Health & Social Services Dept.

2006

NORFOLK • HALDIMAND

ANNUAL REPORT

www.haldimand-norfolk.org
Message from the General Manager, Patti Moore

Being a good corporate citizen is an important value in our society and, as an employer, we encourage our staff to be involved in the community. I'm pleased to say that the staff of the Health and Social Services Department have taken this challenge to heart, not only in the day-to-day work they do during regular office hours, but in the tasks they undertake after hours. Many of the staff sit on volunteer boards and committees, coach minor sports teams, act as Big Brothers and Sisters, to name a few. This year, I want to showcase just a few examples of this often unheralded volunteer involvement by our staff.

* Staff continued to develop a variety of fundraising strategies this year to support the Work of Heart Campaign for Norview Lodge, including the Annual Road Rally. In 2006, the Road Rally was carried out with the Simcoe Composite School cheerleaders who were raising funds for their trip to Hawaii. The joint effort proved very successful.

* Social Housing staff participated in the innovative and informative Sleep in the Park event held in Dunnville to raise awareness of poverty and homelessness.

  • Barbeques and Dress Down Days held within the department raised funds for a number of local causes, including the Work of Heart Campaign.

  • Christmas food and gift drives have become annual events inside our department. By “adopting” families or agencies, staff members try to dispense the real meaning of the holiday season — caring and sharing — to those less fortunate than us.

  • The Annual Spaghetti Dinner for the Child Nutrition Network supports the children of our community. Staff not only contribute their labour to the event, but also get to enjoy a great meal with the children who benefit from the fundraiser.

* Big Bike for the Heart and Stroke Foundation is a fun ride in which a number of staff members participate annually in support of the battle against heart disease and stroke. This year, the major fundraising event was dedicated to Hilda Miyak, a staff member who passed away.

* Finally (because I'm running out of room!), I will mention the Run for the Cure team of Freshly Squeezed. This dedicated team comprised of staff, family and friends from the Health and Social Services Department, along with folks from Norfolk General Hospital, has run or walked together for a number of years to raise money for breast cancer research.

I have only touched on a few of the ways the staff of this department give back to the community in which they work. But I hope these highlights are enough to underscore the fact that these contributions rise far above and beyond any job description. I am privileged to work with such a socially conscious, community-minded staff. I can only hope that they, themselves, will be beneficiaries. When you contribute to your community, you really get back more than you put in. That's what volunteering is all about.
Health Unit

Message from the Manager, Karen Boughner

The addition of new programs over the past three years and the growth in staff required a major restructuring of the Health Unit in 2006. Services were realigned and a new team structure developed. One major change was the creation of a Clinical Services Team, which houses the Speech and Language, Dental and Immunization Programs.

By the end of 2006, program teams consisted of Population Health, Communicable Disease, Healthy Environment, Healthy Babies Healthy Children, Family Health, Clinical Services, Epidemiological Services, Addictions Services and Business Administration. As well, a Communications Unit was formed to help us meet our many requirements under the Mandatory Health Programs and Services Guidelines that deal with getting health messages out to the public.

As a result of restructuring, the Health Unit is well poised to manage our precious health resources even more effectively and efficiently in the years to come, and to deliver high quality service to the residents of the community we serve. I wish to express my sincere thanks to the staff of our Health Unit for embracing change with such enthusiasm. The ability to adapt to an increasingly complex and intertwined set of health care priorities has become an essential instrument in the toolkit of public health care. You need only read the subsequent pages to find reassurance that the challenge of adaptability was met with professional resolve during 2006. In addition, I would encourage you to find more information about our structure and programs by visiting the Health Unit website at www.hnhu.org.

Message from the Acting Medical Officer of Health, Dr. Jeff Tschirhart

As this was my last full year as Acting Medical Officer of Health, I want to extend a heartfelt thank-you to the many outstanding people I have met during my seven-year stay with the Haldimand-Norfolk Health Unit. I will be turning over the reigns to a new MOH sometime in early 2007.

