

2012

Health & Social Services Department ANNUAL REPORT



Message from the General Manager, **Patti Moore**



Individual people are complex bundles of challenges and strengths, needs, hopes, fears, joys and issues. However, we have organized complex bureaucracies and organizations to respond to peoples' complexities as if they could be dissected and each need treated as if it stood alone. So we have housing programs, we have employment programs, we have income support programs, we have child care programs, we have health programs, we have skills development programs and so on. The result has been a complex set of programs that, at least historically, have rarely talked to each other and a group of people served by these programs who often do not have their needs met effectively or in a timely way. No wonder the people we serve are often frustrated along with the staff providing those services. Since 2008, the staff of the Health and Social Services Department have been moving towards a more integrated philosophy and method of serving people.

Since 2009, there have been many changes related to integration and moving towards a more seamless way of serving people. Our front counter reception is much more integrated. It doesn't matter who the person speaks

to they can get served. We have a Health and Social Services SharePoint site where information and documents can be posted for any staff to access electronically. Several staffing positions have been created that integrate services across the division. The Priority Population Public Health Nurses have been jointly funded between the Health Unit and Social Services. They receive referrals from the Ontario Works Case Managers to assist people who have multiple barriers to becoming employed. These are very hard to serve clients that tend to fall through the cracks and need a great deal of support. The end result has not only been many successes with the clients but a better understanding and appreciation of the work across these corporate divisions. A new position for the Social Housing division is being jointly funded through housing and Social Services. Not yet in place, the intent is that it will support Social Services staff and Ontario Works clients in obtaining and retaining safe, clean, affordable housing.

There have been Public Health Nurses shadow Ontario Works Case Managers to better understand each other's work and how to work better together for improved client outcomes. Social events are taking place across the department to allow staff, in a more relaxed setting, to get to know each other and also to have some healthy competition! Some joint policies and

procedures have been developed, when relevant, across the department to ensure consistency. A number of strategies have been implemented to make it easier for the people we serve – shared mailboxes, changes to reception areas in shared offices, better systems to share information across various services. A provincial bed bug initiative which flowed funding to the Health Unit resulted in a joint initiative between the Health Unit, Social Services and Social Housing. Emergency planning has become a shared responsibility with plans being reviewed and integrated across the Health Unit and Social Services. Healthy Smiles, a dental program for low income individuals and families works jointly with Social Services to assist people to gain access to dental services. A number of more specialized staff positions such as an epidemiologist and graphic designers share their expertise across the divisions. Additional community development which took place across all three divisions has led to the development of a community coalition to address poverty across the two Counties.

A culture of integration has now been established across the three divisions. This culture encourages staff looking for opportunities to improve integration to support the people we serve. We still have much work ahead of us but we are on the right track!

Manager's Report, **Jill Steen**



A main focus for this past year has been work on the Health Unit's service review.

This was initiated in 2011 and has involved a comprehensive look at

over 90 programs and services that we provide to the community. Staff and managers looked at community need, the impact of the program, our capacity to do this work and our partnerships with other agencies. During 2013 some changes will be made to improve our services to best support the communities of Haldimand and Norfolk.

In 2012 the following strategic directions were identified and will form the basis of our improved service:

1. Adopt a Health Planning Model. Public health programs

will be effective, efficient and of high quality to meet our local community needs.

2. Increase understanding and integration of Health Promotion theory across the Health Unit. Health promotion is an important component of our work, including education, skill building and public policy development.

3. Adopt a Comprehensive School Health Model. Public health performs many roles in our education system. Dental screening, vaccinations, health promotion, youth engagement and counselling will be better integrated to provide the best service to our children and youth.

4. Adopt a Comprehensive Maternal/Child Health Model. Lifelong health begins with healthy moms and dads and the behaviours established with their babies and preschoolers.

Public health staff working with community partners will be instrumental in assisting parents during this important life stage.

5. Increase collaboration between the Healthy Environment and Infectious Disease teams. The role of public health staff in protecting the community in the areas of safe water and food, the prevention of rabies, health hazards and infectious diseases will be integrated and seamless.

