emergency Response – Toronto Fire Services & Toronto EMS

Among the options identified by KPMG LLP for human services providing emergency response for Toronto residents was the possibility of integrating the City of Toronto's Fire Services and Emergency Medical Services (EMS) Divisions. The City Manager will conduct a comprehensive organizational and service review of EMS and Fire Services using third party expertise.

VII. Newcomer Supports

The Government of Canada is responsible for the selection, settlement and integration of newcomers. In recent years, the Province of Ontario has taken a stronger interest in immigration, signing the Canada-Ontario Immigration Agreement (COIA) in 2005. Under the COIA, the Federal Government committed \$920 million over 5 years in Ontario for settlement and language training programs, in addition to Provincial commitments of \$540 million over the same period. This combined funding has benefited the city considerably, as Toronto is home to the largest proportion of newcomers to population of any Canadian city. Its economic growth depends on immigration as a key source of highly skilled human capital, and the successful and swift integration of newcomers into the labour market.

The COIA agreement expired on March 31, 2011, and the Province has publicly expressed an interest in the federal government devolving settlement responsibility and resources.

With respect to Toronto, the Canada-Ontario-Toronto Memorandum of Understanding (MOU) on Immigration and Settlement enables intergovernmental collaboration and coordination on research, policy, and program development, and City participation on COIA working groups. As a result of the MOU, the City is consulted on federal and provincial policy and programs, and is informed of any changes that might affect City services the MOU also expired on March 31, 2011.

The City has recently made formal requests to the federal and provincial governments to successfully renegotiate the COIA, including an extension of the MOU. The City continues to engage both orders of government in renewal discussions.

VIII. Sub-Committee for Core Service Review Public Consultations

At its July 20, 2011 Special Meeting, the Community Development and Recreation Committee formed a Sub-Committee to gather additional public input on the Core Service Review Summary and Service Profiles prepared by KPMG. The Sub-Committee's public hearings have been scheduled for September 12 & 13, 2011 at the Scarborough Civic Centre and York Civic Centre respectively. Summary points of public input gathered by the Sub-Committee will be provided to Committee members at the September 14, 2011 meeting of the Community Development and Recreation Committee.

CONTACT

Brenda Patterson
Deputy City Manager, Cluster "A"
Phone: 416-338-7205
Fax: 416-395-0388
Email: bpatter2@toronto.ca

SIGNATURE

Joseph P. Pennachetti
City Manager

Brenda Patterson
Deputy City Manager, Cluster "A"

ATTACHMENTS

Appendix A – Service Implications of Service Options and Opportunities identified by
KPMG LLP

Appendix B – Summary of Recent Communications to other Orders of Government
Regarding Cost-Shared Human Services

Appendix C – Awards Received by Toronto Long-Term Care Homes & Services

APPENDIX A

Service Implications of Service Options and Opportunities identified by KPMG LLP

Service	KPMG Opportunity	Implications (Social/Economic/Environmental/Health/Legal)
<p>Children's Services</p> <ul style="list-style-type: none"> • <i>Child Care Delivery</i> <ul style="list-style-type: none"> ○ Directly Operated Child Care 	<p>Consider transferring the city-operated child care centers to community or private operators.</p>	<ul style="list-style-type: none"> • Directly-operated child care is primarily located in areas with a high proportion of children living below LICO. • 95% of children attending municipal child care are subsidized compared to 49% in the remainder of the system. 9% of families with children in municipal child care participate in an Ontario Works Program. 74% of families are single parents. • Many not-for-profit and commercial operators limit the services that they provide to younger children as a result of the Day Nursery Act staffing requirements, which makes younger children more costly to serve. Currently 12% of children in directly operated childcare are infants compared to 3% and 6% in the not-for-profit and commercial sectors respectively. • Directly operated child care provides care to a greater number of children with special needs including complex cases that other providers cannot accommodate and that have additional staff requirements. • Directly operated child care is a key component in the City's emergency response requirements, set standards for quality in service delivery, supports community operators who are in jeopardy and pilots service delivery innovations. • Further analysis would be required in order to determine savings from divestment of municipal child care. A review should consider cost sharing agreements and increased

