

COMMUNITY SERVICES COMMITTEE AGENDA

Community Services Committee Meeting

Monday, August 11, 2014

Tom Davies Square

COUNCILLOR RON DUPUIS, CHAIR

Terry Kett, Vice-Chair

9:00 a.m. COMMUNITY SERVICES COMMITTEE MEETING COUNCIL CHAMBER

Council and Committee Meetings are accessible. For more information regarding accessibility, please call 3-1-1 or email clerks@greatersudbury.ca.

<u>DECLARATIONS OF PECUNIARY INTEREST AND THE GENERAL NATURE</u>
<u>THEREOF</u>

PRESENTATIONS

 Report dated July 31, 2014 from the Chief of Fire and Paramedic Services regarding Emergency Services Department Strategic Plan. 5 - 60

(ELECTRONIC PRESENTATION) (RECOMMENDATION PREPARED)

• Tim P. Beadman, Chief of Fire and Paramedic Services

(The presentation will outline the Emergency Services Department Strategic Plan.)

CONSENT AGENDA

(For the purpose of convenience and for expediting meetings, matters of business of repetitive or routine nature are included in the Consent Agenda, and all such matters of business contained in the Consent Agenda are voted on collectively.

A particular matter of business may be singled out from the Consent Agenda for debate or for a separate vote upon the request of any Councillor. In the case of a separate vote, the excluded matter of business is severed from the Consent Agenda, and only the remaining matters of business contained in the Consent Agenda are voted on collectively.

Each and every matter of business contained in the Consent Agenda is recorded separately in the minutes of the meeting.)

ROUTINE MANAGEMENT REPORTS

C-1. Report dated July 30, 2014 from the General Manager of Community Development regarding Homelessness Partnering Strategy.

(RECOMMENDATION PREPARED)

61 - 65

(This report requests the endorsement of the continued role of the City of Greater

Sudbury as the Community Enitity for the Federal funding agreement for the Homelessness Partnering Strategy.)

C-2. Report dated July 30, 2014 from the General Manager of Community Development regarding Out of the Cold Pilot Program - Update. (RECOMMENDATION PREPARED)

66 - 68

(This report is an update following the completion of the Out of the Cold Pilot Program administered by The Salvation Army.)

CORRESPONDENCE FOR INFORMATION ONLY

C-3. Report dated July 28, 2014 from the General Manager of Community Development regarding 2013 Report Card on Homelessness. (FOR INFORMATION ONLY)

69 - 70

(2013 REPORT CARD ON HOMELESSNESS UNDER SEPARATE COVER)

(This report is the release of the 2013 Report Card on Homelessness.)

C-4. Report dated July 28, 2014 from the General Manager of Community Development regarding Harm Reduction Shelter - Progress Report. (FOR INFORMATION ONLY)

(This report provides an update on the status of the Harm Reduction Shelter.)

C-5. Report dated July 28, 2014 from the General Manager of Community Development regarding Value of Parks and Green Spaces. (FOR INFORMATION ONLY)

77 - 89

71 - 76

(This report looks at how parks and green spaces have a positive influence on the well being of people as well as communities.)

REGULAR AGENDA

MANAGERS' REPORTS

R-1. Report dated July 28, 2014 from the General Manager of Community

Development regarding Special Events Policy - Committee Direction.

(RECOMMENDATION PREPARED)

(The input and direction as outlined in the recommendaiton will be included as part of the final Special Events Support Policy to be presented to the Committee in early 2015.)

R-2. Report dated July 31, 2014 from the Chief of Fire and Paramedic Services regarding Integrated Dispatch Emergency Medical Services and Police Services.

91 - 94

(RECOMMENDATION PREPARED)

(This report seeks authorization for the proposed consolidation of EMS dispatch with the City's dispatch for 9-1-1, Police and Fire Services, to achieve a fully integrated Emergency Communications Services system for Greater Sudbury.)

ADDENDUM

CIVIC PETITIONS

QUESTION PERIOD AND ANNOUNCEMENTS

NOTICES OF MOTION

ADJOURNMENT

BRIGITTE SOBUSH, DEPUTY CITY CLERK



Request for Decision

Emergency Services Department Strategic Plan

Presented To:	Community Services Committee
Presented:	Monday, Aug 11, 2014
Report Date	Thursday, Jul 31, 2014
Type:	Presentations

Recommendation

THAT the City of Greater Sudbury adopt the Emergency Services Department Strategic Plan (2014-2020) as outlined in the report dated July 31, 2014 from the Chief of Fire and Paramedic Services, and

THAT the Department will continue the work underway as outlined in the document entitled Emergency Services Tactical Plan (2014-2017).

Background

In June 2011, City Council amalgamated its Fire, Paramedic and Emergency Management Services into the Emergency Services Department.

Signed By

Report Prepared By

Tim P. Beadman Chief of Fire and Paramedic Services Digitally Signed Jul 31, 14

Recommended by the Department

Tim P. Beadman Chief of Fire and Paramedic Services Digitally Signed Jul 31, 14

Recommended by the C.A.O.

Doug Nadorozny Chief Administrative Officer Digitally Signed Jul 31, 14

Our Service is comprised of 651 Members from Fire, Paramedic, Emergency Management, and Administrative Services that are highly trained and dedicated professionals who serve our community 24/7, 365 days per year.

In conjunction with this organizational change, the Department had undertaken an initial strategic, high-level review of the City's emergency services needs and capabilities. Overall, this review provided 38 recommendations having either an immediate tactical or long-term approach to improving the delivery of services.

Even as this work continues, it is now time to evolve with the development of the Emergency Services Department, with the introduction of an overarching Strategic Plan covering the period of 2014-2020. The Strategic Plan is a roadmap for the next five years and is complemented by the Tactical Plan, which provides a more detailed set of actions for the next three years.

The second page of the Strategic Plan entitled "Preamble" outlines that the strategic direction of the Emergency Services Department and the dynamic elements in the delivery of Fire, Paramedic and Emergency Management Services to our community. The planetary diagram on this page provides a visual illustration for the reader to understand the complexity of designing the Emergency Services Department Strategic Plan.

In addition to utilization of our talented workforce and management team; the Executive Team of the Emergency Services Department wanted to ensure our approach and direction was measured through best practice and industry standards and hence sought guidance from external third party legislative and/or professional consulting resources.

Third party consulting services through their own independent research offered a variety of findings and recommendations and are their own opinions in their role as consultants. The Department has received a number of third party works and we continue to carry on with our assessments in progress and that from this additional work, we may generate new information and as a result, findings and recommendations may vary from those contained in reports by third party.

This plan is the roadmap we will use every year, every month, and every day to guide us forward on our journey to fulfill our vision of a highly effective Service the public has confidence in.





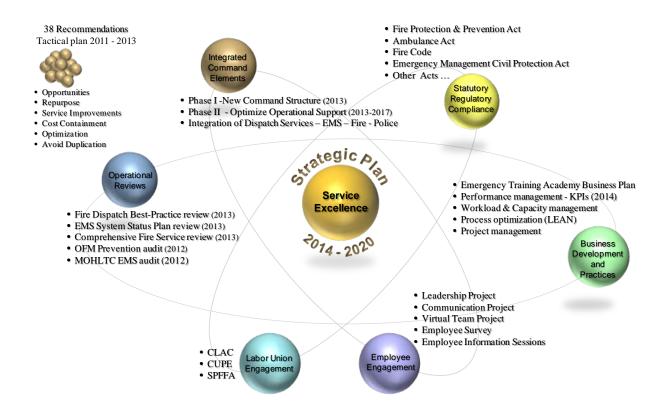
2014 - 2020



Published: July 30, 2014

PREAMBLE

The strategic direction of the Emergency Services Department was undertaken with a view of understanding all the dynamic elements in the delivery of Fire, Paramedic and Emergency Management Services to our community. The planetary diagram below provides a visual illustration to the reader to demonstrate the complexity of designing the Emergency Services Department Strategic Plan.



In addition to the utilization of our talented workforce and management team; the Emergency Services Department Executive Team ensured our approach and direction incorporated best practice standards through consultation with external third party legislative and/or professional consulting resources.

Third party consulting services through their own independent research offered a variety of findings and recommendations and are their opinions in their role as consultants.

The Department has received a number of third party works and we continue to carry on with our assessments in progress and that from this additional work, we may generate new information and as a result, findings and recommendations may vary from those contained in reports by third party.

TABLE OF CONTENTS

References	2
Message from the Executive	3
Emergency Services Management Team	4
Introduction	5
Core Services	6
Vision & Mission	7
Values & Principles	8
Strategic Business Principles	9
Challenges	10
Opportunities	11
Strategic Goals	12
Goal A - Priorities	13
Goal B - Priorities	14
Goal C - Priorities	15
Goal D - Priorities	16
Goal E - Priorities	17

REFERENCES

ABBREVIATIONS AND CONVENTIONS

City The City of Greater Sudbury

Fire Suppression The Division of Emergency Services responsible for fire-

fighting and rescue. This is synonymous with Fire Operations

Member(s) or

member(s)

All employees of the Emergency Services Department

MOHLTC Ministry of Health and Long Term Care

OMPF Ontario Municipal Partnership Funding

Paramedic Services The Division of Emergency Services responsible for providing

pre-hospital emergency medical care.

Program A program is a grouping of projects that collectively deliver the

complete value required to meet the strategic priority.

Service The Emergency Services Department

WORKS CITED

Archibald, Aaron. <u>Deputy Chief EMS Operations</u>. Presentation to the Community Services Commitee of Council. City of Greater Sudbury: City of Greater Sudbury, 2013.

CGS-Building. Electronic Report. City of Greater Sudbury: City of Greater Sudbury, 2012.

CSA-Group. <u>CSA Z1600 – Emergency Management and Business Continuity Programs.</u> 2014. 10 January 2014 http://shop.csa.ca/en/canada/landing-pages/z1600-emergency-management-and-business-continuity-programs/page/z1600>.

ACKNOWLEDGMENTS

Photographic contributions:

- Phil Langis (Captain City of Greater Sudbury Fire Services Division)
- Northern Life

MESSAGE FROM THE EXECUTIVE



Tim P. Beadman Chief Fire and Paramedic Services



Trevor F. Bain
Executive Deputy Chief
Fire and Paramedic Services

In June 2011, City Council amalgamated its Fire, Paramedic and Emergency Management Services into the Emergency Services Department.

Our *Service* is comprised of 651 Members from the Fire, Paramedic, Emergency Management, and Administration that are highly trained and dedicated professionals who serve our community 24/7, 365 days per year.

In conjunction with this organizational change, the City had undertaken a strategic (high level) review of the City's emergency service needs and capabilities. Overall, this review provided 38 recommendations having either an immediate need (tactical) or long term approach to improving the delivery of services.

Even as this work continues, it is now time to evolve with the development of the Emergency Services Department, with the introduction of a Strategic Plan covering the period of 2014 - 2020. The Strategic Plan is a road map for the next five years and is complemented by the Tactical Plan, which provides a more detailed set of actions for the next three years.

The next five years offers both great opportunities and significant challenges for Emergency Services. We will meet these challenges by forming stronger bonds of collaboration within the newly amalgamated Department.

We are confident that fully utilizing the outstanding talent of all members no matter their role will allow us to overcome any challenge we face. Leveraging this talent will not be without challenge. It would be naïve to suggest that we will overcome years of cultural differences within previously separate services without earnest and open conversation. We will undertake these conversations in a respectful and dignified way with a view that our goal is to serve others not ourselves.

This plan is the map we will use every year, every month, and every day to guide us forward on our journey to fulfill our vision of a highly effective *Service* the public has confidence in.

Sap. Band

4

EMERGENCY SERVICES MANAGEMENT TEAM



Aaron Archibald

Deputy Chief

EMS Operations





Graham Campbell
Deputy Fire Chief





Joseph Nicholls

Deputy Chief
Emergency Services





David Wickenden

Deputy Fire Chief

Dulahich (



Lynn Fortin

Coordinator Special Operations

Lynn Fortis



Lynn Webster

Manager
Strategic and Business Services



INTRODUCTION

This plan was developed by the Emergency Services Senior Management Team under the leadership of the Executive Deputy Chief of Fire and Paramedic Services and the direction of the Chief of Fire and Paramedic Services.

The Management Team examined both the current state and desired future state for the *Service*. Great emphasis was placed on building on the strengths of the *Service* while critically examining opportunities for improvement. The team also considered future challenges that the *Service* and community would likely experience in order to develop the most effective response.

This document is intended to provide strategic direction to the *Service* with a five year perspective and hence does not provide detail regarding either tactical components or operational service delivery components.

As seen in Figure 1, this document is one of three planning components with the focus on the declaration of our Vision, Mission, Values, Strategic Goals, and overarching Priorities.



Figure 1. The Planning Model

Other supporting documents include the Emergency Services 2014 - 2017 Tactical Plan and related annual Section/Unit work plans which are available upon formal request.

CORE SERVICES

Emergency Management



Fire Services





Emergency Management exercise at the Emergency Operations Center.



Firefighters demonstrate advanced rescue techniques.

Photograph by: Northern Life.

Paramedic Services





Paramedic personnel demonstrate advanced life support techniques for critically ill patients.

Photograph by: Marg Seregelyi, Northern Ontario Medical Journal.

VISION & MISSION







Vision

A highly effective Service that has the confidence of the public who we serve.

Mission

Our mission is to:

- deliver the services we are charged to provide, to the highest standard;
- relentlessly pursue higher degrees of efficiencies, effectiveness, and quality of service;
- develop a strong sense of pride and ownership throughout the Service;
- become a more integrated and unified team;
- demonstrate good stewardship over the budgets, equipment, and assets the public entrusts us to use on their behalf;
- ensure compliance with the law and the standards of the professions we represent;
- fully utilize the knowledge, experience, and skills of all members of the Service;
- and continuously plan for the future to ensure we are ready to meet the community's evolving needs.

VALUES & PRINCIPLES

Our strength is exemplified by the distinct cultures which represent the specialized professions needed to provide the highest level of service to our community. We embrace this diversity and celebrate our traditions because they are built on the common foundation of our dedication to serve the public.

Emergency Responder Professional Values



Firefighter



Emergency Management Officer



Paramedic

Fortitude Prudence Justice Temperance

Teamwork Relationships Preparedness Honour
Advocacy
Responsibility to Patient
Courage

Guiding Principles

As a *Service* we are unified by our Guiding Principles which are upheld by all members whether they are front-line emergency responders or valued members who work tirelessly in the background to support the *Service* on a daily basis.

Service	Our contribution to our community is our selfless dedication to improve the safety, wellbeing, and service to our community.
Integrity	We hold ourselves to the highest standards of professional conduct; worthy of the trust of the public, our peers, and our colleagues.
Respect	We treat everyone with dignity no matter the circumstances or the situation.
Leadership	We accept the responsibility to take personal action to improve service to the public.
Accountability	We accept primary responsibility for professional and personal actions that impact the public, our patients, our peers, and our colleagues.
Unity	We operate as a cohesive, well structured, highly trained, collaborative team.