More information on all the public health programs and services is available on our website, www.hnhu.org. We also encourage you to 'like' the Health Unit on Facebook (www.facebook.com/hnhealthunit) and follow us on Twitter (@HNHealthUnit) to receive timely public health information updates and to join the conversation about health issues relevant to local citizens.



Baby Friendly Initiative (BFI)

In 2012, public health units were mandated by the Ministry of Health and Long-Term Care (MOHLTC) to demonstrate that they are working towards being 'Baby Friendly.' This designation is bestowed upon organizations that actively protect, promote and support breastfeeding.

An interdisciplinary committee of Health Unit staff and representatives of community agencies was formed and completed the following tasks:

1. Developed a BFI policy for employees and visitors in Norfolk County's municipal buildings.
2. Partnered with Norfolk General Hospital and delivered an in-service to hospital nurses regarding the baby friendly designation and how to assist new mothers when necessary.
3. Delivered a presentation to all Haldimand-Norfolk Health and Social Services staff outlining the BFI and benefits of breastfeeding.
4. Updated fact sheets to ensure information distributed to clients meets the baby friendly criteria.

Family Health Team

- 110 pregnant women attended prenatal classes
- 139 individuals received Applied Suicide Intervention Skills Training (ASSIST)
- 3,547 students (elementary and secondary) received classroom presentations from a public health nurse
- 154,000 school health newsletters distributed to elementary students' families
- 2,413 babies, families and their supports attended Well Baby Drop-in sessions at Ontario Early Year Centres (OEYC)
- 7 parenting classes taught by a public health nurse in partnership with the OEYC

Clinical Services Team

- 5,587 children received a dental screening at school
- 620 children received emergency dental treatment through the Children in Need of Treatment Program (CINOT)
- 186 preschool children assessed by a speech-language pathologist
- 32.2 months was the average age of children referred to the Preschool Speech and Language program
- 3,217 influenza vaccines administered at Health Unit clinics
- 326 combination tetanus/diphtheria/pertussis booster vaccines administered at high school clinics



Priority Populations Team

In 2012, the Health Unit received funding from the Ministry of Health and Long-Term Care (MOHLTC) to support two FTE public health nurses for the Priority Populations Team (PPT). The team supports those at risk of socially produced health inequities, such as poverty, less access to education and employment and those marginalized due to social status or culture.

The PPT nurses furthered the work of a previously established community poverty awareness committee by hosting a poverty forum in June and also creating a newsletter outlining local poverty issues and a poverty awareness video titled "Let's Start a Conversation."

The PPT nurses also worked closely with Ontario Works, receiving 140 client referrals for a variety of issues including: low literacy, addictions, poverty, abuse, mental health, homelessness, health and advocacy needs.

Infectious Disease Team



- 312 inspections conducted - Personal Service Setting (138), Day Care (71) and Institutional (103)
- 465 reportable diseases investigated
- 18 respiratory outbreaks and 10 enteric outbreaks followed
- 1,846 sexual health appointments/services conducted (testing, consultations, counselling, etc.)
- 46 individuals tested for HIV
- 198 tests for sexually transmitted infections

Healthy Environment Team

- 1,070 food premises compliance inspections conducted
- 440 animal contact investigations conducted
- 308 food handlers certified
- 503 seasonal housing units inspected
- 157 small drinking water system risk assessments conducted
- 243 ticks submitted for identification





NutriSTEP

Nutrition Screening Program

In 2012 the Health Unit launched the NutriSTEP® nutrition screening program for preschoolers. The screening tool is a quick 17-item questionnaire parents or caregivers of preschoolers (ages 3-5) can complete to receive an assessment of their child's eating habits. The program also provides educational information on healthy eating as well as referral options for accessing additional support.

Approximately 2,500 screening packages were distributed to JK and SK students in both the Grand Erie and Catholic District School Boards. Packages were also distributed via physicians' offices, daycare centres and Ontario Early Years Centres. The Health Unit received 650 completed screens for analysis, making this the first time local nutrition-related surveillance data has been collected for this age group.