Service	KPMG Opportunity	Implications (Social/Economic/Environmental/Health/Legal)
		<p>administrative requirements. (Administrative costs in municipal child care represent 5% of total expenditures. Other operators tend to be closer to 10%)</p> <ul style="list-style-type: none"> • A significant portion of costs are subsidies which will remain with eligible children. • The City staff salaries are used as the comparator (proxy) for pay equity and through Pay Equity legislation, community agencies would eventually achieve similar salary levels as the City staff.
<p>Children's Services</p> <ul style="list-style-type: none"> • <i>Child Care Delivery</i> <ul style="list-style-type: none"> ○ Contracted Child Care 	<p>Consider reducing the number of subsidized spaces over time to eliminate 100% of municipally funded spaces.</p>	<ul style="list-style-type: none"> • Reducing the number of subsidized child care spaces will make work and/or school less accessible to some parents, and may increase Ontario Works case loads (and costs). • Currently there is a waiting list of 20,000, equal to 80% of subsidized spaces. With 60% of low income children in the GTA living in Toronto, there is a need/demand for subsidized child care. • Reducing the number of subsidized spaces through attrition will take time to achieve. Immediately eliminating the subsidy will have an impact on families currently in receipt.
<p>Children's Services</p> <ul style="list-style-type: none"> • <i>Child Care Delivery</i> 	<p>Consider making changes to program structure consistent with the full-day kindergarten initiative.</p>	<ul style="list-style-type: none"> • The provincial initiative to implement full day kindergarten will significantly shift the nature and cost structure of subsidized child care over the next few years. • Both the City program and community programs will require restructuring to respond effectively.

Service	KPMG Opportunity	Implications (Social/Economic/Environmental/Health/Legal)
		<ul style="list-style-type: none"> • The full impact of full day kindergarten in Toronto is the subject of detailed analysis by the division. The results of this analysis will be reported to Council in November and will guide the City in its discussions with the Province.
<p>Children's Services</p> <ul style="list-style-type: none"> • <i>Child Care Delivery</i> 	<p>Consider reducing the maximum subsidized per diem rates the City will support to levels near the average rates of non-profit providers.</p>	<ul style="list-style-type: none"> • Subsidies are allocated to families, not to operators and are based on a provincially legislated income test. Capping the amount which individual operators can receive in per diems from subsidized families will have the following implications: <ul style="list-style-type: none"> ○ Eligible families will not have the resources to augment payments to access more costly care. As a result, a cap would have a significant impact on the city's most vulnerable families. ○ It creates a two tiered system in which fewer operators will accept subsidized children, especially if the maximum is set too low. ○ Approved per diem rates reflect the actual costs incurred by operators. Per diems do not fund program inefficiencies or vacancies. • In addition, there are maximum per diem levels in areas of the budget that act to control costs and ensure that resources are invested in those areas of the program that are of most benefit to the children in care.
<p>Children's Services</p> <ul style="list-style-type: none"> • <i>Child Care Service System Management</i> 	<p>Consider whether quality assessments are required.</p>	<ul style="list-style-type: none"> • The province sets minimum standards for child care. Its licensing function provides authority to operate a child care centre based on a set of baseline standards, mostly related to