STRATEGIC BUSINESS PRINCIPLES

Value for Money

Service delivery decisions are based on the sustainable net value delivered using the impact to public safety and improved outcomes as the key drivers.

The provisioning of service is based not only on response time improvement, but the assurance of measurable value and tangible improvement in outcomes.

Service capabilities are based on quantifiable risk analysis to ensure we deliver the highest value-for-service and most optimal outcome.

One City - One Service

Resources are allocated based on the overall Council priority, risk assessment, and collective needs.

Deployment and service models are based on getting the right resources to the right call, and those services that can provide the greatest opportunity for the best outcome.

The operational model for Fire Suppression and Paramedic Services must give consideration to response time/coverage capabilities balanced with approved staffing levels.

A seamless Emergency Service response model will be applied when responding to emergency service requests.

One Team

All personnel within the *Service* are valued members and will be treated accordingly – as per our Values and Principles. Artificial barriers or differentiation of treatment between members which is not defined by regulation, bylaw, or collective agreement cannot exist.

CHALLENGES

Adjusting service levels to meet the City's demographic profile

The aging population demographic is projected to increase medical related service requests by over 30% by 2021 (Archibald).

Ensuring capital financial sustainability

There is a forecasted capital gap of \$19 million over the next five years related to the purchase of Fire Services equipment, apparatus, and aging Emergency Service stations.

Funding from senior levels of government

Pressure will continue related to the level of Ontario Municipal Partnership Funding (OMPF) and other funding sources.

Pressure to maintain low property taxes

This is a broad community issue that also impacts Emergency Services, particularly where services are fully funded from the municipal taxes.

Inflationary Pressures

Variable costs such as; fuel, supplies, and third-party maintenance is outside of our control and will continue to increase pressure on our budget.

Statutory regulatory compliance

Changes to both Provincial and Federal legislation, that are beyond our control, can directly impact Emergency Services cost.

Limited access to new revenues

Although there is some opportunity for Emergency Services, the potential to increase third-party revenues will not likely keep pace with escalating cost of overall service delivery.

Community service level expectations

Citizens across the wide geographic area of the City expect to receive the same level of service and response, which is not always possible.

Managing risk within existing funding levels

Changes to funding will not likely keep pace with the changes to the community risk profile resulting from changing demographics and ongoing property development.

OPPORTUNITIES

Fully utilizing the talent of our workforce

We have a vast untapped wealth of knowledge, skills and experience within our Department.

Expand revenue streams

We believe opportunity exists to expand the use of the fire training facility located in Azilda to create a cost effective training location for both internal personnel as well as public and private sector agencies – while generating new revenue.

Exploit technology to our full advantage

We believe advances in communication and information technologies offer the opportunity to increase the effectiveness of personnel to more readily serve our citizens across our broad geography while simultaneously containing cost.

Eliminate process duplication

We see substantial opportunity to streamline business processes, and optimize work flow within the 'back-office' functions within the Department.

Expand community participation

We see unlimited potential to improve community involvement and the active participation of citizens, business, and partner agencies to reduce risk within the community.

Leaders in best-practice

We see the opportunity to become leaders in Fire, Paramedic, and Emergency Management practices that will not only improve service delivery but will also serve as a center of excellence for Ontario.

Innovation to meet the demographic needs of the City

We see opportunity to improve quality of life of citizens while offsetting workload on Paramedic Services and Health Sciences North by developing a fully integrated community paramedicine program, to serve our vulnerable and aging population.

Integrated services path

We see great opportunity to capitalize on the skills and talent of the workforce through further integration of services where strategically beneficial to achieve cost containment, maintaining service, or improve service levels.

STRATEGIC GOALS



FOCUS ON COMMUNITY AND EMPLOYEE WELLBEING

To create a positive, caring, safety conscious *Service* that is dedicated to serving the public; caring for our patients; ensuring the safety of our citizens and our colleagues; and improving community and Member wellbeing.



ESTABLISH THE FOUNDATION FOR THE DELIVERY OF INTEGRATED SERVICES

To leverage synergies within our core services through a planned, structured approach that builds the foundation for further integration.



SUSTAIN SERVICE DELIVERY THROUGH ORGANIZATIONAL EXCELLENCE

To continuously seek opportunities to improve service through: the development of employees' skills, ongoing stewardship of equipment, fleet, and building assets; streamlining of processes to improve efficiencies; fine-tuning practices to ensure ongoing effectiveness; and exploiting opportunities to contain cost and maintain off-setting revenue.



CONTINUOUSLY ACHIEVE PEAK PERFORMANCE

To entrench performance management principles, practices, and processes supported by accurate and timely performance measures.



DEVELOP AND ALIGN SERVICES TO MEET EVOLVING NEEDS

To evolve services or service capability to respond to changing community needs.

GOAL A - PRIORITIES



FOCUS ON COMMUNITY AND EMPLOYEE WELLBEING

Priority 1 - Community Education & Prevention

Education and enforcement are the principle lines of proactive defense. Emergency Services endeavors to reach those who need help quickly. Given the large geographic area we serve, it is not always possible to get there during the first critical minutes. We believe that the public can safely intervene if given basic skills which will empower them to confidently help themselves and their families until we arrive.

Priority 2 - Employee Wellness

Emergency Services personnel experience extremely traumatic and physically demanding situations in the course of their daily work. This can adversely affect their emotional health if support systems do not exist. We believe we have an ethical obligation to compassionately care for the Members of our *Service*. We also believe it makes good business sense. Hence, one of the highest priorities is to implement employee wellness programs that will address the effects of accumulative stress, promote physical health, and support good emotional health.

Priority 3 - Health & Safety

Health & Safety programs that target prevention of onthe-job injuries are front and center in our daily work. We will continue to conduct ongoing reviews of existing safety systems to identify opportunities for improvement. Our priority is to strengthen systems to ensure members can work effectively, safely, and without fear of injury for their entire career.

Priority 4 - Community Risk Management

The services we provide are based on risk of loss of life or damage to property. We must carefully balance the risk with the associated cost to assure we maximize the value delivered. We will develop and implement programs to monitor and assess risk so we can ensure we minimize risk to the community - balanced with our funding allocations.

GOAL B - PRIORITIES



ESTABLISH THE FOUNDATION FOR THE DELIVERY OF INTEGRATED SERVICES

Priority 1 - Stakeholder Engagement

Consultation with all stakeholders is fundamental to the ongoing success of the transformation of Emergency Services toward a more integrated business model. We will place emphasis on two specific strategic actions to support this priority: strengthening labour relations, and greater involvement of partner agencies.

Priority 2 - Shared-services Model

Reducing duplication of effort within Emergency Services will improve effectiveness. This will be accomplished through the development and implementation of a shared-service business model which maximizes the effectiveness of administrative and support processes.

Priority 3 - Organizational Structure

A requisite command structure is required to ensure an effective service that continuously meets the community's needs. Best-practice methodologies will be employed to design and implement new organizational structures in support of a more integrated service model.

Priority 4 - Process Alignment

Elimination of unnecessary or low-value process activities is necessary to ensure maximum value for money. Implementation of a new shared-services business model creates the opportunity to undertake an assessment of current business process activities in an effort to eliminate low-value activities.

Priority 5 - Core Service Unification

Seeking opportunities to maximize the potential of the workforce is paramount to the ongoing successful evolution of the *Service*. Moving forward, we will cautiously explore cross-functional initiatives that leverage existing resources to improve services and service delivery.

GOAL C - PRIORITIES



SUSTAIN SERVICE DELIVERY THROUGH ORGANIZATIONAL EXCELLENCE

Priority 1 – Human Capital Management

Members of our *Service* are the most valuable resource in our organization. We will improve our human capital management practices to ensure we continue to attract, retain and develop talented, high-performing employees.

Priority 2 - Financial Sustainability

Good stewardship of money, equipment, and assets are core elements of our Mission. In addition to best-practice financial management of operational funding, we must focus on maximizing the potential of existing capital assets to generate revenue to offset cost.

Priority 3 - Resource Optimization

An effective coordinated response is critical to achieving improved outcomes during emergency events, while ensuring value for service. In addition, the strategic placement of resources directly affects outcomes. Hence, the ongoing risk-based review of the overall deployment model is a priority. The deployment model review includes personnel, equipment, and stations.

Priority 4 - Asset Stewardship

Emergency Services utilizes a total of \$92 million in capital assets including; \$26 million in fleet and equipment; \$55 million related to Emergency Service stations (CGS-Building). We must maximize the lifespan of capital assets through both good maintenance practices and prudent use in order to fully extract maximum value.

Priority 5 - Technology Innovation

We believe substantial opportunity exists to expand the use of information technology. Recent reduction in the cost of mobile computing and wireless connectivity has created the opportunity to optimize work and deliver information to the front-line in a timelier manner. Our priority is to seek out technological solutions that will support greater efficiency and provide critical situational information to front-line personnel.

GOAL D - PRIORITIES



CONTINUOUSLY ACHIEVE PEAK PERFORMANCE

Priority 1 - Performance Management

Performance management is critical to the success of organizations. All leaders and personnel need readily accessible tools and systems to monitor performance within their area of accountability. We will expand on the Department's performance reporting processes and practices to enable front-line personnel to more fully participate in opportunity identification.

Priority 2 - Member Service Excellence Recognition

The Department will continue, expand and promote the recognition of Members who serve the public. We will celebrate their years of dedicated service and accomplishments through a variety of programs. These programs recognize the contribution of Members who achieve performance excellence in their daily duties.

Priority 3 - Quality Management

We will develop and implement a Total Quality Management Program that incorporates continuous improvement, ongoing quality assurance, and employment of best-practice methodologies.

Priority 4 - Project Management

The need for more rigorous project management is becoming increasingly apparent in the government sector. The failure rate for projects can be quite high, costing organizations considerable time, money, and effort while producing insufficient return on investment. We intend to implement project management methods to ensure we achieve maximum return and mitigate the risk of project failure.

Priority 5 - Regulatory Compliance and Governance

Emergency Services is a highly regulated sector. It is our legal obligation to maintain the highest degree of compliance. In addition, best-practice governance structures ensure long-term continuity of service delivery.

GOAL E - PRIORITIES



DEVELOP AND ALIGN SERVICES TO MEET EVOLVING NEEDS

Priority 1 – Consolidation of 9-1-1 Dispatch

An integrated dispatch system specifically designed to meet our community's unique characteristics is critical to ensuring the most effective multi-agency response of emergency personnel (Police, Fire, and Paramedic). We will pursue the feasibility of integrating the Emergency Medical Services dispatch, which is currently managed by MOHLTC, with the City's current dispatch system to achieve a fully integrated Emergency Communications Services system for the City.

Priority 2 - Develop New Off-setting Revenue Streams

Driven primarily by evolving regulations, employee remuneration, and required services levels - Emergency Service's cost will likely continue to rise. In order to provide some relief on the tax levy, we need to innovatively generate more revenue by leveraging existing assets and other fee-for-services.

Priority 3 - Anticipate Changing Health Needs and Community Demographics

We project an increase of over 30% in medical service requests (911 calls) by 2021 due to the aging population (Archibald). We believe that a broader-based approach beyond emergency intervention should be employed. We need to more proactively address the medical needs of the aging community through the cultivation of new community health paramedical service.

Priority 4 - Community & Corporate Emergency Preparedness

"Threats to our communities and prosperity today, ranging from terrorism to pandemics to compromised information systems and natural disasters, can have a devastating impact on global economic operations and trade, as well as local delivery of key services" (CSA-Group). Our priority is to build on the existing Emergency Management programs to improve incident management, enable safe community evacuation if required, and ensure the corporation will continue to operate efficiently under conditions of emergency or disaster.

25 of 94 17









Emergency Services Strategic Plan Overview

Vision

A highly effective Service that has the confidence of the public who we serve.

Mission

Our mission is to: deliver the services we are charged to provide, to the highest standard; relentlessly pursue higher degrees of efficiencies, effectiveness, and quality of service; develop a strong sense of pride and ownership throughout the Service; become a more integrated and unified team; demonstrate good stewardship over the budgets, equipment, and assets the public entrusts us to use on their behalf; ensure compliance with the law and the standards of the professions we represent; fully utilize the knowledge, experience, and skills of all Members of the Service; and continuously plan for the future to ensure we are ready to meet the community's evolving needs.

Strategic Business Principles

Value for Money

One City - One Service

One Team

Professional Values and Principles



Firefighter



Emergency Management Officer

Relationships



Paramedic

Fortitude Prudence

Justice Temperance Teamwork

Preparedness

Honour Advocacy Responsibility to Patient

Courage

Service

Integrity

Respect

Leadership

Accountability

Unity

Strategic Goals

Otrategie Coals				
A Focus on	B Establish the	C Sustain service	D Continuously	E Develop and align
community and employee wellbeing	foundation for the delivery of integrated services	delivery through organizational excellence	achieve peak performance	services to meet evolving needs
Community Education & Wellbeing	Stakeholder Engagement	Human Capital Management	Performance Management	Consolidation of 9-1-1 Dispatch
Employee Wellness	Shared-services Model	Financial Sustainability	Member Service Excellence Recognition	Develop New Off-setting Revenue Streams
Health & Safety	Organizational Structure	Resource Optimization	Quality Management	Anticipate Changing Community Health Needs
	Process Alignment	Asset Stewardship	Project Management	Community & Corporate Emergency Preparedness
	Core Service Unification	Technology Innovation	Regulatory Compliance and Governance	

Serving our Community





Emergency ServicesTactical Plan

2014 - 2017

Version: Original

Tim P. Beadman

Chief

Fire and Paramedic Services

Trevor F. Bain

Executive Deputy Chief Fire and Paramedic Services

Aaron Archibald

Deputy Chief EMS Operations

Graham Campbell

Deputy Fire Chief

Joseph Nicholls

Deputy Chief Emergency Services

David Wickenden

Deputy Fire Chief

Lynn Fortin

Coordinator Special Operations

Lynn Webster

Manager

Strategic and Business Services

Sap Band

A

Jell.