When I agreed to take on the job of Acting MOH back in 1999, it was supposed to be for a temporary three-month period. Never did I dream that I would be giving such convincing validity to that old adage about how time flies when you’re having fun. It flew right into the next century.

I have seen many changes during the past seven years, but one feature that has remained constant during my tenure has been the level of commitment I witnessed among the staff here. Their dedication to the welfare of our community has been unwavering. It has been an honour to work with them. I would also like to thank the residents of Haldimand and Norfolk for giving me this unique and rewarding opportunity. It has been a privilege to enjoy their trust and to serve them in this capacity.
Addiction Services Team

Integrated Services Planned under LHIN Umbrella

The Addiction Services Team could be leaving the Health Unit next year if local and provincial governments follow up on major steps taken in 2006 towards a merger of the teams with Adult Mental Health Services of Haldimand-Norfolk.

The two organizations' history of co-operative programming would position them well to improve services to the community and the merger would be consistent with the planning goals of the Hamilton Niagara Haldimand Brant Local Health Integrated Network (LHIN), one of 14 LHINs throughout Ontario responsible for planning, co-ordinating and funding local health services in their respective regions. Mental health and addiction services fall under LHIN jurisdiction.

Addiction Services was an active participant in the public planning process held by the LHIN throughout 2006. The Integrated Health Service Plan released in the fall focused on six priorities, one of which is to "improve access to care and support for persons with concurrent disorders" (mental health and addiction issues).

Day Treatment in Dunnville

For the third year in a row, Holmes House and Addiction Services combined to provide an intensive day-treatment program in Dunnville. Topics discussed during the two-week long program included dealing with cravings and urges to use alcohol and/or drugs, analyzing the development of an addiction, and planning for relapse prevention. Clients were able to participate without leaving their home areas.

Pre-contemplators Group

A new group was added to our programming in 2006. The Pre-contemplators Group is an education/awareness-raising session offered at least twice a month to adults who are in the early stages of determining if they have a substance use problem. Following the approximately two-hour session, clients may, if they choose, book an individual appointment with an addiction counsellor to further consider particular circumstances or issues. During 2006, 63 clients made use of the new program.

Clinical Services Team

The Clinical Services Team was pulled together from existing programs in 2006 to place similar programs into one team. The team provides a variety of services through the Vaccine Preventable Disease Program, the Preschool Speech and Language Program and the Dental Health Program.

The Vaccine Preventable Disease Program

Vaccine programs provided influenza immunization clinics across both Counties in the fall; hepatitis B, meningococcal C and Adacel immunization clinics in schools; and general immunization to the public year-round. We also collected vaccine records and enforced legislated vaccination requirements for all school-aged children.
Dental Health Program

Dental screenings were provided for children and youth at Health Unit sites in Simco, Caledonia, Dunnville, the Norfolk Community Help Centre and various Ontario Early Years Centres. Dental screening was also conducted in elementary schools to identify children in need of dental treatment. Dental financial assistance programs are available to assist children and teens.

Haldimand-Norfolk Preschool Speech and Language Program

The team carried out its mandate of providing assessment and intervention services to 12% of preschooleers per year (up to senior kindergarten entry) in five different clinic sites, early learning settings (including child care) and homes. The average age of referral was 35 months, but we see children much younger. The team also administered the local Infant Hearing Program.

Fast Facts - Clinical Services Team

- 32,470 doses of influenza vaccine distributed to health care providers and 5,500 doses given at public clinics run by the Health Unit
- 1,230 doses of hepatitis B vaccine given to Grade 7 students and 1,500 doses of meningitis C vaccine given to Grade 7 to high school students
- 6,012 children screened by the Dental Health Program
- 272 babies screened by the Infant Hearing Program community screener
- 260 children/families referred to the Preschool Speech and Language Program
- 85 children/families participated in parent training sessions and treatment groups with the Preschool Speech and Language Program

Communicable Disease Team

The Communicable Disease Team continued to provide a variety of services throughout 2006, including assistance in the management of institutional and community outbreaks (gastrointestinal and respiratory), investigation of reportable diseases, inspections (nursing homes, retirement homes, group homes with more than 10 residents, licensed daycare facilities and personal service settings), and education regarding HIV/AIDS and sexually transmitted diseases (STDs).