Service	KPMG Opportunity	Implications (Social/Economic/Environmental/Health/Legal)
<ul style="list-style-type: none"> ○ Support Services 		<p>physical plant and staffing levels. It does not address program quality, financial accountability or governance.</p> <ul style="list-style-type: none"> • The City's quality criteria ensure that contracted and municipal child care provide quality and accountable programs. The City's quality assessments are actively reviewed by parents when considering child care options. • Quality assurance promotes financial accountability and transparency. Application of financial management criteria increases funds available for subsidies by approximately \$7M per annum by ensuring that contracted programs are run efficiently.
<p>Children's Services</p> <ul style="list-style-type: none"> • <i>Child Care Service System Management</i> <ul style="list-style-type: none"> ○ Child Care Funding & Subsidies 	<p>Review Child Care Funding and Subsidies to reduce the funding and subsidies.</p>	<ul style="list-style-type: none"> • This category of expenditures includes support for family resource programs, summer camp and before and after school programs, occupancy costs for various operators and wage subsidy and pay equity programs. • While the majority of these programs, including those of wage subsidy and pay equity, are legislated and cost shared, some are fully funded by the City. In the case of the latter, those that are inconsistent with the equity principles of the Children's Services Service Plan could be reviewed for potential service level adjustments. • The cost sharing of the programs is legislated, and the City's portion of these programs must be paid.
<p>Emergency Medical Services</p> <ul style="list-style-type: none"> • <i>Emergency Medical Services</i> <ul style="list-style-type: none"> ○ Inter-Facility Patient 	<p>Consider outsourcing some or all of EMS non-emergency inter-facility patient transports.</p>	<ul style="list-style-type: none"> • The non-emergency ambulances are part of the daily minimum emergency car count and currently do emergency calls throughout the day. Outsourcing will reduce ambulance

Service	KPMG Opportunity	Implications (Social/Economic/Environmental/Health/Legal)
Transport		<p>availability and response times in the community.</p> <ul style="list-style-type: none"> • If Toronto EMS eliminated its 'non-emergency' inter-facility patient transports, many of these 'non-emergency' transports would become 'emergency' transports, because of patient safety considerations and time efficiency, thereby negating any desired efficiencies or savings from outsourcing. • Potential risk to patient/resident safety as private transfer services are not licensed ambulances and their staff do not provide the medically-equivalent skill sets or standards of a paramedic. • Many non-emergency, inter-facility patient transports are deemed 'medically necessary'. These patients require the skills and knowledge of a certified Paramedic to monitor and provide treatment during transport. Without those skills, out-of-hospital health care would be compromised.
<p>Emergency Medical Services</p> <ul style="list-style-type: none"> • <i>Emergency Medical Services</i> <ul style="list-style-type: none"> ○ Community Medicine 	<p>Consider eliminating EMS Community Medicine activities.</p>	<ul style="list-style-type: none"> • Community Medicine is a preventative service that improves organizational efficiency because it reduces the number of 9-1-1 emergency calls by ensuring that only individuals who require transport to hospital for their care receive it. This is achieved by redirecting some of the community's most vulnerable residents to alternative health care options who would otherwise use the emergency system. • Eliminating Community Medicine would decrease ambulance availability to service other calls within the community. The Community Medicine program links patients, particularly the elderly poor, with community services and economic support who would otherwise fall through the cracks.

Service	KPMG Opportunity	Implications (Social/Economic/Environmental/Health/Legal)
<p>Emergency Medical Services & Fire Services</p> <ul style="list-style-type: none"> <i>Fire Rescue and Emergency Response</i> 	<p>Consider integrating EMS and Fire organizationally and developing new models to shift more resources to EMS response and less to fire response over time.</p>	<ul style="list-style-type: none"> Further study is required to assess the service, financial, organizational, legal/legislative and other impacts including, for example: <ul style="list-style-type: none"> Service Demand: e.g. since 2002, the number of people requiring EMS treatment and transport to hospital has increased by 25% due to an aging and growing population, and higher levels of poverty. The growth in demand requires additional transport-capable ambulances. Insufficient EMS resources to transport patients will continue to erode the timeliness of health care. Provincial Funding Contribution: Currently, the City's investment in EMS is matched by the Province (50/50). Cross-training: if cross-training is required, associated costs will require assessment, e.g. current legislation requires two years of community college-level training to become a paramedic. Organizational issues will need to be considered, e.g. history, culture and morale of the services and any operational impacts. Legal/legislative, e.g., Potential health and safety risks to the public and service providers will require assessment <i>vis- a-vis</i> requirements under the Ontario Health and Safety Act; The City's ability to meet the level of fire protection set out by the Fire Protection and Prevention Act of Ontario will require assessment. Potential for impact on the City's public fire protection classification rating (used by the Fire Underwriters Survey)