28 of 94

Ryan Fortis

Table of Contents

Introduction	1
Summary of Programs	2
A - Focus on Community and Employee Wellbeing	2
Priority A1 - Community Education & Prevention	2
Program A1a – Fire Prevention Education	2
Program A1b – Community Paramedicine Program	2
Priority A2 - Employee Wellness	3
Program A2a – Critical Stress Management	3
Program A2b – Workload Management	4
Program A2c – Member Fitness	5
Priority A3 - Health & Safety	5
Program A3a – Back Care	5
Program A3b – Driver Safety	6
Program A3c – Hazard and Operability Study (HAZOP)	ε
Priority A4 – Community Risk Management	7
Program A4a – Care Occupancies, Care Treatment and Retirement Ho Assessment	
B - Establish the Foundation for the Delivery of Integrated Services	8
B - Establish the Foundation for the Delivery of Integrated Services Priority B1 – Stakeholder Engagement	8
Priority B1 – Stakeholder Engagement	8 8
Priority B1 – Stakeholder Engagement Program B1a – Strengthen Labour Relations	8 8
Priority B1 – Stakeholder Engagement Program B1a – Strengthen Labour Relations Program B1b – Involve Partner Agencies	8 8 8
Priority B1 – Stakeholder Engagement	8 8 9
Priority B1 – Stakeholder Engagement	8
Priority B1 – Stakeholder Engagement Program B1a – Strengthen Labour Relations Program B1b – Involve Partner Agencies Priority B2 – Shared-services Model Program B2a – Operational Support Services Priority B4 - Process Alignment Program B4a – Executive Branch Development	88 88 99
Priority B1 – Stakeholder Engagement Program B1a – Strengthen Labour Relations Program B1b – Involve Partner Agencies Priority B2 – Shared-services Model Program B2a – Operational Support Services Priority B4 - Process Alignment Program B4a – Executive Branch Development	8 8 8 8 9
Priority B1 – Stakeholder Engagement Program B1a – Strengthen Labour Relations Program B1b – Involve Partner Agencies Priority B2 – Shared-services Model Program B2a – Operational Support Services Priority B4 - Process Alignment Program B4a – Executive Branch Development Priority B5 - Core Service Unification	
Priority B1 – Stakeholder Engagement Program B1a – Strengthen Labour Relations Program B1b – Involve Partner Agencies Priority B2 – Shared-services Model Program B2a – Operational Support Services Priority B4 - Process Alignment Program B4a – Executive Branch Development Priority B5 - Core Service Unification Program B5a – Undertake a Pilot C - Sustain service delivery through organizational excellence.	
Priority B1 – Stakeholder Engagement Program B1a – Strengthen Labour Relations Program B1b – Involve Partner Agencies Priority B2 – Shared-services Model Program B2a – Operational Support Services Priority B4 - Process Alignment Program B4a – Executive Branch Development Priority B5 - Core Service Unification Program B5a – Undertake a Pilot	
Priority B1 – Stakeholder Engagement Program B1a – Strengthen Labour Relations Program B1b – Involve Partner Agencies Priority B2 – Shared-services Model Program B2a – Operational Support Services Priority B4 - Process Alignment Program B4a – Executive Branch Development Priority B5 - Core Service Unification Program B5a – Undertake a Pilot C - Sustain service delivery through organizational excellence. Priority C1 - Human Capital Management	

Program C1d – Unified Command Structure – Fire Service Operations	12
Program C1e – Improving Retention	12
Program C1f – Enhancing Training Quality	12
Program C1g – Fire / Paramedic Cadet Program	13
Priority C2 - Financial Sustainability	13
Program C2a – Maximizing Asset Lifespan	13
Program C2b – Maintaining Off-Setting Revenue	14
Priority C3 - Resource Optimization	15
Program C3a – Fire Optimization – Apparatus, Station & Equipment, Placemand Service Level Types	
Program C3b – Comprehensive Review of Medical Tiered Response Protoco)l16
Priority C4 - Asset Stewardship	16
Program C4a – Capital Asset Maintenance	17
Program C4b – Capital Asset Replacement	
C4c - Asset Control Management System	18
Priority C5 - Technological Innovation	
Program C5a – Strategic Technology Roadmap	18
Program C5b – Optimized Fire Prevention Inspection and Enforcement	19
Program C5c – Real-time Operational Information	19
Program C5d – Fire Records Management System	20
Program C5e – New Radio Infrastructure	20
D - Continuously achieve peak performance	21
Priority D1 - Performance Management	
Program D1a – Key Performance Indicators	
Program D1b – Best Practice Fire Dispatch Review	21
Priority D2 – Member Service Excellence Recognition	22
Program D2a – Awards & Celebrations	22
Priority D3 – Quality Management	22
D3a – Quality Care Committee	22
Priority D4 - Project Management	23
Program D4a – Project Portfolio	23
Program D4b – Project Management Best Practices	24
Priority D5 – Regulatory Compliance and Governance	24
Program D5a - MOHLTC Land Ambulance Certification	24

Program D5b – Revise Fire Services Governance	25
Program D5c – Establish an repository for Governance material	25
E - Develop and align services to meet evolving needs	26
Priority E1 – Consolidation of 9-1-1 Dispatch	26
Program E1a – Integrated Dispatch	26
Priority E4 - Community & Corporate Emergency Preparedness	26
Program E4a – Incident Management System	27
Program E4b – Develop a Community Evacuation Plan	27
Program E4c – Develop a Fuel Management Plan	27
Program E4d – Develop a Business Continuity Strategy	28

Works Cited

CSA-Group. (2014). CSA Z1600 – Emergency Management and Business Continuity Programs. Retrieved January 10, 2014, from CSA Group: http://shop.csa.ca/en/canada/landing-pages/z1600-emergency-management-and-business-continuity-programs/page/z1600

INTRODUCTION

Development of this plan was undertaken by the Senior Management Team. The team utilized the strategic priorities set out in the Emergency Services Strategic Plan 2014 - 2020 to develop the <u>Actions</u> (programs) that will be undertaken over the next three years (2014 - 2017).

Overview of the plan structure

As seen in Figure 1, this plan is aligned to the overall strategic direction of the Emergency Services Department by the linkage to the strategic priorities. This plan puts in motion the strategic plan programs to enable development of both section and individualized work-plans and projects.

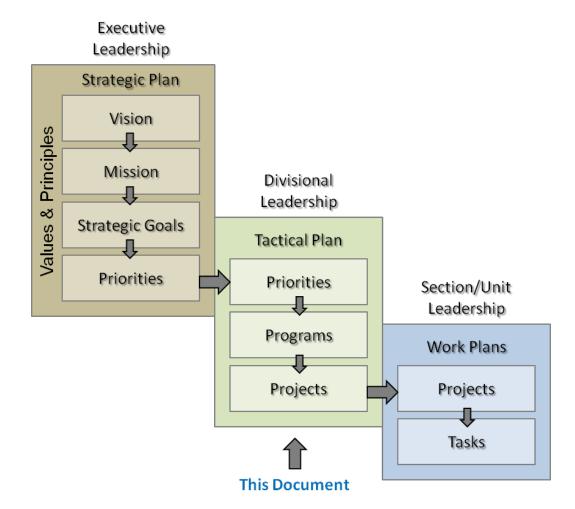


Figure 1. Planning Components & Methodology

SUMMARY OF PROGRAMS

GOAL



A - Focus on Community and Employee Wellbeing

Priority A1 - Community Education & Prevention

Education and enforcement are the principle lines of proactive defense. Emergency Services endeavors to reach those who need help quickly. Given the large geographic area we serve, it is not always possible to get there during the first critical minutes. We believe that the public can safely intervene if given basic skills which will empower them to confidently help themselves and their families until we arrive.

Program A1a - Fire Prevention Education

In accordance with the Fire Protection and Prevention Act, 1997, the City of Greater Sudbury is required to provide Fire Prevention components that would include public education, fire safety inspections (enforcement) and investigations.

In May 2012, the Office of the Ontario Fire Marshal conducted a review of the City's Fire Prevention Program and provided 25 recommendations that are intended to assist the municipality to improve the effectiveness and efficiency of the fire prevention services it provides to the community.

Action

The Department will continue its planned activities outlined in report "Update Ontario Fire Marshal (OFM) Review of Fire Protection (Prevention) Services in the City of Greater Sudbury" dated January 8, 2014 and presented to the Community Services Committee meeting of January 20, 2014.

Program A1b - Community Paramedicine Program

There is growing evidence that a fully integrated Community Paramedicine program can be used to address identified needs within vulnerable and aging populations to reduce ambulance call volume, emergency department visits, and hospital and/or long term care admissions, thereby extending the ability to live longer independently in their homes with appropriate

SUMMARY OF PROGRAMS

community support. This would result in improved quality of life and may result in future cost avoidance for Paramedic Services and the health care system as a whole.

Community Paramedicine is a model of care where Paramedics apply their training and skills in non-traditional community-based environments outside the usual emergency response and transportation to hospital. Community Paramedics take an enhanced role in screening community health referrals, and diverting patients from the Emergency Department to more appropriate community-based services.

A Community Paramedic's scope of practice may include bedside diagnostic testing, direct communication with Family Health Teams including primary care physicians, and the provision of treatment in the home setting for common chronic disease conditions.

<u>Action</u>

Explore the opportunity to advance a Community Paramedicine program with associated funding and local health care partners that recognizes Paramedics as an additional mobile health care resource that works closely with other health care professionals in order to improve access to the "right care" at the "right time" and in the "right place".

Priority A2 - Employee Wellness

Emergency Services personnel experience extremely traumatic and physically demanding situations in the course of their daily work. This can adversely affect their emotional health if support systems do not exist. We believe we have an ethical obligation to compassionately care for the Members of our Service. We also believe it makes good business sense. Hence, one of the highest priorities is to implement employee wellness programs that will address the effects of accumulative stress, promote physical health, and support good emotional health.

Program A2a - Critical Stress Management

Studies show that first responders practicing healthier, more balanced emotional well being will not only respond better to life events and relationships but it can also help with safe practices and physical demands of their careers. The combination of first responders' education in

35 of 94

SUMMARY OF PROGRAMS

emotional wellbeing and safety, coupled with strong leadership dedicated to making these issues a priority will produce stronger organizations and healthier members.

In late 2013, clinical psychologists presented health promotion workshops to both Paramedics and its administrators. Objectives in these sessions included, review of the literature on occupational health injuries related to Post Traumatic Stress Disorder (PTSD), factors that increase these risks, intervention strategies, and a model to minimize the psychological risks following critical incidents and repeated exposure.

<u>Action</u>

This wellness initiative will focus on prevention, recognition, and intervention strategies related to critical stress while reducing frequency and duration of any stress related absence associated with PTSD and cumulative stress. Further focus will include:

- continue collaborations with subject matter experts and with similar organizations,
- capitalize on our EAP services,
- resources, education and training for Paramedics and Firefighters to support overall health promotion.

Program A2b - Workload Management

Emergency Services provides response 24/7, 365 days per year to the community. The administrative responsibility and workload far exceeds the capacity of the Department's management team and command structure in the management of 651 employees.

It is important to recognize a balanced approach to workload management and to aim for improving performance with the overarching goal to reduce workload related stress and improve work-life/home-life balance.

<u>Action</u>

The Department will implement a workload management system based on business best practice collaborative methodologies. The components of the system will include policies, procedures, annual risk-based priority

SUMMARY OF PROGRAMS

ranking, and ongoing performance management coupled with departmental and divisional key performance indicators.

Program A2c - Member Fitness

The daily duties of emergency services personnel are physically demanding. Members need to be in the best physical condition possible in order to avoid injuries and perform their duties efficiently. In addition, it is widely believed that physical fitness has been shown to have great benefit to emotional wellbeing and longevity.

<u>Action</u>

Emergency Services will promote opportunities to be involved in group fitness activities that promote a team environment.

Priority A3 - Health & Safety

Health & Safety programs that target prevention of on-the-job injuries are front and center in our daily work. We will continue to conduct ongoing reviews of existing safety systems to identify opportunities for improvement. Our priority is to strengthen systems to ensure members can work effectively, safely, and without fear of injury for their entire career.

Program A3a - Back Care

Paramedics and Firefighters have one of the most diverse and unpredictable working environments and are often required to work in situations that are far from ideal. This places huge demands on them both mentally and physically. Back injuries and lower back strain are of specific concern as they are the most common injury.

The goal of the Back Care Program is to introduce comprehensive strategies to address ergonomic challenges as well as overall back-care health.

Action

The "Back Care Program" will focus on several key areas to improve employee wellness while reducing the frequency and duration of lost time injuries associated with back injuries.

SUMMARY OF PROGRAMS

- 1. Find alternative powered solutions to reduce the accumulative effects of lifting, while improving patient safety.
- 2. Improve the awareness of Health and Safety (working safely).
- 3. Education and training on physical back health and mental health for Paramedics and Firefighters (linkage between mental and physical health -- we need a holistic approach).

Program A3b - Driver Safety

Emergency responders are required to drive large unique emergency vehicles in extreme road conditions while navigating through congested traffic in all weather conditions. Hence, they require a higher driver skill set than the average person. This advanced skill set requires specialized training to ensure both personal and public safety.

Paramedics have piloted a Driver Safety Improvement Program over the last two years which has made a positive impact in the reduction of incidents/accidents.

Action

The Department will expand the Driver Improvement Program to encompass Fire Services personnel.

Program A3c - Hazard and Operability Study (HAZOP)

Emergency Services continuously seeks to mitigate risks that contribute to the potential for on-the-job injury. The most effective process involves the design, implementation, and ongoing stewardship of risk assessment and mitigation programs that focus on prevention of incidents. Significant risk mitigation practices already exist for both Fire and Paramedic Services; however 'back-office' support functions have not been subjected to the same degree of rigor. This continuous improvement initiative will ensure continuous awareness of hazards, and comprehensive documentation is maintained with the ultimate goal to eliminate the potential for injury.

SUMMARY OF PROGRAMS

Action

Emergency Services will continue with the development and implementation of a HAZOP program that can be applied to all aspects of the Services, with an initial targeted focus on processes that support Emergency Services support functions.

Priority A4 - Community Risk Management

The services we provide are based on risk of loss of life or damage to property. We must carefully balance the risk with the associated cost to assure we maximize the value delivered. We will develop and implement programs to monitor and assess risk so we can ensure we minimize risk to the community - balanced with our funding allocations.

Program A4a – Care Occupancies, Care Treatment and Retirement Home Fire Assessment

In January 2014, legislated changes to the Fire Code came into effect; whereby, Ontario Regulation 150/13 made under the Fire Protection and Prevention Act, 1997 outlines new provision for annual inspections of all Care Occupancies, Care and Treatment Occupancies and Retirement Homes.

Action

Implement the Office of the Ontario Fire Marshal directive that outlines the requirement that the Fire Chief must ensure a fire inspection is completed annually in all Care Occupancies, Care and Treatment, and Retirement Homes in accordance with OFM TG-01-2012 Fire Safety Inspections and Enforcement and PFGS 04-40D-03 inspections upon request or complaint.

SUMMARY OF PROGRAMS

GOAL



B - Establish the Foundation for the Delivery of Integrated Services

Priority B1 - Stakeholder Engagement

Consultation with all stakeholders is fundamental to the ongoing success of the transformation of Emergency Services toward a more integrated business model. We will place emphasis on two specific strategic actions to support this priority: strengthening labour relations, and greater involvement of partner agencies.