Population Health Team

- 2,500 preschool and toddler NutriSTEP® screens distributed to parents and caregivers throughout the community
- 1,240 hours volunteered by 27 youth members of the Health Education and Advocacy Team (HEAT)
- 120 participants attended four workplace health networking sessions
- 782 coaches, athletes and volunteers protected from second-hand smoke by new tobacco free policies implemented by two local sports organizations
- 300 tobacco Quit Kits distributed to the community at large

Healthy Babies, Healthy Children Team

- 116 pregnant women screened through Larson Screening Tool
- 889 live births recorded
- 498 moms received postpartum telephone contact
- 238 families received a postpartum home visit
- 106 families assessed as high risk received home visits
- 1,104 home visits by family home visitors and public health nurses



Manager's Report, **Jodi Guilmette**



Once again, the Haldimand & Norfolk Social Services Division experienced another challenging, but exciting, year in 2012.

Within the Ontario Works program, the following key Provincial initiatives announced or actioned upon in 2012 will profoundly change how we do business:

- In early 2010, the Ministry of Community and Social Services announced that in the fall of 2013 it would be replacing the province-wide database used to deliver and manage the Ontario Works program. Extensive work has been underway throughout 2012 to ensure that we are well positioned to implement the new technology.
- In July 2012, the Ministry announced the elimination of the Community Start-Up and Maintenance Benefit (CSUMB), a benefit that helped with the costs of establishing a new residence, preventing eviction and/or maintaining an existing residence. With this significant change, effective January 1, 2013, our Ontario Works clients were referred to the Salvation Army in Dunnville to access a range of housing supports programs, including a new Housing Stability Benefit.
- The release of the "Brighter Prospects: Transforming Social Assistance in Ontario" report by Commissioners Frances Lankin and Munir A. Sheikh in October 2012 identified 108 recommendations, that if adopted by the Province, would chart a new course for social assistance.



It is expected that social assistance reform will occur sometime in the future as a result of this report.

While our staff diligently worked to implement mandated Ministry requirements, they also continued to service an ever increasing number of Ontario Works participants. Despite the fact that some economic recovery was realized in Haldimand and Norfolk Counties throughout 2012, this did not translate into a decrease of our Ontario Works caseload. While the average monthly number of individuals applying for Ontario Works assistance decreased by approximately 11% in 2012 from 2011, our average monthly caseload in 2012 remained 3.4% higher than the average monthly caseload in 2011.

With respect to Children's Services, we were thrilled when the Ministry of Education announced a new child care funding formula late in

2012 that resulted in an additional \$1.5M investment for Haldimand and Norfolk. This new investment will allow us to better support our children and families as well as our licensed child care system.

In addition, the Full Day Kindergarten program also continued to be rolled out across Haldimand and Norfolk Counties. In total, 18 schools (46.2% of all of our schools) now offer Full Day Kindergarten. We continue to monitor the child care system to ensure that the system itself is stable and continues to meet the needs of our families and children.

Last, but not least, I want to recognize the hard work and dedication of our staff who tirelessly deliver our mandated programs. Without their commitment to the delivery of excellent customer service we would not be able to support our clients in the manner that they deserve!



Employment Services Team

- 351 participants accessed Job Coach services as a result of finding employment
- 664 participants attended various Life Skills workshops
- 12 participants completed Personal Support Worker programs
- 42 participants completed Adult Co-op programs
- 124 participants completed Community Placement programs
- 8 participants placed in employment through employment placement incentives

Children's Services Team

- 165 child care fee subsidy applications completed
- 265 families (409 children) received fee subsidy
- 834 licensed child care spaces available
- 32 fee subsidy agreements signed with licensed child care operators
- 16 wage subsidy agreements signed with licensed child care operators