Service	KPMG Opportunity	Implications (Social/Economic/Environmental/Health/Legal)
		Review) will need to be assessed as there may be a financial impact on the City if service level reductions occur.
Fire Services <ul style="list-style-type: none"> <i>Fire Rescue and Emergency Response</i> 	Consider reducing the range of medical call to which the fire department responds.	<ul style="list-style-type: none"> The Sunnybrook-Osler Centre for Pre-hospital Care Base Hospital and the Tiered Response Committee determine the number and type of Delta and Echo calls (most life threatening) TFS responds to for the citizens of Toronto. Legislative authority to designate a Base Hospital and establish a Base Hospital Program are authorized under the Ambulance Act of Ontario and accordingly; the TFS and EMS medical directors should review and advise their respective services on the ramifications that a reduction in the range of medical calls may have.
Fire Services <ul style="list-style-type: none"> <i>Fire Rescue and Emergency Response</i> 	Consider the opportunities to improve response times and decrease equipment requirements through dynamic staging of equipment.	<ul style="list-style-type: none"> The potential impacts that a decrease in equipment could result in would be considered in context with all fire-related assessments. (See opportunity to integrate EMS and Fire above.)
Long-Term Care Homes & Services <ul style="list-style-type: none"> <i>Long-Term Care Homes</i> 	Terminate community based programs or transfer day programs to a community agency.	<ul style="list-style-type: none"> The homemakers program is a provincially cost-shared (80% Provincial/20% City) program that provides in-home services for low income vulnerable seniors and adults with chronic health conditions and/or disabilities who would otherwise not be able to access appropriate services to live independently. Without this service their only option would be to go into long-term care prematurely or place pressure on other City services. Clients of the HMNS program typically have no other options for in-home services. Under existing legislation only a municipality can fund and

Service	KPMG Opportunity	Implications (Social/Economic/Environmental/Health/Legal)
		manage a homemakers and nurses services program.
Long-Term Care Homes & Services <ul style="list-style-type: none"> • <i>Long-Term Care Homes</i> 	Sale of municipally operated LTC homes to private sector operators would reduce city costs more quickly and may provide some recovery of investment in buildings.	<ul style="list-style-type: none"> • Buildings could be sold, but provincial legislation does not allow sale of the “beds” the way private operators can sell their licences. Provincial co-operation would be required to sell or transfer the right to operate the facilities as private LTC homes. Up to five years notice would also be required. There would be no guarantee that beds moved to another LTC operator would remain within the City. • Savings may still take some time to achieve as successor rights will impact current contracts on operators, at least initially. The Province will likely share in receipts from sale of buildings. • The province regulates LTC homes whether municipally or privately operated. Research has produced evidence that a profit driven long-term care system may produce inferior quality. • Toronto's homes serve a diverse population and have a higher proportion of low income residents, and other marginalized individuals, responding to local community needs. This also includes providing 17 short stay beds and 38 convalescent care beds.
Long-Term Care Homes & Services <ul style="list-style-type: none"> • <i>Long-Term Care Homes</i> 	Re-engineer the operations to achieve specified target cost reductions.	<ul style="list-style-type: none"> • Toronto's LTC homes serve a diverse population from young adults with severe disabilities to seniors with cognitive impairments and behavioural challenges. The City's homes admit and serve vulnerable and hard to care for residents that would not typically be admitted into many other long- term care homes as these services are not adequately funded under the current long-term care funding system.