Program B1a - Strengthen Labour Relations

Developing strong trusted relations with labour organizations who represent our members is a key step in cultivating productive dialogue regarding the evolution toward an integrated service as per Council's direction.

Action

Develop and strengthen ongoing dialogue process with organized labour organizations (CUPE Local 4705, IAFF Local 527 and Volunteer – CLAC Local 920).

Program B1b - Involve Partner Agencies

Considering the various needs of our partner agencies and other stakeholder groups is critical to ensuring we support their needs while our Service evolves toward a more integrated model.

Action

Ensure ideas and inputs are incorporated from all stakeholder groups by putting in place formal communication processes with all identified stakeholders.

Priority B2 – Shared-services Model

Reducing duplication of effort within Emergency Services will improve effectiveness. This will be accomplished through the development and implementation of a shared-service business model which maximizes the effectiveness of administrative and support processes.

SUMMARY OF PROGRAMS

Program B2a - Operational Support Services

Investigate feasibility of consolidating Fire and Paramedic Operations support. Project scope should include a review of alternative jurisdictional delivery models, including potential benefits, disadvantages, costs, implementation challenges, risk, and plan

Action

Over the next two years, the Department will be actively involved in the planning process toward the feasibility of consolidating Fire and Paramedic Operations Support functions.

Priority B4 - Process Alignment

Elimination of unnecessary or low-value process activities is necessary to ensure maximum value for money. Implementation of a new shared-services business model creates the opportunity to undertake an assessment of current business process activities in an effort to eliminate low-value activities.

Program B4a - Executive Branch Development

Establishment of the Executive Branch involved the consolidation of administrative strategic and business functions such as: finance, planning, quality management, risk management, and performance management. This creates the opportunity to eliminate duplication of effort while also developing new best-practice systems.

<u>Action</u>

Continue to streamline these functions and implement best practices to improve Department-wide performance and effectiveness.

Priority B5 - Core Service Unification

Seeking opportunities to maximize the potential of the workforce is paramount to the ongoing successful evolution of the *Service*. Moving forward, we will cautiously explore cross-functional initiatives that leverage existing resources to improve services and service delivery.

Program B5a – Undertake a Pilot

The Department will look toward the development of pilot projects to trial one or more specific initiatives by which to

41 of 94

SUMMARY OF PROGRAMS

integrate Fire and Paramedic field operations, potentially including the assignment of Firefighters and Paramedics to the same squad, same emergency response vehicle, etc.

Action

Project scope should include a review of alternative jurisdictional delivery models, including potential benefits, disadvantages, costs, implementation challenges, risk, and plan. The design of the pilot projects will be undertaken in consultation with Human Resources, key stakeholders, and labour groups.

SUMMARY OF PROGRAMS

GOAL



C - Sustain service delivery through organizational excellence.

Priority C1 - Human Capital Management

Members of our Service are the most valuable resource in our organization. We will improve our human capital management practices to ensure we continue to attract, retain and develop talented, high-performing employees.

Program C1a - Leadership Development

Enhancing leadership skills is a foundational element to enhancing overall team performance. Cultivation of leadership skills can be accelerated by creating a structured program focused on core leadership competencies.

Action

Implement and maintain a leader competency review process that supports the development of leadership programs tailored to individual needs.

Program C1b - Professional Development

The commitment to continuous learning is a core competency of all members of the Service, particularly those in leadership roles or aspiring to become leaders. It is also a key business requirement to ensure individuals are prepared to assume roles of greater responsibility through the lens of succession planning.

Action

In collaboration with the Human Resources Department, Emergency Services will undertake the implementation of a formal emergency-service focused leadership learning program by partnering with agencies that provide existing best-practice curriculum tailored to the Emergency Services sector.

Program C1c - Career Path Enhancement

The career path within Emergency Services is typically limited due to the specialization of our Service. Members need the opportunity to experience new challenges in order to develop their skills and future potential.

43 of 94

SUMMARY OF PROGRAMS

Action

In collaboration with Human Resources, the Department will implement opportunities to enhance team building skills, impart basic project leadership skills, and open channels for participation on interdisciplinary teams within the Department.

Program C1d - Unified Command Structure - Fire Service Operations

Fire Services Operations continues to evolve toward a more seamless service delivery model. Legacy command structures may no longer support the desired seamless delivery model as per the business principle of "One City-One Service".

Action

The Department will undertake a review of Fire Services Operations command structure, its accountabilities, and create efficiencies under the lens of strengthening the administrative role of operations in the delivering of Fire Suppression services.

Program C1e - Improving Retention

Fully developing the skill set of a member of the service involves significant investment and time. Turnover of the Volunteer Firefighter workforce significantly increases cost and can potentially affect the quality of service delivery.

Action

In consultation with the Volunteer – Christian Labour Association of Canada (CLAC Local 920), the Department will undertake a review of the volunteer recruitment practices in order to strengthen strategies that support the: reduction of turnover, identify best practices that assist with the attraction of highly qualified candidates, streamline selection, and focus on the retention of highly qualified candidates.

Program C1f - Enhancing Training Quality

Personnel must be fully qualified and competent to meet the evolving needs of the community, regulation, and bylaws. In addition, there is recognition that training must

SUMMARY OF PROGRAMS

be respectful of the needs of the Members' chosen profession.

<u>Action</u>

To address these needs the Department will undertake a review of Firefighter and Paramedic training programs under the lens of strengthening the quality, content, and method of delivery while recognizing and considering the professional competencies requirement under the applicable By-laws and legislation.

Program C1g - Fire / Paramedic Cadet Program

Currently, there are limited opportunities for youth to explore a career path within Emergency Services. We see the opportunity to cultivate the talents of our young citizens who would like to experience what it is like to work in our sector. We also see this as an opportunity to contribute to their growth and development as citizens.

Action

The Department will develop a business case for a Fire/Paramedic Cadet Program that provides young men and women with an exciting opportunity to learn about fire fighting and emergency medical services as future career choices for Council's consideration.

Priority C2 - Financial Sustainability

Good stewardship of money, equipment, and assets are core elements of our Mission. In addition to best-practice financial management of operational funding, we must focus on maximizing the potential of existing capital assets to generate revenue to offset cost.

Program C2a - Maximizing Asset Lifespan

The Emergency Services Department is responsible for over \$92 million in capital assets which primarily consist of facilities, fleet, and equipment. Maximizing the value delivered and lifespan of the equipment through preventative maintenance is essential.

Action

The Fire Service fleet is being transitioned to the new City's Corporate Fleet Centre.

SUMMARY OF PROGRAMS

Action

A Fleet Preventive Maintenance program will form part of the Department's implementation of a Records Management System.

Action

To initiate the blending of the Department's (Fire & Paramedic) support services for the optimization of resources, logistical coordination, and supply chain management.

Program C2b - Maintaining Off-Setting Revenue

For the City, the majority of emergency services training is undertaken at the Lionel E. Lalonde Centre which currently accommodates multiple functions. The development of the Centre involved two major development phases; investment to accommodate the *Academy of Leading Emergency Response Technologies* and a larger investment related to the relocation of administrative offices, Azilda Fire, and Paramedic Stations associated with dorms and corporate training space.

Action

The Department will develop a comprehensive business plan for an Emergency Services training academy that is located at the Lionel E. Lalonde Centre that will provide fire, medical, and other training to a range of different parties. The Department will continue to explore opportunities to generate off-setting revenues by offering value-added services to corporate and partner agencies.

SUMMARY OF PROGRAMS

Priority C3 - Resource Optimization

An effective coordinated response is critical to achieving improved outcomes during emergency events, while ensuring value for service. In addition, the strategic placement of resources directly affects outcomes. Hence, the ongoing risk-based review of the overall deployment model is a priority. The deployment model review includes personnel, equipment, and stations.

Program C3a – Fire Optimization – Apparatus, Station & Equipment, Placement and Service Level Types

Fire Services Division will require an increase of \$1.4 million to its Capital envelope to sustain the existing service levels within the current response recommends (Computer Aid Dispatch), apparatus, and service level types within the existing 26 Emergency Services stations.

Assignment of resources will be assessed under the following two key factors:

- Quantifiable risk and consequences of fires in the community;
- May 16, 2014, the Office of the Ontario Fire Marshal launched the Integrated Risk Management (IRM) Web Tool. This tool is intended to enable municipal and fire service decision-makers to fulfill the responsibilities prescribed in Section 2 of the Fire Protection and Prevention Act, 1997 (FPPA).

Action

Apply the (2014) Office of the Ontario Fire Marshal proposed Integrated Risk Management Tool in relation to the IBI Group's Preferred Fire Station Arrangement for a total of 18 Fire Stations (down from the existing 24 stations).

Note – IBI Group was engaged as an external professional consulting service and was responsible for consolidating the work conducted respectively by the City and the IBI Group resources into a study report. While the report is based in part on work performed by City resources and in part on the results of the IBI Group's own research, the findings and recommendations represent the opinions of IBI Group in its role as consultant.

The Chief's Departmental resources will carry on with their assessments in-progress and that from this additional work, the Department will generate new information and as a result, findings and recommendations may vary from those contained in this report.

SUMMARY OF PROGRAMS

Action

The Department will investigate the requirements for additional specialty Fire Services (hazmat operations level, confined space, trench, high angle, etc.) through the application of a sustainable business case model using the new Integrated Risk Management Tool.

Action

Undertake a review of the Fire Services deployment models through the lens of maintaining or improving current service levels, providing seamless response, and fully optimizing the utilization of resources.

Action

Implement a Technical Advisory Group that will validate the assignment of current service levels, equipment, stations and apparatus, assignment through an optimization process under the lens of community risks and the City's By-law 2014-84, a By-law of the City of Greater Sudbury to Establish and Regulate the City of Greater Sudbury Fire Services.

Program C3b - Comprehensive Review of Medical Tiered Response Protocol

Emergency Services currently has in place a Medical Tiered Response Protocol which sets guidelines by which Fire Services will be activated to assist Paramedics in the provision of emergency patient care.

Action

To ensure quality patient care, the Department is conducting a comprehensive review of the medical tiered response system which includes a review of the response protocol, call volume, education and training requirements. This will enhance the Quality Assurance program under supervision of the Department's medical director.

Priority C4 - Asset Stewardship

Emergency Services utilizes a total of \$92 million in capital assets including; \$26 million in fleet and equipment; \$55 million related to Emergency Service stations (CGS-Building). We must maximize the lifespan of capital assets through both good maintenance practices and prudent use in order to fully extract maximum value.

SUMMARY OF PROGRAMS

Program C4a - Capital Asset Maintenance

Emergency Services operates out of 26 separate locations, utilizes over 130 vehicles and relies on numerous capital equipment assets in the delivery of a 24/7 service model.

Action

We will implement processes to proactively maintain and continuously analyze issues to identify the root cause and frequency of break-fix events. In addition, we will develop a comprehensive capital forecasting system to ensure asset sustainability.

Program C4b - Capital Asset Replacement

Emergency Services utilizes over \$37 million in capital assets (fleet and equipment) and 26 Emergency Service stations of varying age (32 to 58 years) with an estimated capital value of \$55 million (CGS building).

Action

We will implement a capital asset replacement forecasting program and replacement plan to ensure the capital requirements are clearly defined and scheduled well in advance of forecasted asset end-of-life.

Action

We will undertake a program targeting both: the identified gap of over \$5 million (5-year projection) of unfunded capital investment related to replacement of aging or passed end-of-life Fire Service's fleet and equipment; and the \$14 million identified gap related to Emergency Services station repair and maintenance.

Action

We will undertake a specific program targeting the replacement of aging (or passed end-of-life) Emergency Services stations with the intent to: develop facilities that improve functionality, maximize efficiency, and minimize costs, and support an integrated fire suppression and paramedic service.

SUMMARY OF PROGRAMS

C4c - Asset Control Management System

Emergency Services has a need for an effective vendorhosted software solution that will allow the service to manage our inventory and asset control requirements across all locations including on our highly mobile response vehicle fleet. The system software should be designed for Paramedic Services: providing real-time management and reporting of medical supplies, station inventory assets, preventative maintenance compliance, and automated vehicle check lists.

<u>Action</u>

Emergency Services will implement an asset control system that will assist our logistics staff in being more effective and efficient in managing our inventory and fixed assets, including: inventory supply levels and expiry dates; streamlining the supply order and delivery process; tracking fixed assets through the use of barcode scanning technology tracking preventative maintenance schedules and vehicle check lists to ensure compliance with all legislated requirements.

Priority C5 - Technological Innovation

We believe substantial opportunity exists to expand the use of information technology. Recent reduction in the cost of mobile computing and wireless connectivity has created the opportunity to optimize work and deliver information to the front-line in a timelier manner. Our priority is to seek out technological solutions that will support greater efficiency and provide critical situational information to front-line personnel.

Program C5a - Strategic Technology Roadmap

With the assistance of Information Technology, Emergency Services needs to clearly identify the technologic opportunities in the form of a formal plan. This will allow the development of business cases and an investment plan. The formal document must link the value contribution of the technology investment with the strategic priorities.

Action

Our priority is to develop a technology roadmap aligned to the Emergency Services Strategic Plan that ensures

SUMMARY OF PROGRAMS

current and future technology investments are aligned to support the Department's strategic priorities.

<u>Action</u>

Expand the use of our Integrated Workforce Management System into Fire Services. This system offers time and attendance, scheduling, absence management, and labour analytics.

Action

Expand information technology connectivity to all Emergency Services Stations.

Program C5b - Optimized Fire Prevention Inspection and Enforcement

The Fire Prevention Section provides both inspection and enforcement services related to the Fire Protection and Prevention Act. Implement proven technology that maximizes the productivity and efficiency of this Section.

Action

To streamline inspection scheduling through a technology-based program that will support real-time inspection scheduling and route optimization, while seeking to maximize on-site inspection time of limited Fire Prevention resources and reduce operating cost related to fuel and vehicle maintenance.

Program C5c - Real-time Operational Information

Fire Services employs 335 Volunteer Firefighters. Currently, when a service request is dispatched there is no timely method to determine if sufficient volunteer members from the nearest station are available to respond before additional stations are alerted. This can cause delays in response. In addition, the accuracy and reliability of dispatch data is a key requirement to support regulatory reporting and operational situational awareness.

Action

51 of 94

To address this concern, the Department will implement a program that leverages new technology that can provide two-way information so that dispatchers and responding station captains can more readily track

19

SUMMARY OF PROGRAMS

Volunteer Firefighter response availability and hence improve the overall response.

Action

We will develop and implement a formal process by which to ensure the accuracy and reliability of Fire Services related data contained within the Computer Aided Dispatch System.