The team also provided resources and follow-up with public inquiries regarding non-reportable diseases. In addition, we collaborated with the vaccine preventable program and our Public Health Nurses participated in community vaccine clinics (e.g., flu, chicken pox).

The Sexual Health Program offered contraceptive counselling that includes providing low-cost birth control methods and emergency contraceptive pills. We also engaged in STD/HIV counselling, testing and treatment, as well as pap testing for teens and young women.

Integrated Public Health Information System (iPHIS)

The Ministry of Health and Long-Term Care's reportable disease information system, fully implemented across the 36 Health Units in 2005, provided valuable data in 2006. iPHIS allows all Health Units to better manage reportable diseases and outbreaks throughout Ontario, as well as generate statistical reports to track disease prevalence within the community.

Outbreaks

The team assisted in the management of approximately 26 outbreaks in 2006 including two chickenpox outbreaks involving offshore labour.
Pandemic Plan

The Health Unit continued to work on preparing an Influenza Pandemic Plan. The revised Pandemic Plan, available on the Health Unit website, was released in January 2006 and, as a working document, continues to undergo some minor changes.

Fast Facts - Communicable Disease Team

- 2,067 sexual health counselling sessions (3.4% increase from 2005); 901 sexual health clients on caseload (23.3% increase from 2005)
- 433 new sexual health/STD/HIV program contacts
- 58 individuals requested HIV testing; 70 individuals HIV counselled
- 161 new individuals requested STD testing and treatment
- 310 reportable diseases investigated (25.5% decrease from 2005)
- 141 Personal Service Setting (PSS) inspections (13% increase from 2005); 158 institutional inspections conducted

Epidemiological Services Team

The Epidemiologist continued to monitor the health status of Haldimand and Norfolk residents as well as assist in evaluating health promotion programs.

An Unintentional Injury Report was released in 2006, providing an overview of selected unintentional injury indicators.

A Haldimand and Norfolk Well Baby and Breastfeeding Clinic Program Evaluation Report was also released this year. The purpose of this evaluation was to determine whether the clinic was operating as intended.

A Cancer Report, Dental Report, Best Practices in Rural Health Report as well as Communities and Hospital Against Trauma (CHAT) Program Evaluation Report are scheduled for release in 2007.

Family Health Team

Public Health Nurses in the Schools

Public Health Nurses (PHN) carried out 983 individual counselling sessions and made 144 presentations in elementary and secondary schools in 2006. The nurses offered confidential counselling to students and other individuals; referrals to community agencies and support groups; resources to teachers and students for classroom teaching on health-related topics; classroom presentations
on health-related topics; and consultations with school personnel, students and/or parents assisting with activities that promote healthy lifestyles.

PHNs collaborated with the Population Health Team and Health Action to create Healthy Choices Youth Committees in five secondary schools. Each committee was comprised of and led by students with support from two teacher/staff advisors and a Health Action advisor. The committees selected health issues and implemented related educational activities throughout the school year.

**ASIST in the Secondary Schools**

The Applied Suicide Intervention Skills Training (ASIST) was available in local high schools in 2006, under the leadership of a PHN who has taken the five-day train-the-trainer course in Kingston. Trainers trained students and teacher advisors in three high schools this year to ensure the schools had a peer support preventative program in place dealing with student suicide threat and suicide thoughts. Students were interviewed individually by a trainer to determine if they had the maturity and responsibility to take the training and apply the intervention skills.