Service	KPMG Opportunity	Implications (Social/Economic/Environmental/Health/Legal)
		<ul style="list-style-type: none"> Setting a target for further cost reductions (or per diem operating costs) needs to be assessed against the impact a reduction would have in meeting local community needs and be based on the standards the City chooses to establish for service quality and the legislative requirements.
<p>Long-Term Care Homes & Services</p> <ul style="list-style-type: none"> <i>Long-Term Care Homes</i> 	<p>Transfer most municipal operated LTC homes to operation by non-profit community organizations could reduce costs and transfer net costs to the province over time.</p>	<ul style="list-style-type: none"> Significant effort will be required to find or create suitable operators. Involvement of residents, family members, volunteers and credible community representatives will be required to make the process comfortable to stakeholders and citizens of Toronto. There is no assurance that services will remain within the City. Process must be done in accordance with the new LTCH Act. LTCH Act requires that beds be returned to the Province and requires up to 5 years notice to terminate services. The City has had a role in designing new program and service options that are accessible and developed through an age-friendly lens. The City has been recognized provincially and nationally, with innovations being adopted by other organizations benefiting residents in all LTC homes. This capacity will be lost.
<p>Parks, Forestry & Recreation</p> <ul style="list-style-type: none"> <i>Community Recreation</i> <ul style="list-style-type: none"> Recreational & Facilities Operation, Maintenance & Support 	<p>Consider innovative operating approaches for more facilities, such as the arena and community centre boards, purchased service agreements or P3 arrangements with community-based partners and private operators.</p>	<ul style="list-style-type: none"> Pricing of programs by private operators may cause financial barriers to access. Community based partners may not have the capacity to offer the diverse program offerings in City run programs and under service part of the target market.

Service	KPMG Opportunity	Implications (Social/Economic/Environmental/Health/Legal)
		<ul style="list-style-type: none"> Purchased service agreements result in loss of flexibility to adjust programming mix to meet the needs of the changing demographics. This will be reviewed through the recreation services planning process.
Parks, Forestry & Recreation <ul style="list-style-type: none"> <i>Community Recreation</i> <ul style="list-style-type: none"> Registered Recreation Programs 	Establish a clear approach to evaluating what recreation programs to operate or support, based on the benefits expected.	<ul style="list-style-type: none"> Division is developing a 5-year recreation plan and is conducting broad stakeholder engagement. It will look at what services are delivered and the distribution of the services against four principles adopted by Council — equitable access, quality, inclusion and capacity building. Through this plan we can identify an approach to evaluate current provision of services in reference to the principles of the plan. This will also identify the recreation services the City may wish to discontinue.
Parks, Forestry & Recreation <ul style="list-style-type: none"> <i>Community Recreation</i> 	In view of growing private involvement in recreation services, reconsider the City's role, purpose, goals and objectives in Community Recreation.	<ul style="list-style-type: none"> Division is developing a 5-year recreation plan and is conducting broad stakeholder engagement. It will look at what services are delivered and the distribution of the services against four principles adopted by Council — equitable access, quality, inclusion and capacity building. Through this plan we can identify what specific programs the City may wish to discontinue. Not likely that non-profit or private sector involvement will have or create the same capacity and it is more likely a mixed model of service is required.
Shelter, Support & Housing Administration	Expand support for the Streets to Homes initiative to reduce need for shelters.	<ul style="list-style-type: none"> SSHA has done a post-occupancy survey of clients housed through the program and a cost analysis, which shows that

Service	KPMG Opportunity	Implications (Social/Economic/Environmental/Health/Legal)
<ul style="list-style-type: none"> • <i>Homeless & Housing First Solutions</i> <ul style="list-style-type: none"> ○ Homeless & Housing Support in the Community 		<p>outcomes for those housed improve significantly and also reduce the use of costly emergency services.</p>
<p>Shelter, Support & Housing Administration</p> <ul style="list-style-type: none"> • <i>Homeless & Housing First Solutions</i> <ul style="list-style-type: none"> ○ Homeless & Housing Support in the Community 	<p>Develop wider range of supportive housing options.</p>	<ul style="list-style-type: none"> • Streets to Homes has demonstrated that some homeless individuals can live independently with supports, however, others require more supportive and / or structured environments. • A wide range of supportive housing options would have a positive impact on the quality of life and physical and mental health of clients who would be able to transition from the street or shelters into housing.
<p>Shelter, Support & Housing Administration</p> <ul style="list-style-type: none"> • <i>Homeless & Housing First Solutions</i> 	<p>Give homeless people higher priority in accessing social housing.</p>	<ul style="list-style-type: none"> • People who are homeless are one priority group on the waiting list –priority groups receive one in every seven vacancies. The City could increase this priority to one in six or one in five, or even giving homeless households alone a priority allocation, at least for smaller units. • The waiting list for social housing in Toronto is already long. This approach would extend the time for others to gain access and may encourage them to become homeless.
<p>Shelter, Support & Housing Administration</p> <ul style="list-style-type: none"> • <i>Social Housing System Management</i> 	<p>Consider development of a strategy to maximize benefit from projects where mortgages and subsidy agreements are expiring.</p>	<ul style="list-style-type: none"> • There is a risk that the amount of social housing will decrease as agreements with Federal and Provincial governments expire. The City has a legal requirement to keep the total number of subsidized units at the target level.