Program C5d - Fire Records Management System

The current information technology tools used by Fire Services do not have sufficient capability to support regulatory reporting requirements or to support Fire Prevention processes dependent on best-practice records management.

<u>Action</u>

Implement a Fire Records Management System, while ensuring interoperability with existing systems in use within the Corporation.

Program C5e - New Radio Infrastructure

In the spring of 2013, the City of Greater Sudbury began an upgrade to its current Police/Fire 800 MHz Harris EDACS radio system to a P25 compliant 800 MHz radio system while maintaining the operational and radio coverage characteristics of the existing system.

Action

Continue with the full implementation of the 9-1-1 P25 Radio System in accordance with the implementation plan.

SUMMARY OF PROGRAMS

GOAL



D - Continuously achieve peak performance

Priority D1 - Performance Management

Performance management is critical to the success of organizations. All leaders and personnel need readily accessible tools and systems to monitor performance within their area of accountability. We will expand on the Department's performance reporting processes and practices to enable front-line personnel to more fully participate in opportunity identification.

Program D1a - Key Performance Indicators

Opportunity identification requires the ongoing measurement of a limited set of business metrics which provide key insights into the Department's operational performance. These metrics must be readily available and trends quickly discernible by all personnel throughout the Department.

<u>Action</u>

The Department will continue with its implementation of a minimal set of performance indicators that allows for tracking of operational inefficiencies effecting quality of service delivery and expose trends that enable proactive intervention in the following areas:

- Paramedic Services Operations
- Fire Services Operations
- Fire Services Prevention Section
- Fire and Paramedic Training Sections
- Paramedic Support Services

Program D1b - Best Practice Fire Dispatch Review

The Greater Sudbury Police Service is responsible for managing 9-1-1 calls on behalf of the City of Greater Sudbury and delivery of emergency dispatch for the City's Police and Fire Services.

In January 2013, the City had undertaken a review, from a Fire dispatch perspective, of how well the City's emergency dispatch system is working relative to industry standards and best practices which resulted in recommended enhancements.

SUMMARY OF PROGRAMS

<u>Action</u>

Consult with respective senior management of Police and Emergency Services to make adjustments as they carry out the 12 recommended actions outlined in the 'Suggested Going Forward Work Plan' dated November 26, 2013.

Priority D2 – Member Service Excellence Recognition

The Department will continue to expand and promote the recognition of Members who serve the public. We will celebrate their years of dedicated service and accomplishments through a variety of programs. These programs recognize the contribution of Members who achieve performance excellence in their daily duties.

Program D2a - Awards & Celebrations

The City's "Be WISE and Recognize" program is designed to reinforce the WISE Values, which support CGS' mission to provide excellent access to quality municipal services and leadership in the social, environmental and economic development. The WISE Values are comprised of: Workplace Quality, Innovation, Service Excellence and Efficiency.

In addition, Emergency Services personnel receive awards granted by both the Province and Federal authorities. Service recognition awards are an integral component of Emergency Services traditions.

Action

Emergency Services will undertake an Annual Member Awards and Presentation Night.

Priority D3 - Quality Management

We will develop and implement a Total Quality Management Program that incorporates continuous improvement, ongoing quality assurance, and employment of best-practice methodologies.

D3a - Quality Care Committee

Emergency Services is committed to a culture of continuous quality improvement with a focus on overall system processes and performance rather than the

SUMMARY OF PROGRAMS

individual while promoting the need for objective data and analysis to continually improve. Continuous improvement involves all areas of the organization and key stakeholders in order to maximize the opportunity for Service improvement.

Studies have demonstrated that it is vital to have a well defined and formalized continuous quality improvement (CQI) program providing a focused approach to improving the quality and safety of patient care provided by Paramedics.

<u>Action</u>

Emergency Services will develop and implement a Paramedic Services Quality Care Committee (QCC) to include membership from all areas of the organization including; Paramedics, operations, quality improvement staff, training, base hospital, 9-1-1 communication personnel, and members of the Services' senior leadership team.

The goals of the QCC are to monitor and trend systemic quality issues, drive continual improvements in quality relating to clinical or service delivery. Along with identify and develop Key Performance Indicators and outcome measurements, review current trends and research in pre-hospital care, develop and implement quality improvement projects, and provide input into the development of future education and training programs for the Service.

Priority D4 - Project Management

The need for more rigorous project management is becoming increasingly apparent in the government sector. The failure rate for projects can be quite high, costing organizations considerable time, money, and effort while producing insufficient return on investment. We intend to implement project management methods to ensure we achieve maximum return and mitigate the risk of project failure.

Program D4a - Project Portfolio

Portfolio management ensures ongoing tactical alignment to the strategic plan and effective utilization of limited project-focused resources.

SUMMARY OF PROGRAMS

Action

We will implement and maintain processes and policies based on risk assessment and value contribution to support project portfolio management.

<u>Action</u>

We will develop and maintain a central repository of project related information with the intent to continuously monitor project performance against approved predefined schedules, scope of work, and value contribution.

Program D4b - Project Management Best Practices

The on schedule, on budget, and realization of declared value are primary components that contribute to the outcome of project success. There are ever increasing pressures on the Department to deliver projects with greater degrees of complexity. To mitigate the risk of project failure, greater emphasis must be placed on structured best practice project management techniques.

Action

Using an in-house subject matter expert model (an accredited Project Management Professional) we will undertake training to cultivate a high level of skill related to the utilization of best-practice project management methodologies sufficient to reduce risk to an acceptable level.

Priority D5 – Regulatory Compliance and Governance

Emergency Services is a highly regulated sector. It is our legal obligation to maintain the highest degree of compliance. In addition, best-practice governance structures ensure long-term continuity of service delivery.

Program D5a - MOHLTC Land Ambulance Certification

In accordance to the Ambulance Act of Ontario, all service providers must participate in the MOHLTC Land Ambulance Certification Review Program every three years. The Land Ambulance Service Review Team evaluates the compliance to the requirements of all legislation, regulations and standards established under the Ambulance Act. The review focuses on quality of patient care and maintenance of public safety to ensure

SUMMARY OF PROGRAMS

compliance. The current license to operate expires September 11, 2016.

<u>Action</u>

Emergency Services will undertake re-certification following a standardized process. The process will include internal reviews, audits, and periodic system checks to ensure ongoing maintenance and compliance with legislation.

Program D5b - Revise Fire Services Governance

Fire Services uses Policies, Standards, and Operating Procedures to ensure effective governance and delivery of services – aligned to the regulating By-law. These governance tools require updating to reflect the current practices and training requirements.

Action

The Emergency Services Department, Fire Service Division will undertake a comprehensive review of all Policies, Standards, and Operating Procedures to ensure both alignment to the current regulating By-law, as well as ensure all training material, methods, and curriculum meet the approved practices.

Program D5c - Establish an repository for Governance material

Governance documents (policy, standards, and operating procedures) are an essential component of service delivery and need to be readily available to Members in a timely manner.

Action

Emergency Services will implement an electronic central repository of all Service governance documents with the intent to ensure ease of access by all personnel – independent of their physical location. This is required to support the Firefighters and Paramedics who are dispersed across the City's wide geographic area.

SUMMARY OF PROGRAMS

GOAL



E - Develop and align services to meet evolving needs.

Priority E1 – Consolidation of 9-1-1 Dispatch

An integrated dispatch system specifically designed to meet our community's unique characteristics is critical to ensuring the most effective multi-agency response of emergency personnel (Police, Fire, and Paramedic). We will pursue the feasibility of integrating the Emergency Medical Services dispatch, which is currently managed by MOHLTC, with the City's current dispatch system to achieve a fully integrated Emergency Communications Services system for the City.

Program E1a - Integrated Dispatch

Currently, the Ministry of Health and Long Term Care (MOHLTC) is responsible for dispatch of land-based ambulance services. Their dispatch protocols are generally optimized from a provincial perspective which does not allow for optimization at the community level.

Action

Develop the business case to integrate the current MOHLTC dispatch with the City of Greater Sudbury Police and Fire Service dispatch; for Council's consideration and submission to Ontario MOHLTC.

Priority E4 - Community & Corporate Emergency Preparedness

"Threats to our communities and prosperity today, ranging from terrorism to pandemics to compromised information systems and natural disasters, can have a devastating impact on global economic operations and trade, as well as local delivery of key services" (CSA-Group). Our priority is to build on the existing Emergency Management programs to improve incident management, enable safe community evacuation if required, and ensure the corporation will continue to operate efficiently under conditions of emergency or disaster.

SUMMARY OF PROGRAMS

Program E4a - Incident Management System

Consistent with internationally recommended practices, Ontario has developed an Incident Management System (IMS) that provides standardized organizational structures, functions, processes and terminology for use at all levels of emergency response in Ontario.

<u>Action</u>

Ensure the opportunity for use of Ontario's Incident Management System (IMS) by city services, where such services are expected to respond to emergency management activities.

Program E4b - Develop a Community Evacuation Plan

Once an emergency event that affects the community has occurred, it is critical that the response be swift and efficient to ensure the safety of the public. In some cases this requires expedient evacuation of hundreds or potentially thousands of citizens.

Action

In collaboration with partner agencies and community stakeholders, the Department will develop a community evacuation plan.

Program E4c - Develop a Fuel Management Plan

There are a number of emergencies that can threaten the fuel supply chain. A shortage of fuel will affect the delivery of Emergency Services across the community. Formalized plans need to be in place to ensure a supply during an emergency event or disaster. The plan needs to incorporate decisions that clearly declare the City's priority of service delivery.

Action

The Department will develop an Emergency Fuel Management Plan in collaboration with City departments, partner agencies, and community stakeholders.

SUMMARY OF PROGRAMS

Program E4d - Develop a Business Continuity Strategy

"Threats to our communities and prosperity today, ranging from terrorism to pandemics to compromised information systems and natural disasters, can have a devastating impact on global economic operations and trade, as well as local delivery of key services. In this light, the responsibility for emergency management and business continuity programs cannot be ignored. This has led to the development of a new comprehensive emergency management and business continuity programs standard, CSA Z1600, designed for use by private and public organizations of all sizes if disaster strikes." (CSA-Group, 2014)

Action

On behalf of the Corporation, Emergency Services will lead the implementation of the new CSA Z1600 standards to ensure the community and Corporation is fully prepared to address all potential threats. This program requires the support and diligent participation of all Divisions within the Corporation to ensure success.



Request for Decision

Homelessness Partnering Strategy

Presented To:	Community Services Committee
Presented:	Monday, Aug 11, 2014
Report Date	Wednesday, Jul 30, 2014
Type:	Routine Management Reports

Recommendation

WHEREAS the City of Greater Sudbury has filled the role as the Community Entity to receive funding from the Federal Government to address homelessness since 2000; and

WHEREAS the Federal Government has announced a further five years of funding under the Homelessness Partnering Strategy from April 1, 2014 to March 31, 2019; and

WHEREAS the Federal Government requires a Community Advisory Board to develop a Community Plan that identifies priorities in accordance with the funding guidelines;

THEREFORE BE IT RESOLVED THAT the City of Greater Sudbury continue as the Community Entity from April 1, 2014 to March 31, 2019; and

THAT the City of Greater Sudbury approve the selection of the Community Advisory Board by the Community Development Department; and

THAT the City of Greater Sudbury endorse the development of a Community Plan to identify priorities in accordance with the funding guidelines under the Hemoleschess Partnering Strategy of

funding guidelines under the Homelessness Partnering Strategy for the five year term.

Signed By

Report Prepared By

Gail Spencer Coordinator of Shelters and Homelessness Digitally Signed Jul 30, 14

Division Review

Luisa Valle Director of Social Services Digitally Signed Jul 30, 14

Recommended by the Department

Catherine Matheson General Manager of Community Development Digitally Signed Jul 30, 14

Recommended by the C.A.O.

Doug Nadorozny Chief Administrative Officer Digitally Signed Jul 31, 14

Finance Implications

There is no budget impact as the total funding to be received under the Homelessness Partnering Strategy is 100% Federally funded.

The City of Greater Sudbury has been allocated \$226,189 on an annual basis for a term of five years commencing on April 1, 2014 until March 31, 2014 for a total five year allocation of \$1,130,945.

Background

In November 2013, the Federal Government announced the renewal of the Homelessness Partnering Strategy funding for a further five years, from April 1st, 2014 to March 31st, 2019. The City of Greater Sudbury will be allocated \$226,189 annually for a total five year funding contribution of \$1,130,945.

The Federal Government requires an organization to act as the Community Entity for the administration of the Homelessness Partnering Strategy funding. The City of Greater Sudbury has filled the role of the Community Entity for this funding since 2000, and has worked with the Community Advisory Board to ensure that the requirements of the Federal agreement have been adhered to and the funding has been allocated in accordance with the established guidelines.

The Federal Government requires a Community Advisory Board be selected as a local organizing board responsible for setting direction for addressing homelessness in our Community. Their responsibilities include:

- review data and information to help inform priority setting and decision making;
- establish priorities for a Community through a Community Plan;
- solicit and review proposals and make recommendations;
- share information with the Community about homelessness issues and progress achieved;
- consult with the broader Community on an ongoing basis;
- partner for success;
- · coordinate community efforts related to homelessness; and
- integrate efforts with Provincial or Territorial Ministries.

A public notice, advertised through local newspapers and posted on the City website, recently invited persons to submit applications to become a member the Community Advisory Board. The terms of reference (attached as appendix A) states that membership will reflect the linguistic and cultural diversity of the Community and will be comprised of citizens residing in the City of Greater Sudbury who are:

- representatives of agencies that provide emergency shelter and housing-related needs;
- representatives of agencies that provide mental health or addictions services;
- representatives of private and non-profit housing providers;
- a representative of the Greater Sudbury Police Services;
- a member of the Social Planning Council;
- a member of the Aboriginal Community;
- a member of the Francophone Community;
- a member of the health sector; and
- individuals who have an interest in preventing homelessness in the community.

Recommendation

The Federal Government has announced a further five years of funding under the Homelessness Partnering Strategy from April 1, 2014 to March 31, 2019 and one of the requirements to receive this funding is acceptance of the role of the Community Entity.

The City of Greater Sudbury Community Development Department has filled the role as the Community Entity since the year 2000 and it is recommended that the Community Services Committee endorse the continuation of the City of Greater Sudbury Community Development Department to continue to fulfill the role of the Community Entity for the term of this agreement.

The Federal Government also requires a Community Advisory Board to develop a Community Plan that identifies priorities in accordance with the funding guidelines.

It is further recommended that the Community Services Committee endorse that the City of Greater Sudbury Community Development Department select the Community Advisory Board who will develop a Community Plan identifying the priorities in accordance with funding guidelines under the Homelessness Partnering Strategy for the five year term.