**The Bullying Initiative – “Name It to Change It”**

The bullying initiative, spearheaded by REACH, started in the summer of 2006 and includes representation from a number of agencies, community groups, families and youth. The Health Unit placed a PHN on this committee. The committee provides information, creates forums for discussion and, most importantly, unmasks the myths and locations of bullying in our community.

**Healthy Babies Healthy Children (HBHC) Team**

**Early Identification Component**

Starting in February 2006, the Healthy Babies Healthy Children Program provided free copies of the Let's Grow Newsletter to promote healthy child growth and development, and Early Identification of speech and language delays for children birth to six years.

Every local family with a newborn or a child from one to three months old received the first Let's Grow package. Parents are invited to complete a Let's Grow subscription form in the hospital. If the family chooses to subscribe to the Let's Grow Program, the remaining 10 Let's Grow issues are mailed to the family at age-appropriate intervals. The issues contain age-appropriate Nipissing District Developmental Screens and suggestions on interactive parent-child activities.

Approximately 450 families subscribed to the Let's Grow newsletter.

**Fast Facts - Family Health Team**

- 160 prenatal class participants
- 4,091 mothers, babies and siblings attended 153 well baby breastfeeding clinics
- 597 clients received pre- and postnatal services by a nurse practitioner at Mothers' Care Clinic in Langton
- 433 students received counselling on relationship issues, self-esteem, depression, anxiety, eating disorders and bullying by a Public Health Nurse
- 52 parenting sessions with 38 participants were facilitated by a Public Health Nurse or Family Home Visitor

**Healthy Babies Healthy Children (HBHC) Team**

- 968 live births
- 807 mothers received postpartum telephone contact
- 464 mothers received postpartum home visit
Healthy Environment Team

Smoke-Free Ontario

The Smoke-Free Ontario Act came into force on May 31, 2006, and governs smoking in enclosed workplaces and enclosed public places, selling tobacco to persons under 19, and retailer displays and promotion. Our Tobacco Enforcement Officer inspected retailers, conducted test shopping and investigated complaints. Partnerships were formed with all high schools within our area and agreements put in place addressing smoking on school property.

West Nile Virus (WNv)

The team continued to monitor dead birds, mosquitoes and humans for WNv. In 2006, four birds tested positive for WNv. However, there were no positive mosquito pools and no human cases identified.

Food Safety

The team trained 119 food handlers to ensure they are well aware of safe food handling techniques. Since 2003, the Health Unit has trained a total of 600 food handlers.

In addition, Public Health Inspectors made 706 inspections of food premises to ensure compliance with the Food Premises Regulations.

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Population Health Team

The Population Health Team addressed health issues such as healthy eating, active living, alcohol and drug abuse, injury prevention and tobacco use prevention. Services included workplace health, nutrition inquiries, car seat clinics and heart health programs. Staff worked with individuals, groups, community partners and schools to help the community achieve optimal health.

Stan's Plan Media Campaign

The Health Unit built a public relations campaign by joining forces with Simcoe radio station CD98.9 to help one of its sales representatives, Stan Dawson,
make some healthy lifestyle choices. For six weeks, the radio station publicized Stan taking on new challenges as directed by the Health Unit to make small changes in his food and physical-activity patterns, all of which improved his health.

The Smoke-Free Ontario Act Launched

Workplace educational packages, media advertisement and website information were provided to the community regarding the Smoke-Free Ontario Act, which came into effect May 31, 2006.

GIRLS (Growth Independence Respect Leadership Self-esteem) Power Camp

GIRLS Power Camp continued to provide interactive learning experiences in a camp setting for Grade 8 girls in the Counties. Activities focused on issues such as healthy relationships, non-traditional roles for women, decision-making, gender stereotypes, personal safety, body image and beauty expectations. Campers also participated in a high ropes course and a self-defence course. Since April 2000, there have been 10 sessions of GIRLS Power Camp with more than 400 Grade 8 girls attending and more than 200 young women participating as camp facilitators.