Service	KPMG Opportunity	Implications (Social/Economic/Environmental/Health/Legal)
		<ul style="list-style-type: none"> The expiry of mortgages leaves unencumbered assets, but they generally require new investment.
<p>Social Development, Finance & Administration</p> <ul style="list-style-type: none"> <i>Community and Neighbourhood Development</i> 	<p>Consider reducing or eliminating Community and Neighbourhood development activities.</p>	<ul style="list-style-type: none"> Community and Neighbourhood development activities include five key functions: Community Funding, Community Engagement, Youth Development, Neighbourhood Revitalization and Community Safety. Reduced administrative capacity for community funding will compromise oversight control and coordination. Reduced community engagement capacity will limit support to Council advisory bodies; limit organizational and developmental support to youth and community-based services; limit support to neighbourhood based planning and service coordination. Reduced youth development capacity will impact access to vocational supports leading to education, training and employment opportunities for 785 Toronto youth annually. Reduced capacity in neighbourhood revitalization will eliminate community engagement and social planning in neighbourhoods such as Regent Park and Lawrence Heights.

APPENDIX B

Summary of Recent Communications to other Orders of Government Regarding Cost-Shared Human Services

Service Area	Communications
Child Care	<p>Pre-budget submission requests to Province (2008-11), and Council requests:</p> <ul style="list-style-type: none"> • \$27M base for child care funding, \$13.5M capital funding and subsidies (July 6, 2010) • Provide funding for base pressures (April 15, 2010) • Requests for funding to maintain child care subsidies (April 15, 2010)
Seniors & Long-Term Care Homes	<p>Council requests:</p> <ul style="list-style-type: none"> • Increase funding for mental health services in long-term care homes (February 7, 2011) • Increase funding for long-term care homes (April 29, 2009)
Housing & Homelessness	<p>Pre-budget submission requests to Province for housing and homelessness supports (2008-11), and Council requests:</p> <ul style="list-style-type: none"> • Reinvest expiring federal housing funding back into social housing (February 23, 2011) • Disclose how province uses federal housing funding (February 23, 2011) • Support a full financial upload of all social housing operating and capital costs (February 23, 2011) • Provide Rent Bank funding to municipalities based on proportion of households with living in unaffordable rental housing (October 26, 2009) • Cost-share enhanced Streets to Homes Program (February 23, 2009) • Make contributions to upgrade TCHC properties (July 15, 2008) • Cost-share Streets to Homes program (May 26, 2008)
Emergency Medical Services (EMS) & Fire Services	<p>Council requests:</p> <ul style="list-style-type: none"> • Continue EMS Nurses Initiatives beyond March 2011 (April 15, 2010) • Provide 100% funding for Central Ambulance Communication Centre (April 15, 2010)