Terms of Reference

Community Advisory Committee for the Homelessness Partnering Initiatives April 1st, 2014 to March 31st, 2019

The Community Advisory Committee has selected the City of Greater Sudbury to act as the Community Entity. The Community Advisory Committee is responsible to oversee the deliverables of the 2014 Community Plan, for the April 1st, 2014 to March 31st, 2019 time frame.

Terms of Reference

Implement the priorities established in the current Community Plan that address homelessness in the City of Greater Sudbury with the resources available from the Federal governments Homelessness Partnering Strategies (HPS)

Objectives

- 1. Receive, review and recommend community projects for funding as identified in the Community Plan priorities and objective sections
- 2. Review quarterly the results of approved projects
- 3. Assist in ongoing review and planning to ensure supports are in place to address the needs of homeless people in our community.
- 4. Consult annually with persons who have experienced homelessness.
- 5. Review and revise objectives as required.

Membership

Membership of the Committee will reflect the linguistic and cultural diversity of the community and will be comprised of citizens residing in the City of Greater Sudbury who are:

- representatives of agencies that provide emergency shelter and housing-related services
- representatives of agencies that provide mental health or addictions services
- representatives of private and non-profit housing providers
- a representative of Greater Sudbury Police Services
- a representative from the Homelessness Network
- a member of the Social Planning Council
- a member of the Aboriginal community
- a member of the Francophone community
- a member of the health sector
- individuals who have an interest in preventing homelessness in the community;

Citizens who are interested in membership on the Community Advisory Committee for the Homelessness Partnering Initiatives will submit a letter to the Community Development Department. A minimum of (8) members will be appointed to the committee by the Community

APPENDIX "A" – HOMELESSNESS PARTNERING STRATEGY REPORT – AUGUST 11, 2014

Development Department. As vacancies occur, the members of the Committee will replace as appropriate.

Federal and Provincial government departments/ministries that provide resources for homelessness initiatives will be invited to recommend representatives for appointment to the Committee by the General Manager, Community Development Department.

Governance

The Committee shall select a chairperson who will chair all meetings and provide leadership for the Committee. The Committee will meet quarterly or at the call of the Chair.

Term of Office

The Committee's term of office shall be for the period covering April 1st, 2014 to March 31st, 2019.

Resources

The Director of Social Services will provide guidance and support to the Committee. Staff from the Social Services Division will provide support as required.



Request for Decision

Out of the Cold Pilot Program - Update

Presented To:	Community Services Committee
Presented:	Monday, Aug 11, 2014
Report Date	Wednesday, Jul 30, 2014
Type:	Routine Management Reports

Recommendation

WHEREAS the City of Greater Sudbury partnered with the Salvation Army to provide an Out of the Cold Pilot Project from February 19th, 2014 to March 31st, 2014; and

WHEREAS a review of this pilot project has determined it successfully met a need within the Community; and

WHEREAS there is a need to continue to provide a shelter program for persons who are under the influence or otherwise are unable to access emergency shelter programs;

THEREFORE BE IT RESOLVED THAT the City of Greater Sudbury direct staff to explore partnership and funding opportunities to fund such a program; and

THAT the City of Greater Sudbury issue a Request for Proposals to identify partners who are interested in providing this service; and

THAT staff report back to City Council on the Request for Proposals and funding opportunities in the fall of 2014.

Signed By

Report Prepared By

Gail Spencer Coordinator of Shelters and Homelessness Digitally Signed Jul 30, 14

Division Review

Luisa Valle Director of Social Services Digitally Signed Jul 30, 14

Recommended by the Department

Catherine Matheson General Manager of Community Development Digitally Signed Jul 30, 14

Recommended by the C.A.O.

Doug Nadorozny Chief Administrative Officer Digitally Signed Jul 31, 14

Finance Implications

There are no financial implications identified at this time as the new program developed should be funded by available Federal and Provincial funding for homelessness initiatives.

Background

The Elgin Street Mission is a drop in centre located at the Samaritan Centre, 344 Elgin Street, Sudbury. The Mission provides food, clothing, shower and laundry facilities, and counseling and spiritual direction to homeless and vulnerable persons in the community.

For the past several years, the Elgin Street Mission operated as a warming centre open overnight, every

night from approximately December 1st to March 31st. During the winter of 2012/2013, the Elgin Street Mission reported 15 to 25 persons utilizing the facility every night.

In 2013, the Elgin Street Mission made the decision to reduce their hours of operation and remain open overnight only during an Extreme Cold Weather Alert, as they were unable to provide an appropriate place for persons to sleep.

Out of the Cold Pilot Program

In response to this change, the City partnered with the Salvation Army to provide an Out of the Cold pilot project that ran from February 19th, 2014 to March 31st, 2014. The Salvation Army utilized available space at their downtown facility at 146 Larch Street, adjoining the Men's Emergency Shelter Program. The Salvation Army was able to provide a facility that met fire and safety codes, experienced personel, and organizational support. The pilot project was funded through the Provincial MCSS one time funding allocation.

The Out of the Cold Program was open from 8:00 pm to 7:00 am every evening and provided temporary cots and a safe, warm environment for anyone who needed a safe place to sleep. The program was open to both men and women and had no registration or eligibility requirements. Persons under the influence of drugs or alcohol were allowed access to the program, as long as the level of intoxication did not pose a serious risk to their health and safety, in which case they were referred to the detox program. No alcohol or drugs were allowed within the facility. Two support staff and one security person were available at all times.

Over the course of the pilot project, there were a total of 417 visits. The maximum number of persons on any given night was 19 with an average of 10 persons sleeping there each night. The number of people accessing the program climbed steadily over the course of the pilot, as the program became better known within the Community.

Persons accessing the program stated they used it for the following reasons:

- a safe place to sleep
- weather conditions
- they were under the influence
- they were barred from other services

Persons expressed their gratitude for providing a safe, warm place to sleep.

Overall, the Out of the Cold Pilot Project successfully filled a gap that has been identified in the existing services that are currently provided to homeless persons in our Community. Service was provided to the most vulnerable of the homeless population who may not access existing services for a variety of reasons such as being barred, having no identification, being under the influence of drugs or alcohol, not meeting other eligibility criteria, etc.

Community Priorities

In the City of Greater Sudbury's Ten Year Housing and Homelessness Plan, Community Priority #3 states:

"There is a need to strengthen approaches to preventing homelessness, increase the diversity of emergency shelter options and support individuals with multiple barriers in obtaining and maintaining their housing."

An action item for this priority was to: Review eligibility criteria for existing shelters and/or reallocate funding to ensure emergency shelter accommodation meets the diverse range of needs, including emergency accommodation that does not have a zero alcohol tolerance.

The North East Local Health Integration Network (NELHIN) recently hosted a Value Mapping Session and Kaizan event with over 17 partner agencies to identify priorities for addressing the needs of persons who are chronically homeless, have substance abuse issues, and are high users of the emergency department services. One of the priorities identified is as follows:

"Establishing an emergency shelter that allows for persons who are under the influence and is a safe place for all."

Existing Emergency Shelter Programs

The City of Greater Sudbury currently partners with the Salvation Army and L'association des jeunes de la rue to provide a total of 69 emergency shelter beds for homeless men, women, families and youth within our Community.

The City of Greater Sudbury has conducted a review of current eligibility requirements and has worked with the service providers to begin to remove barriers and ensure that accessibility to the emergency shelter programs is as flexible as possible.

Given the positive changes that have occurred, it still remains that persons who are under the influence of drugs or alcohol are not permitted within the existing emergency shelter programs.

Next Steps and Recommendations

The City of Greater Sudbury will continue to explore partnership and funding opportunities with the NELHIN and other service providers, to develop an Out of the Cold Program that is available for any person to provide a temporary, safe, warm environment to sleep.

The City of Greater Sudbury will issue a Request for Proposal to identify partners who are interested in providing this service, and will report back to City Council in the fall of 2014.



For Information Only

2013 Report Card on Homelessness

Presented To:	Community Services Committee
Presented:	Monday, Aug 11, 2014
Report Date	Monday, Jul 28, 2014
Type:	Correspondence for Information Only

Recommendation

For Information Only

Background

The Report Card on Homelessness for 2013, attached, has been completed by the Community Advisory Board on Homelessness. A Report Card on Homelessness for the City of Greater Sudbury has been developed and released to the Community annually from 2008 through to 2012.

The completion of an annual Report Card on Homelessness is used as a way to inform, monitor and evaluate the system we have in place to address homelessness within the City of Greater Sudbury.

This Report Card is designed to provide answers to three key questions:

- What does the City of Greater Sudbury have in place to address the needs of the homeless and those who are risk of homelessness?
- What barriers continue to impact homelessness in our Community?
- What are the next steps?

Information and data provided in this Report Card has been collected through:

- HIFIS (Homeless Individuals and Families Information System)
- CHPI data (Community Homelessness Prevention Initiative)
- Homelessness network
- YWCA Genevra House
- Ministry of Community and Social Services
- Canadian Mortgage and Housing Corporation
- Greater Sudbury Housing Services
- Other Community agencies

Signed By

Report Prepared By

Gail Spencer Coordinator of Shelters and Homelessness Digitally Signed Jul 28, 14

Division Review

Luisa Valle Director of Social Services Digitally Signed Jul 28, 14

Recommended by the Department

Catherine Matheson General Manager of Community Development Digitally Signed Jul 28, 14

Recommended by the C.A.O.

Doug Nadorozny
Chief Administrative Officer
Digitally Signed Jul 31, 14

The Report Card on Homelessness is intended to inform all sectors of the Community from the general public, Social Service agencies, and community groups and stakeholders. It will be posted on the City of Greater Sudbury website and made available to the public through the Citizen Service Centres, Social Service agencies, post secondary schools and other Community partners.



For Information Only

Harm Reduction Shelter - Progress Report

Presented To:	Community Services Committee
Presented:	Monday, Aug 11, 2014
Report Date	Monday, Jul 28, 2014
Type:	Correspondence for Information Only

Recommendation

For Information Only

Background

In August 2013, City of Greater Sudbury's Social Services' staff were contacted by community partners to discuss possible partnership opportunities for providing services to persons who have active addictions and are homeless or at risk of homelessness. The North East Local Health Integration Network (NELHIN) has reported that these individuals are high users of the emergency department at Health Sciences North, and they are in need of a more effective and efficient way of providing health care services given their complex needs.

In the City of Greater Sudbury's Ten Year Housing and Homelessness Plan presented to Council in November 2013, the following priority was identified:

• There is a need to strengthen approaches to preventing homelessness, increase the diversity of emergency shelter

options and support individuals with multiple barriers in obtaining and maintaining their housing.

Signed By

Report Prepared By

Gail Spencer Coordinator of Shelters and Homelessness Digitally Signed Jul 28, 14

Division Review

Luisa Valle **Director of Social Services** Digitally Signed Jul 28, 14

Recommended by the Department

Catherine Matheson General Manager of Community Development Digitally Signed Jul 28, 14

Recommended by the C.A.O.

Doug Nadorozny Chief Administrative Officer Digitally Signed Jul 31, 14

At the January 20th, 2014 Community Services Committee meeting, a request to provide options for a potential "harm reduction" shelter was made. As a result, a report was brought forward to the Community Services Committee on February 3rd, 2014, (attached as Appendix "A"), which provided background information regarding harm reduction shelters, some of the current research and literature, an update of what has occurred to date in the community regarding this project, and next steps.

Progress to Date

Over the past few months, the NELHINS, hospital, community partners and City staff have been working together to explore community resources and best practices from other communities for meeting the needs of this vulnerable population.

The NELHINS facilitated a Value Stream Mapping and Kaizan event (March and May 2014) with over 17 partner agencies and from this a harm reduction initiative was developed that identified their three priorities:

- 1. Establishing an emergency shelter that allows for persons who are under the influence and provides a safe place for all;
- 2. Developing a Managed Alcohol Program (MAP). MAP's are residential services that follow a harm reduction model, including supportive counseling, housing, social and clinical health services for persons who are chronically homeless with an active alcohol addiction; and
- 3. Providing intensive case management and housing support to transition to permanent housing.

Next Steps

The NELHINS will establish a Steering Committee to develop a business case that will identify funding partners and models of service for moving ahead with their three priorities identified.

There is an opportunity for cross collaboration between the NELHINS and City of Greater Sudbury homelessness initiatives to develop programs that meet these priorities.

There will be continuous research of best practices across communities.

A progress report will be brought forward to the Community Services Committee outlining any new developments and updates.



For Information Only

Harm Reduction Shelter

Presented To: Community Services Committee		
Presented:	Monday, Feb 03, 2014	
Report Date	Monday, Jan 27, 2014	
Type:	Managers' Reports	

Recommendation

For Information Only.

Finance Implications

There are no financial implications at this time.

Background

At the January 20th, 2014 meeting of the City of Greater Sudbury's Community Services Committee, a request to provide options for a potential "harm reduction" shelter was made. As a first step in developing a program, this report will provide background information regarding harm reduction (or wet) shelters and will report on some of the current research and literature, an update of what has happened to date in the community regarding this project, and the next steps.

Addressing the needs of the homeless in our community has been identified within the civic engagement/social capital pillar of the City of Greater Sudbury's Healthy Community Charter.

Signed By

Report Prepared By

Gail Spencer Coordinator of Shelters and Homelessness Digitally Signed Jan 27, 14

Division Review

Luisa Valle Director of Social Services Digitally Signed Jan 27, 14

Recommended by the Department

Catherine Matheson General Manager of Community Development Digitally Signed Jan 27, 14

Recommended by the C.A.O.

Doug Nadorozny Chief Administrative Officer Digitally Signed Jan 27, 14

The Philosophy

Harm reduction shelters (also referred to as wet shelters) have recently been piloted in urban centres as an alternative to treatment programs and shelters that require abstinence from alcohol. The shelters provide specific, prescribed amounts of alcohol in an effort to provide a safe shelter for individuals that are unable to abstain from drinking and therefore have difficulties gaining access to other shelters. By controlling the alcohol intake, harm reduction shelters can decrease the consequences or substance abuse, that participants do not become dangerously impaired, and that they are in a safe environment during impairment. The research in the field has indicated that although the best option from a health perspective is a program that offers detoxification (through abstinence), the likelihood of rehabilitation among homeless people that are also alcoholics, is low. Harm reduction is a policy to decrease the adverse consequences of substance use without requiring abstinence.

APPENDIX "A' - HARM REDUCTION SHELTER UPDATE - AUGUST 11, 2014

There are reported societal benefits of harm reduction shelters as well. People who are homeless and chronically alcoholic have increased health problems, use of emergency services and police contact, and are less likely to experience rehabilitation. The ability to provide shelter and a more controlled use of alcohol can decrease the above noted issues.

Existing Programs

Some urban centres in Ontario have initiated harm reduction programs to help address the homelessness issue in their communities. Thunder Bay, Toronto, Hamilton and Ottawa have shelters that utilize a management of alcohol approach.