Fast Facts - Population Health Team

- 8,472 Smoke-Free Ontario signs distributed; 277 people participated in Quit Smoking Contest
- 7,165 students participated in Student Nutrition Program in schools
- 4,500 high school students participated in Drug Awareness Week
- 1,147 students participated in TV-Turnoff
- 364 families participated in the Heart Healthy Homes Challenge
- 478 car seats checked for safe installation
Ontario Works

Message from the Manager, Pat Ranford

This year has been literally “The Year of the Child” for the Ontario Works and Social Services Division. January started off with Council’s acceptance of the Best Start Implementation Plan and three more purchase-of-service agreements with licensed child care centres. By spring 2006, Council had accepted two social service providers for a three-year award of the National Reinvestment Strategy Fund that benefits families and their children in Haldimand and Norfolk Counties. With an increasing focus on child care through all the Best Start program requirements and initiatives, a Children Services Unit within the Ontario Works and Social Services Division was also developed, headed up by a fourth supervisor. This resulted in a number of staff changes and realignments of teams.

The lazy days of summer were all but lazy as the closer link between employment and families became evident with the ministry’s announcement of a new initiative for the Ontario Disability Support Program (ODSP) Non-Caregiver Spouse program. Quickly, on the heels of this announcement, came the opportunity to be selected as one of five pilots in Ontario for the Hire Up! Project, whose goal is to increase sustainable employment opportunities for our clients by offering local employers wage subsidies. Over the summer, Best Start continued to pick up momentum with the commencement of the design of two new child care centres and several other new child care initiatives. Meanwhile, the ministry’s Outcome Measures employment funding model continued to be tweaked with 2006 being another transition year.

Fall began with the realization that Consolidated Verification Process (CVP) targets might not be met in 2006. Through a team effort and the assistance of many, plans were put in place to achieve these targets. Then, just as the temperatures started to drop in late 2006, MCSS announced its long-awaited income-testing model for child care fee subsidy eligibility for Jan. 1, 2007, implementation!

Despite all these new initiatives, mandates and staff changes, Ontario Works and Social Services staff have continued to meet and exceed all of our performance measures and targets.

Once again, all staff are to be commended for their timely, effective and supportive services to our Haldimand and Norfolk County residents. I’m proud to have such a great team with me!
Recovery and Administration Support Team

National Child Benefit Reinvestment Strategy

Parents on social assistance and those working in low-income jobs received support through the National Child Benefit Reinvestment Strategy (NCBS). Partnering agencies included the Child Nutrition Network and the Salvation Army Family and Community Services. NCBS also assisted Ontario Works participants through Lifeskills Workshops and an Emergency Assistance for Children Fund.

Eligibility Review

The Eligibility Team investigated the eligibility of participants. Also, suspected fraud cases were referred to the Eligibility Review Officer for further investigation and action. This year, 248 fraud complaints were completed, resulting in one conviction. In addition, there were 99 internal reviews, 17 Social Benefit Tribunal submissions completed and nine Social Benefit Tribunal hearings conducted, all of which are non-police-related appeal proceedings.

Overpayments

In 2006, we recovered $990,247 in overpayments. Most overpayments were created when participants in Ontario Works or the Ontario Disability Support Program failed to report changes in rent, heat, hydro, spousal/child support, assets or earnings.

Family Support Services

During 2006, 620 new family support referrals were received under the Family Support Services program. Participants are assisted in obtaining financial support for themselves and their children through support orders and agreements. When our participants receive financial assistance from Ontario Works, they are required to pursue spousal and child support. This year, there were 376 families on Ontario Works and 112 families obtained support through the Family Support Services program.