Financial Services Teams

- 7.10 Social Assistance intake applications completed daily, on average
- \$947,173.39 in overpayments recovered
- 38 Ontario Disability Support Program/Ontario Works funerals funded
- 7 needs-tested funerals funded for Haldimand residents
- 1,416 active Financial Assistance cases handled monthly, on average
- 2,794 discretionary payments made for assistive devices (e.g. knee braces, orthotics, aero chamber)
- 126 Ontario Works recipients and families transferred to Ontario Disability Support Program
- 117 cases reviewed through Eligibility Verification Process to ensure adequate entitlement

Health & Social Services

Advisory Committee

Haldimand Representatives

Councillor Tony Dalimonte (Chair)
Councillor Craig Grice
Councillor Rob Shirton

Norfolk Representatives

Councillor Charlie Luke
Councillor Harold Sonnenberg
Councillor John Wells (Vice Chair)

Manager's Report, **Merv Hughes**



The mission of the Social Housing Division is to ensure that the residents of Haldimand and Norfolk Counties find and retain safe, clean and affordable housing

regardless of income or economic circumstances. The division was able to make a positive influence on several housing and homelessness programs, utilizing funding from the province.

On a personal note, after 30 years in the social housing business I announced my retirement effective January 31, 2013. The majority of my career has been in Haldimand and Norfolk Counties and I have had the good fortune to have worked in a business that I love.

Program Delivery & Fiscal Plan

A new affordable housing program called the Investment in Affordable Housing (IAH) for Ontario Program was an-

nounced in 2011. Haldimand and Norfolk Counties were allocated \$2.785M for this four year program. There are five different housing components –

- **Rental Housing** – supports the creation of more affordable housing
- **Homeownership** – provides down payment assistance to help current renters make the move into homeownership
- **Rent Supplement** – funding to help needy tenants afford private apartment rentals by having tenant pay rent geared-to-income rent
- **Housing Allowance** – set monthly allowance to help reduce tenant high rental costs
- **Ontario Renovates** – provides financial assistance to help low to modest income home owners renovate their homes to current building code standards.

In order to secure the IAH funding, staff were required to prepare a Program Delivery and Fiscal Plan on how the funds would be used over the various years of the IAH Program and what components would be delivered. Council approved

the Plan and then it was submitted to the Ministry of Municipal Affairs and Housing for their approval in order to secure the funding allocation.

Additional One-Time Funding Received

The Ministry of Community and Social Services (MCSS) has provided annual 100% funding for the Consolidated Homelessness Prevention Program (CHPP). The homelessness prevention programs include a Rent/Utility Bank, a Housing Advocacy Program and a Budget Counseling and Referral Service. Needy citizens facing eviction due to rental arrears or utility disconnections for non-payment are eligible to access small repayable loans to eliminate the arrears. In 2012 MCSS identified an additional one-time funding increase in the amount of \$55,247 to supplement the previously approved funding allocation. Without this funding, many more residents would have requested Ontario Works Emergency Assistance, Emergency Shelter Assistance or become homeless.

Seniors Supportive Housing Units Opened in Dunnville



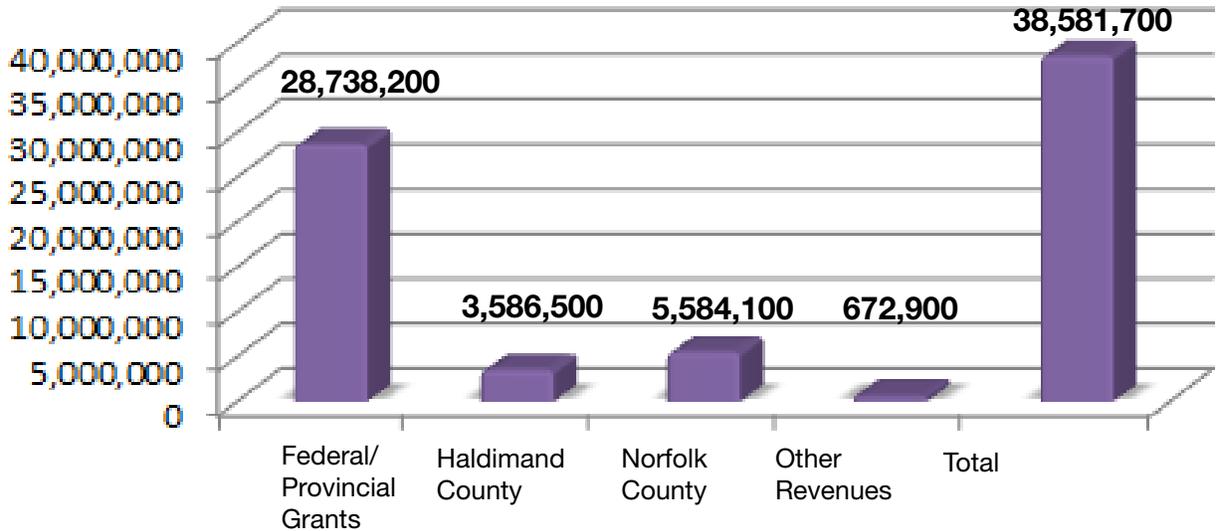
Utilizing \$2.52M in Affordable Housing Program (AHP) funding from the federal government and the Ministry of Municipal Affairs and Housing, two vacant wings of the old Grandview Lodge were converted to 21 seniors supportive housing units.