Ottawa Inner City Health

The City of Ottawa currently offers a harm reduction shelter operated by Ottawa Inner City Health, Inc. The program offers 28 beds and provides staff to manage the program. Participants in the Management of Alcohol program live at the shelter and are served their meals in the program. A client care worker from the Ottawa Inner City Health is available each day to assist clients with nutrition, hygiene, health needs and medications. Nurses and doctors visit periodically to assess and treat participants. Participants are encouraged to seek health care from family doctors, specialists and the hospitals, as their health problems would indicate.

Participation is contingent on participants consenting to:

Comply with the "house rules" which are set in partnership by staff and the other clients in the program,

Participating in health care provided by a team of health care professionals,

Contributing \$100 of their \$118 personal needs allowance (Ontario Works benefit) toward the cost of alcohol.

To date, formal evaluation of the program has demonstrated positive health outcomes for participants and significant cost savings to taxpayers.

Seaton House - Toronto

Since 1997, the City of Toronto has operated the Seaton House Annex Harm Reduction Program; a "wet shelter" operated in cooperation with St. Michael's Hospital using harm reduction principles. The facility has 150 beds reserved for the chronically homeless with alcohol use issues. Under the "managed alcohol" policy, measured amounts of alcohol are provided at regular intervals during the day and early evening. Clients have been found to gradually reduce their intake of alcohol (up to 400% reduction) and many have quit entirely. Additional positive outcomes have included: decreased police/legal system interactions and emergency room visits for the participants have decreased (reportedly an 85% drop in days spent in prison overall and an 84% drop in ER visits among problem drinkers in the program) (Toronto Star, March 8, 2013).

Claremont House Special Care Unit - Hamilton

Operated by Wesley Urban Ministries in Hamilton, the Claremont House Special Care Unit provides 16 beds offering a program with coordinated health care and managed alcohol treatment. The program was initiated in March 2006 and leverages the services of community health care providers and social service agencies to deliver "clinical evidence based care". A comprehensive treatment model offered through a multi-disciplined team approach is utilized to deliver:

Managed Alcohol Treatment
Harm Reduction Strategies
24/7 Nursing Care
Physician Care
Psychiatric Care
24/7 Social Services
Counseling
Housing
Health Assessment & Monitoring
Stage Based Motivational Strategies

Shelter House - Thunder Bay

Kwae Kii Win opened its 15-bed centre for both men and women in March 2012.

The Kwae Kii Win Centre Managed Alcohol Centre provides supportive living for 15 people who have experienced long term homelessness and addiction to alcohol. By providing supportive housing, combined with accessible health care, nutritious food and psycho-social supports, residents at the Kwae Kii Win Centre reduce dangerous drinking levels and rely less on emergency services to meet their health and social needs.

Kwae Kii Win Centre offers a harm reduction approach to alcohol use, by allowing clients to consume managed doses of alcohol on site.

The program provides access to primary care and community supports to assist each client in improving his or her wellness and health overall, leading to more positive outcomes for both the individual and the community.

Progress To Date

In August 2013 City Social Services' staff was contacted by staff from the North East Local Health Integrated Network (NELHIN) to discuss possible partnership opportunities for providing service to persons who have active addictions and are homeless or at risk of homeless. The NELHIN reported that these service groups are extremely high users of the emergency department at the hospital, and they were exploring more effective and efficient ways to provide health care services to this population.

In the City of Greater Sudbury's Housing and Homelessness Plan presented to Council in November 2013, the following priority was identified:

There is a need to strengthen approaches to preventing homelessness, increase the diversity of emergency shelter options and support individuals with multiple barriers in obtaining and maintaining their housing.

Over the past few months, the NELHIN, hospital, community partners and City staff have continued to work together to explore community resources and best practices from other communities for meeting the needs of this vulnerable population.

Next Steps

The following are the next steps to move this project forward:

A Value Mapping Session, organized by the NELHIN, is being planned to be held for the third week of March 2014. This two day session will include front line staff from homelessness and health care service providers and will explore ways to create safe and appropriate care for individuals with chronic substance abuse and who are currently homeless or at risk of homelessness. Continuous research of best practices across communities.

A progress report to be brought forward to the Community Services Committee in June 2014.



For Information Only

Value of Parks and Green Spaces

Presented To:	Community Services Committee
Presented:	Monday, Aug 11, 2014
Report Date	Monday, Jul 28, 2014
Type:	Correspondence for Information Only

Recommendation

For Information Only

Background

Parks and green spaces are vital in creating and sustaining a healthy community by promoting public health, connecting people to the outdoors and helping to create an overall sense of well being. The Council of the City of Greater Sudbury has continually acknowledged the advantages of parks in Greater Sudbury by investing in both existing and new parks.

The Trust of Public Land is an organization that helps communities create parks and healthy lifestyles, resulting in both livable and sustainable cities. A goal of this organization is to ensure that everyone has parks, gardens, playgrounds, trails, and other natural places within a ten-minute walk from home. Similarly, the City of Greater Sudbury Parks, Open Space & Leisure Master Plan Review identified the need for a neighbourhood, natural and or a linear park to be within a ten-minute walk for people from their homes. An abundance of

Signed By

Report Prepared By

Jason Nelson Coordinator of Community Initiatives and Quality Assurance Digitally Signed Jul 28, 14

Division Review

Real Carre Director of Leisure Services Digitally Signed Jul 29, 14

Recommended by the Department

Catherine Matheson General Manager of Community Development Digitally Signed Jul 29, 14

Recommended by the C.A.O.

Doug Nadorozny Chief Administrative Officer Digitally Signed Jul 31, 14

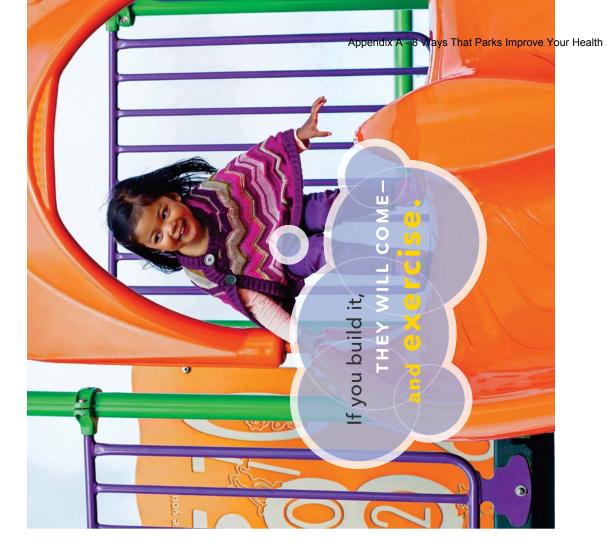
parks and green spaces available to residents of Greater Sudbury within close proximity is validated in the latest OMBI report. The City of Greater Sudbury ranks among the highest of the respondents in regards to having the largest amount of total parkland available to residents. The median for total parkland in 2012 is 585 hectares, while Greater Sudbury ranks at having a total of 2400 hectares per resident. This includes both maintained and natural parkland.

The Trust of Public Land has released a brochure identifying the benefits of parks – Appendix A - 8 Ways That Parks Improve Your Health. This document provides statistical information on the benefits of parks and how they positively influence the lives of people and their communities. Cities that have a large number of parks which are well maintained have a greater number people exercising. This adds to the general physical health of people. Amenities such as programs, activities and exercise areas are identified as key features within a park that attract people to the area. Utilizing parks and green spaces is recognized as an economical way to stay healthy and a key component to promoting overall mental well being.

Conclusion

8 Ways That Parks Improve Your Health is a valuable resource for identifying the importance of parks and the role they play in the growth and sustainability of a community.

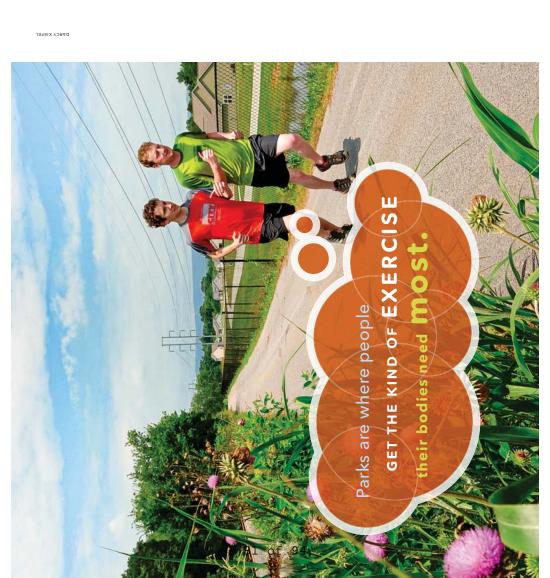




чиим киревверс

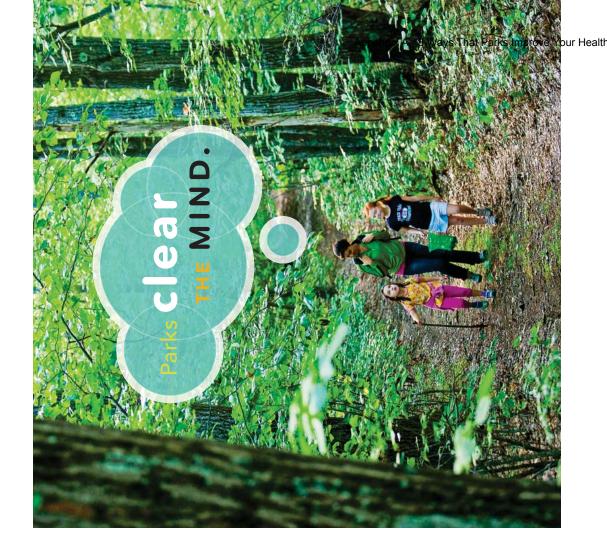
Research has shown that physical activity is one of the most important contributors to fitness and health. 1.2

But 95 percent of U.S. adults, 92 percent of adolescents, and 58 percent of children aren't getting the recommended amount of daily physical activity. 3 Parks can help. The more parks there are in a community, the more people exercise. 4-6 People who live closer to parks exercise more. 7 And people who regularly use parks get more exercise than people who don't. 7-9 The takeaway? Building new parks—and improving existing parks—is a great way to keep people active.



While any physical activity is better than none, nothing builds

• fitness as well as exercise that raises a sweat and gets our hearts pumping. Parks are where much of that type of exercise occurs. According to one study, approximately 12 percent of moderate exercise takes place in neighborhood parks. But for vigorous exercise, the proportion soars to 50 percent. 10

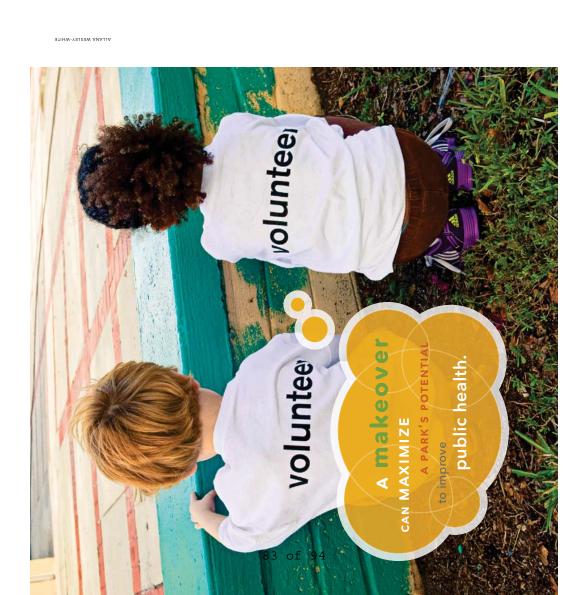


ERRY AND MARCY MONKMAN

Most people know from experience ot of trees, grass, and other natural features, even if they don't actually exercise there. 12-15 This may be particularly true for parks with a also been shown to boost focus and concen as studies show that exposure to nature can (ADHD) experience milder symptoms when reduce stress and promote relaxation. 12,16,17 But more surprising is that people who live with attention deficit hyperactivity disorder closer to parks report better mental health tration in both adults and children. 16 Kids that exercise can leave us with a they play outside in a natural setting. 18,19 Time spent in green outdoor spaces has sense of calm and well-being.

more than fivefold increase in park use; in the

other park, use nearly doubled.



Sprucing up a park has been shown to increase the number of people who visit and exercise there, sometimes dramatically. The more aesthetically pleasing a park, the more likely people are to exercise there and in surrounding neighborhoods. ²⁰⁻²² Larger parks with more facilities are more likely to be used. ^{23,24} Simply improving park signage has been shown to increase park use, and more substantial renovations can go even further. ^{25,26} Of two recently renovated San Francisco parks, one experienced a



DARCY KIEFEL



lt's no surprise that park features like basketball courts and playing like basketball courts and playing encourage physical activity. 28.29 But recent research has shown that the same is true of the humble walking path, which provides a place to exercise for people of all ages. 30.31 And while you'd expect a skate park to attract skaters, it turns out that adding one can increase park use overall—even among those who'd never step foot on a board. 32

encouraging kids to develop good habits that

can last a lifetime.

installed near playgrounds, they allow adults

to model healthy behavior for their children,

ten than men.33 And when Fitness Zones are

with women, who typically use parks less of-



occurs in parks-even among visitors who are

former park users to return to parks, and in

crease the amount of physical activity that

ness Zones have proven particularly popular

not themselves using the equipment.33 Fit-

equipment. One study indicated that Fitness Zones attract new users to parks, encourage

set aside for free outdoor exercise

are special areas of public parks

Trust for Public Land Fitness Zones $^{ ilde{a}}$



TOMMY LEONARDI

Team sports, clubs, classes, exercise groups—parks that offer these are much more likely to be used than those that don't.^{8,30} Classes at skate parks have been shown to increase their popularity—especially among girls, who might not otherwise use them.³² Without programming and distinctive features to attract visitors, park use declines.³⁴ Lack of programming may be one reason parks in lower-income neighborhoods are less likely to be used than those in neighborhoods where incomes are higher.²³

mote exercise is not only good medicine, it's

also good for the bottom line.

parks with programing and features that pro-

parks, upgrading old ones, and enriching all

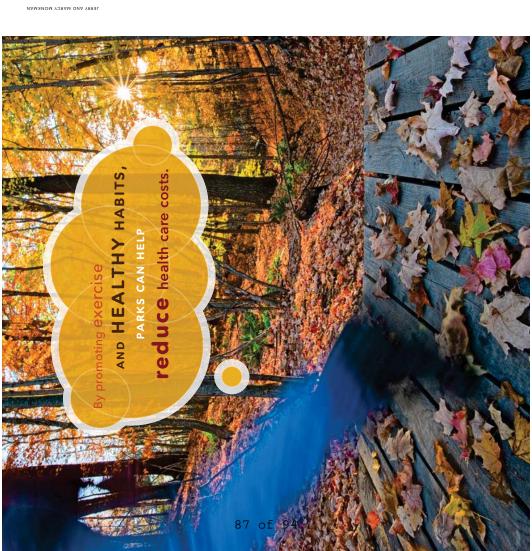
costs than sedentary retirees.36 Building new

tion.35 Another found that moderately active

chronic diseases as effectively as medica-

• found that exercise can prevent

retirees had significantly lower health care



Exercise is one of the cheapest ways

to stay healthy. One recent study

- WHO. GLOBAL HEALTH RISKS: Mortality and burden of disease attributable to selected major risks.
- 2
- Geneva: WHO, 2009. Blair SN. Physical inactivity: the biggest public health problem of the 21st century. British Journal of Sports
 - Medicine. 2009; 43(1):1-2.
- Troiano RP, Berrigan D, Dodd KW, Mâsse LC, Tilert T, McDowell M. Physical activity in the United States me neter. Medicine and Science in Sports and Exercise. Jan 2008; 40(1):181-188. e,
- Laxer RE, Janssen I. The proportion of youths' physical inactivity attributable to neighbourhood built environment 4
 - features. International Journal of Health Geographics. Jun 18 2013; 12(1):31.
 - McCormack GR, Rock M, Toohey AM, Hignell D. Characteristics of urban parks associated with park use and r,
- n DA, Ashwood JS, Scott MM, et al. Public parks and physical activity among adolescent girls. Pediatrics. Nov physical activity: a review of qualitative research. Health Place. Jul 2010; 16(4);712-726. Cohen DA, Ashwood JS, Scott MM, et al. Public parks and physical activity amona adola 9
- Cohen DA, McKenzie TL, Sehgal A, Williamson S, Golinelli D, Lurie N. Contribution of public parks to physical 7.