Children Services Team

Licensed Child Care

As the service manager for both Haldimand and Norfolk Counties, Norfolk continued to provide child care fee subsidies to area families, in accordance with the Ministry of Children and Youth Services’ (MCYS) Child Care Fee Subsidy Guidelines. With the exception of parents of children with special needs, child care fee subsidies were provided to parents involved in activities such as employment, education or training. In addition, Ontario Works participants making the transfer to employment and Learning, Earning and Parenting (LEAP) participants have been designated as priority groups for accessing regular child care fee subsidies.
Special Needs Resourcing

Special Needs Resourcing provided supplemental staffing to support the inclusion of children with special needs in child care. This service was available for children with special needs at no additional cost to parents. Special needs resourcing is provided in both centre-based and home-based licensed settings to encourage the integration of children with special needs with their peers, and establishes a base for their optimum development and preparation for entering the school system. Children are placed in segregated settings only when no other appropriate placement is possible. The Children's Services Team made it a priority to ensure that parents on social assistance had access to special needs resourcing and that no parent was made to pay a higher child care fee for a child with special needs.

Wage Subsidy

Historically wages in the child care sector are very low, and since affordability is an issue for most parents, wage subsidies are an effective way to increase compensation to child care workers while retaining affordable child care. Funds are used to provide wage subsidies to child care providers to increase their capacity to provide care.

In 2006, the MCYS introduced wage improvement funding. This additional wage subsidy provided funds for all existing early childhood program staff currently working with children ages 0-12 in the licensed child care system.

Best Start

Under the Best Start program, 112 new child care spaces were created in 2006. This was in addition to the 143 new child care spaces created in 2005. The program, introduced by the MCYS in 2005, is a comprehensive, evidence-based early learning and care strategy designed to help give Ontario’s children the best possible start in life and to help them achieve success in school.

The community-driven program continued to help parents and families regardless of individual economic or social circumstances by focusing primarily on meeting children's and family's needs through strengthening, enhancing, building on and integrating existing programs and services, rather than creating new structures or organizations. Participating organizations providing services for children from the prenatal stage through to Grade 1 — regardless of which ministry funds them — shared their expertise and planned together.
Employment Team

Hire Up!

Norfolk and Haldimand Counties became one of five areas in Ontario selected by the Ministry of Community and Social Services as a Hire Up! pilot project.

The program’s purpose is to provide up to $4,000 per participant for wage subsidies to employers who hire OW clients into full-time employment.

Life Skills Workshops

The following workshops were offered from both the Dunnville and Simcoe offices: Cashier/Customer Service; Discovery — Workshops Designed for Participants with Disabilities; Long-Term Care Training; Developing an Employment Action Plan; At Your Request — mock interviews/resume preparation; Manufacturing Industry Preparatory Training; Employability Skills and Navigating the Workplace.

Adult Co-op Program

The Adult Co-op Program is a full-time semester program run in partnership with Ontario Works and Grand Erie Learning Alternatives. Students have the opportunity to develop work experience and skills along with four high school credits. With ongoing support and coaching, Ontario Works students have made strides towards independence.

Financial Team

Homemakers Services

The Financial Team assisted with costs for individuals needing homemaking services, such as laundry, light housekeeping and meal preparation. Community Care Access Centre (CCAC) and Aberdeen Health and Community Services Brant-Norfolk-Haldimand Branch (formerly known as Victorian Order of Nurses or VON) helped provide these services to approximately 50 individuals.

Consolidated Verification Process

The Consolidated Verification Process helps ensure the appropriate amount of financial assistance is provided to eligible participants. The number of cases reviewed in 2006 was 544. We achieved our mandated target of 96%. This generated additional monies from the province to reinvest in other Ontario Works’ programs to assist our participants.

Ontario Works

The caseload receiving financial assistance increased in 2006 with an average of 962 cases monthly, compared to 936 in 2005. Our office continued to meet the ministry guideline of four days from when a client first calls until his or her first appointment.