APPENDIX C

Awards Received by Toronto Long-Term Care Homes & Services

Source of Award/Recognition	Awards
National Awards/Recognition	<ul style="list-style-type: none"> • Honourable Mention for Excellence in Nursing Annual Nightingale Award, 2010 • Accreditation Award for above-average results in virtually all areas and compliance with 100 percent of national standards. The Division was commended for three leading practices that will be showcased for other healthcare organizations to learn from, 2009 • Canadian Healthcare Excellence in Quality Award for work at Carefree Lodge in reducing treatment in asymptomatic urinary infections, 2008 • Canadian Healthcare Association Award for Outstanding Contributions to Community Care, 2007
Provincial Awards/Recognition	<ul style="list-style-type: none"> • Ontario Health Quality Council Recognition to 5 managers "For Making a Difference" in the lives of those we serve, 2011 • Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS) Innovation & Excellence Supporting Seniors Award for Long-Term Care Homes & Services Youth Volunteer Program, 2011 • Ontario Government Senior of the Year Award to Rose Murphy, Bendale Acres volunteer, 2009 • Honourable Mentions Awards from OANHSS for Integrating Cultural Traditions and for Community Falls Prevention Model, 2009 • Ministry of Community and Social Services Award for Outstanding Work and Support of

Source of Award/Recognition	Awards
	<p>the Facilities Initiative at Cummer Lodge, 2008</p> <ul style="list-style-type: none"> • Quality Healthcare Network National Finalist Recognition (one of five and the only long-term care finalist) for Work in Falls Prevention and the Use of Hip Protectors to reduce the occurrence of hip fractures at Carefree Lodge, 2007 • Ontario Government Senior of the Year Award to Bette Riddle, Carefree Lodge volunteer, 2007 • OAHNSS Honourable Mention for the "Dear Olive advice column created by the Residents' Council at Wesburn Manor, 2007 and for the Youth Council at Carefree Lodge, 2007
Municipal Awards/Recognition	<ul style="list-style-type: none"> • Make A Chair Available presented by Toronto Employment & Social Services for offering the greatest quantity of employment opportunities to individuals receiving assistance, 2011 • Toronto Innovations Showcase Business Transformation Award for linking staff and information, 2009
Community Awards/Recognition	<ul style="list-style-type: none"> • Legacy Award presented by Volunteer Toronto to Bhavik Mistry, Kipling Acres volunteer, 2011 • Community Partnership Award presented by Toronto Intergenerational Partnerships, 2011, 2010, 2009 • Community Recognition Award for Outstanding Volunteer Service to Seniors presented to Bonnie Fernier, Wesburn Manor volunteer, 2010 • Urban Hero Award for the Gardening Program presented by Toronto Community News to Lakeshore Lodge volunteers Edna and Marlyn Rollauer, 2009

Source of Award/Recognition	Awards
	<ul style="list-style-type: none"> • Diamond Readers' Choice Award in the "Retirement Residence" category by the readers of The Etobicoke Guardian, 2008
Centres of Learning Awards/Recognition	<ul style="list-style-type: none"> • Seneca College Award for Contribution, Commitment and Dedication to Clinical Nursing Education, 2011 • George Brown Centre for Hospitality & Culinary Arts, Student Success Award, for outstanding externship environment by providing leadership, guidance and direction to students, 2010 • George Brown College award for Outstanding Clinical Role Model, Practical Nursing Program for excellence in clinical practices, 2009
Public Sector Awards/Recognition	<ul style="list-style-type: none"> • Public Sector Quality Fair* Silver Awards: "Enhancing Care Through Best Practices" and "Falling Leaf", 2008 • Public Sector Quality Fair Award for "Enhancing Care Through Best Practices – A Team Approach, 2008 • Public Sector Quality Fair Award "Falling Leaf Program", 2008 • Public Service Quality Fair Award of Merit – Listen to their needs and work together to make it happen, 2007 • Public Sector Quality Fair award for the Mental Healthy Framework, 2007 • Public Sector Quality Fair Silver Award for the creation of a volunteer Youth Council, 2007 • Public Sector Quality Fair Silver Award for Low Tolerance, long duration rehabilitation for stroke survivors, 2006 • Public Sector Quality Fair Bronze Award for Creating a Gay Positive Environment in the

Source of Award/Recognition	Awards
	long-term care home, 2006 *Note: These awards are no longer presented.