Maple Grove Place operated by Cheshire Independent Living Services officially opened November 16, 2012. All units are completely accessible and are 446 square feet. Each unit has a bed/sitting area, a small kitchenette and a washroom with a roll in shower. Maple Grove Place provides a place to live for individuals whose personal and health care needs exceed those that can be provided in their own home, but are not great enough to be admitted to a long term care home.

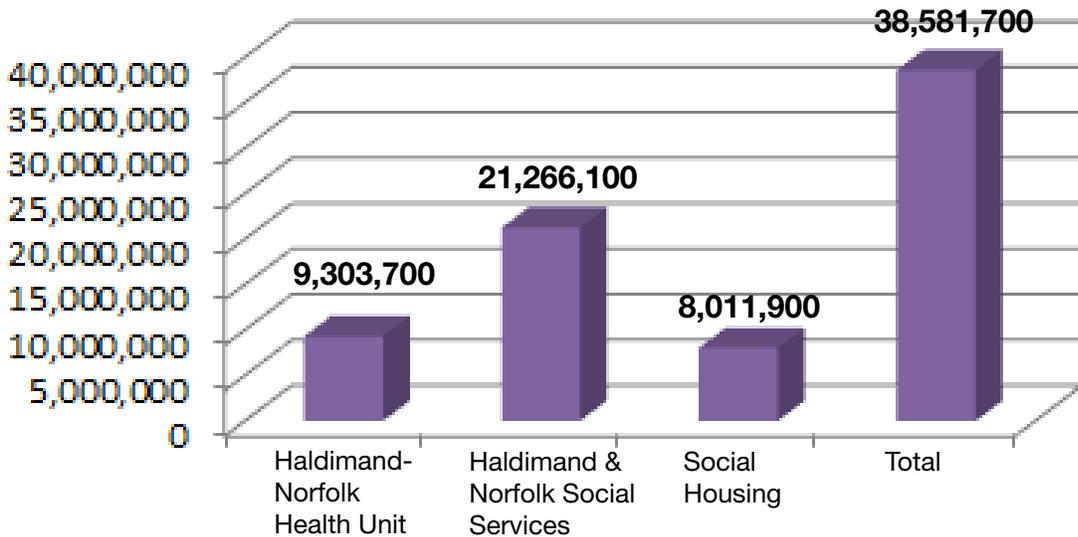
Fast Facts

- 285 applicants on the Central Waiting List for Social Housing
- 32 homeless people spent 447 nights in emergency shelter
- 27% of applicants on the Central Waiting List are single over the age of 65
- 30 individuals assisted from the Rent/Utility Bank
- 159 applicants housed in social housing
- 4 families received down payment loans to purchase their first home under the IAH Homeownership Program

Health & Social Services, **Revenue**



Health & Social Services, **Expenditures**



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Designed by the Health Unit's Communications Services of the Health & Social Services Department.