Fast Facts - Employment Team

- 61% of OW students completed the Adult Co-op Program and 60% of those who completed found employment
- 1,800 participants successfully completed a Life Skills Workshop

Fast Facts - Financial Team

- 4,892 hours of homemaker services provided
- 1,748 social assistance applications completed
- 126 Ontario Works recipients and their families transferred to Ontario Disability Supports Program
Social Housing

Message from the Manager, Merv Hughes

Social Housing provided cost effective administration of a number of housing related programs throughout the year, including social housing, Domiciliary Hostels, homelessness prevention programs, rent supplement programs and affordable housing programs. The year brought many challenges for the staff. I am very pleased to report that their dedication and hard work enabled us to deliver a number of new housing initiatives for the betterment of the citizens of Haldimand and Norfolk.

Emergency Energy Assistance Program

We administered a new Emergency Energy Assistance Program in 2006 in which small, one-time, no-interest repayable loans were made available to needy individuals to pay utility arrears to help prevent utility service suspensions and utility shut-offs. Approximately 50 individuals were assisted. Yearly funding for this program is provided by the province and flows through the municipality to Dunnville Salvation Army Family Services, which delivers the program to Haldimand and Norfolk.

Affordable Housing Program (AHP)

AHP – Rental and Supportive Component

In 2006, the province made $1.75 million available for the creation of 25 new affordable rental housing units under the Rental and Supportive component of the Canada-Ontario Affordable Housing Program (AHP). The new units will be built specifically for low- to modest-income individuals and a number of the units will be made available to individuals requiring housing support services. The County sought housing proposals from interested builders, developers and landlords in late 2006 for the use of available funds. It is anticipated that new units will be ready for occupancy in 2007.

AHP – Rental Allowance Component

In 2006, the federal government and province made $234,000 available for up to 30 new Rent Allowances or rental subsidies for needy individuals under the Rental Allowance Component of the AHP. Interested landlords were encouraged to apply to accept applicants for tenancy in their building from the Social Housing Central Waiting List for Social Housing. A monthly rental allowance or rental subsidy assistance is available for each eligible tenant. Under this program component, up to 30 new needy tenants in privately owned buildings could become eligible to receive up to $140 per month rental subsidy for a maximum of five years.

AHP – Affordable Home Ownership Component

Under the Affordable Home Ownership component of the AHP, the province and federal governments made down payment assistance available for up to 31
low- to moderate-income households in the two Counties. The funding enables eligible first-time home buyers to receive a forgivable loan of up to 5% of the purchase price towards the down payment on a home, providing they meet several requirements.

**Domiciliary Hostel Program – New Local Standards**

Social Housing staff began drafting higher minimum standards, to be enacted in 2007, for home maintenance, resident activities, nutrition and home cleanliness for all contracted Domiciliary Hostels. Domiciliary Hostels provide a limited number of low-income County residents with accommodation and daily supports in order to live independently. Generally these residents are on social assistance but are not yet nursing home ready. The Domiciliary Hostel program is a cost-shared program with the province that provides resident per diem subsidies to operators of privately owned Domiciliary Hostel residences.

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**Fast Facts – Social Housing**

- 658 rent geared-to-income units in place
- 180 full-pay market units in place
- 856 individuals assisted by the Rent/Utility Bank
- $164 average rent/utility loan assistance given from the Rent/Utility Bank
- 297 applications for social housing on the Central Waiting List
Health & Social Services Advisory Committee

**Haldimand Representatives**
- Councillor Lorne Boyko (Chair) ¹
- Councillor Tony Dalimonte (Chair) ²
- Councillor Craig Grice ²
- Councillor Don Ricker ²
- Councillor Buck Sloat ¹

**Norfolk Representatives**
- Councillor Michael Columbus ¹
- Councillor Harold Sonnenberg
- Councillor Heidy VanDyk ²
- Councillor John Wells (Vice Chair)

¹ January 1 to November 30, 2006
² Appointed December 1, 2006

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**Budget 2006 – Revenues**

**Budget 2006 – Expenditures**

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