2006; 118(5):e1381-1389.

- activity. American Journal of Public Health. Mar 2007; 97(3):509-514. ထ
- Cohen DA, Lapham S, Evenson KR, et al. Use of neighbourhood parks: does socio-economic status matter? A four-city study. Public Health. Apr 2013;127(4):325-332.
- Evenson KR, Wen F, Hillier A, Cohen DA. Assessing the contribution of parks to physical activity using GPS and 6
 - accelerometry. *Medicine and Science in Sports and Exerc*ise. Mar 22 2013. Han B, Cohen D, McKenzie TL. Quantifying the contribution of neighborhood parks to physical activity. 0
 - Preventative Medicine. Jul 1 2013.
- Penedo FJ, Dahn JR. Exercise and well-being: a review of mental and physical health benefits associated with physical activity. Current Opinion in Psychiatry. Mar 2005; 18(2):189-193. Ξ
- White MP, Alcock I, Wheeler BW, Depledge MH. Would you be happier living in a greener urban area? A fixed-ef 12.
- environments—associations between green space, and health, health-related quality of life and stress based Stigsdotter UK, Ekholm O, Schipperijn J, Toftager M, Kamper-Jorgensen F, Randrup TB. Health promoting outfects analysis of panel data. Psychological Science. Jun 2013; 24(6):920-928. door 13.
 - on a Danish national representative survey. Scandanavian Joumal of Public Health. Jun 2010; 38(4):411-417. Richardson EA, Pearce J, Mitchell R, Kingham S. Role of physical activity in the relationship between urban green space and health. Public Health. Apr 2013; 127(4):318-324. 4.
 - Francis J, Wood LJ, Knuiman M, Giles-Corti B. Quality or quantity? Exploring the relationship between public space attributes and mental health in Perth, Western Australia. Social Science and Medicine. May 2012; 74(10):1570-1577. 15.
- Bowler DE, Buyung-Ali LM, Knight TM, Pullin AS. A systematic review of evidence for the added benefits to health of exposure to natural environments. BMC Public Health. 2010; 10:456. 16.
 - Bedimo-Rung AL, Mowen AJ, Cohen D. The significance of parks to physical activity and public health: a conceptual model. American Journal of Preventative Medicine. 2005; 28(2S2):159-168. 17.
 - for AF, Kuo FE, Children with attention deficits concentrate better after walk in the park. Journal of Attention orders. Mar 2009; 12(5):402-409. 8
- Taylor AF, Kuo FE. Could exposure to everyday green spaces help treat ADHD? Evidence from children's play settings. Applied Psychology: Health and Well-Being. 2011; 3(3):281-303. 6

- Leslie E, Cerin E, Kremer P. Perceived neighborhood environment and park use as mediators of the effect of 20.
- area socio-economic status on walking behaviors. Journal of Physical Activity and Health. 2010; 7(6):802-810. Tappe KA, Glanz K, Sallis JF, Zhou C, Saelens BE. Children's physical activity and parents' perception of the neighborhood environment: neighborhood impact on kids study. The International Journal of Behavioral and Physical Activity. 2013; 10:39. 21.
- en daily physical activity and neighborhood environments. ental Health and Preventative Medicine. May 2009; 14(3):196-206. Kondo K, Lee JS, Kawakubo K, et al. Association betw 22. 23.
 - Cohen DA, Han B, Derose KP, et al. Neighborhood poverty, park use, and park-based physical activity in a Southern California city. Social Science and Medicine (1982). 2012; 75(12):2317-2325.
- Kaczynski AT, Potwarka LR, Saelens BE. Association of park size, distance, and features with physical activity in borhood parks. American Journal of Public Health. Aug 2008; 98(8):1451-1456. 24.
 - Controlled Trial Using Community Engagement. A*merican Journal of Preventative Medicine*. 2013; in press. Cohen DA, Han B, Derose KP, Williamson S, Marsh T, McKenzie TL. Physical Activity in Parks: A Randomized 25.
 - use and physical activity. *Peventative Medicine*. Apr 2009; 48(4):316-320. Cohen DA, Han B, JW I, et al. Impact of park renovations on park use and park-based physical activity. nmental inter Tester J, Baker R. Making the playfields even: Evaluating the impact of an enviro 26. 27.

Unpublished, 2013.

rention on park

- Spengler JO, Floyd MF, Maddock JE, Gobster PH, Suau LJ, Norman GJ. Correlates of park-based physical activity unities: results from an observational study in two cities. American Journal of Health Promotion. May-Jun 2011; 25(5):e1-9. children in diverse cor 28.
 - Suau LJ, Floyd MF, Sperigler JO, Maddock JE, Gobster PH. Energy expenditure associated with the use of neighborhood parks in two cities. Journal of Public Health Management and Practice: JPHMP. Sep-Oct 2012; 18(5):440-444. 29.
- used more than others? Cohen DA, Marsh T, Williamson S, et al. Parks and physical activity: why are some parks use Peventative Medicine. 2010; 50 (Suppl 1:59-12. Epub 2009 Oct 19. PMC2821457);59-12. 30.
 - Cohen D, Sehgal A, Williamson S, et al. Park use and physical activity in a sample of public parks in the City of 31.
- Cohen DA, Sehgal A, Williamson S, Marsh T, Golinelli D, McKenzie TL. New recreational facilities for the young and the old in Los Angeles: policy and programming implications. Journal of Public Health Policy. 2009; Santa Monica: RAND; 2006. 30 Suppl 1:S248-263. Los Angeles. 32.
- Cohen DA, Marsh T, Williamson S, Golinelli D, McKenzie TL. Impact and cost-effectiveness of family Fitness Zones: a natural experiment in urban public parks. Health Place. Jan 2012; 18(1):39-45. 33.
 - Cohen DA, Golinelli D, Williamson S, Sehgal A, Marsh T, McKenzie TL. Effects of park improvements on park use and physical activity; policy and programming implications. American Journal of Preventative Medicine. Dec 2009; 37(6):475-480. 34.
 - Naci H, Ioannidis JPA. Comparative effectiveness of exercise and drug interventions on mortality outcomes: 35.
- metaepidemiological study, BMJ 2013; 347:f5577 doi: 10.1136/bmj.f5577 (Published 1 October 2013), 2013. Wang F, McDonald T, Reffitt B, Edington DW. BMI, physical activity, and health care utilization/costs among Medicare retirees. Obesity Research. Aug 2005; 13(8):1450-1457. 36.

TRUST
for
PUBLIC
LAND



tpl.org

THE TRUST FOR PUBLIC LAND CONSERVES LAND FOR PEOPLE TO ENJOY AS PARKS, GARDENS, AND OTHER NATURAL PLACES, ENSURING LIVABLE COMMUNITIES FOR GENERATIONS TO COME.

This brochure was supported by a grant from the Active Living Research program of the Robert Wood Johnson Foundation. Research and expertise provided by Deborah A. Cohen, MD, MPH.

COVER PHOTO: ISTOCKPHOTO.COM
Printed on 100% recycled paper. ©2013 The Trust for Public Land.



Request for Decision

Special Events Policy - Committee Direction

Presented To:	Community Services Committee
Presented:	Monday, Aug 11, 2014
Report Date	Monday, Jul 28, 2014
Type:	Managers' Reports

Recommendation

WHEREAS a Draft Special Events and Community Festival Support policy was presented at the July 7, 2014 Community Services Committee meeting, and;

WHEREAS Committee provided input towards a final policy;

THEREFORE BE IT RESOLVED THAT the City of Greater Sudbury Special Event Support Policy be presented to the Community Services Committee early in 2015, in consideration of the input of Committee gathered at the July 7, 2014 meeting as follows:

- i) Equitable distribution of resources and funds for City affiliated events and City supported events including tournaments by:
- a) Redistribution of existing funds and resources, or
- b) Enhancement of funds and resources
- ii) Analysis of current practice of clarifying for chargeback of City services/resources directly to event providers and also department to department within a framework of fixed and variable costs;

Signed By

Report Prepared By

Cindy Dent Manager of Recreation Digitally Signed Jul 28, 14

Division Review

Real Carre Director of Leisure Services Digitally Signed Jul 28, 14

Recommended by the Department

Catherine Matheson General Manager of Community Development Digitally Signed Jul 28, 14

Recommended by the C.A.O.

Doug Nadorozny Chief Administrative Officer Digitally Signed Jul 28, 14

- iii) Criteria for one-time allocations for new events/festivals, City affiliated or Supported events within a framework for evaluation and sustainability;
- iv) Clarity of access to City funds and resources for profits, non-profits, charitable and other groups;
- v) Mandatory orientation/meetings for organizers with City staff on process, procedures and accountability prior to permits or agreements being granted by the City for their event.



Request for Decision

Integrated Dispatch Emergency Medical Services and Police Services

Presented To:	Community Services Committee
Presented:	Monday, Aug 11, 2014
Report Date	Thursday, Jul 31, 2014
Type:	Managers' Reports

Recommendation

THAT the City of Greater Sudbury endorses the proposed consolidation of EMS dispatch with the City's dispatch for 9-1-1, Police and Fire to achieve a fully integrated Emergency Communications Services system for Greater Sudbury, and

THAT the Chief of Fire and Paramedic Services working with the Chief Administrative Officer and Chief of Police engage the Ontario Ministry of Health and Long Term Care (MOHLTC) in discussions to transfer operational governance for EMS dispatch to Greater Sudbury (contingent on 100% provincial funding), and

THAT the funding of \$100,000 be provided from the 2014 and 2015 Operating Budget to support the development of a Business Plan for an 'Integrated Emergency Communications Services Framework' for submission to the Ontario Government.

Signed By

Report Prepared By

Tim P. Beadman Chief of Fire and Paramedic Services Digitally Signed Jul 31, 14

Recommended by the Department

Tim P. Beadman Chief of Fire and Paramedic Services Digitally Signed Jul 31, 14

Recommended by the C.A.O.

Doug Nadorozny Chief Administrative Officer Digitally Signed Jul 31, 14

Finance Implications

If approved, the cost to develop the business plan of \$100,000 will be funded from the 2014 and 2015 operating budget.

Executive Summary

On April 17, 2012, City Council adopted the following recommendations: THAT the City of Greater Sudbury undertake a feasibility study to achieve a fully integrated Emergency Communications Services System for Greater Sudbury and that the Chief of Emergency Services working with Police Services and the Office of the Chief Administrative Officer develop a Business Case for the consideration of Council and submission to the Ontario Ministry of Health and Long Term Care (MOHLTC).

The City of Greater Sudbury retained IBI Group to investigate the feasibility to integrate Emergency Medical Services dispatch [a service managed by the Ontario Ministry of Health and Long Term Care] with the City's current dispatch system for 9-1-1, Police and Fire, to achieve a fully integrated Emergency Communications Services system for Greater Sudbury.

This feasibility study is now complete and supports a recommendation for a full integration of EMS dispatch with the City's dispatch for 9-1-1, Police and Fire as the preferred emergency communications services

system model for the City of Greater Sudbury.

Background

Emergency communications plays a significant role within the continuum of Police, Fire and EMS public safety services. As the 'first' of the first responders, emergency communications personnel serve as the critical link between callers and the emergency help they require.

Providing continuous coverage by way of telephone, radio and computer aided dispatch (CAD) systems, emergency communications personnel evaluate incoming 9-1-1 calls to determine the location and urgency of each incident and they dispatch emergency responder resources as required (Police, Fire and EMS). They also provide front-line responders with communications support, monitoring front-line responder activity, responding as requested with additional information, dispatching additional resource support and when required, executing a coordinated multi-agency response.

Greater Sudbury is currently served by two separately operated (stand-alone) emergency communications centres. One centre, operated by the Greater Sudbury Police Service, answers 9-1-1 calls, and dispatches for Police and Fire. The other, the Sudbury Central Ambulance Communication Centre (CACC) operated by the Ontario MOHLTC processes and deploys City ambulances.

In times of crisis it is not only the caller (i.e., the public) that relies on emergency communications for help. Emergency service responders (Police, Fire and EMS) also rely on emergency communications for expedient call taking and dispatch services that will enable their front-line resources to respond quickly, safely and effectively. In short, the timeliness, speed and quality of the work performed by emergency communications personnel directly impacts the efficiency and effectiveness of the emergency services that the public receives from Police, Fire and EMS responders.

In this respect, Greater Sudbury's proposal to implement a fully integrated emergency communications services system stems from a desire to streamline and improve the quality of the communications services and by extension, improve the efficiency and effectiveness of the emergency services that the public receives from the City's Police, Fire and EMS responders.

Findings

Greater Sudbury has successfully implemented a 'partially consolidated' emergency communications centre that is staffed with communicators who are cross-trained to deliver 9-1-1 call taking on an integrated basis with Police and Fire dispatch. The centre, which is managed by Greater Sudbury Police Service (GSPS) has been operating in this manner for over 15 years.

It would appear that one of the original objectives for consolidating the two dispatch services (Police and Fire) was to contain costs. Drawing from research of emergency dispatch best practices, IBI Group conclude that the cost to deliver Police and Fire dispatch services in Greater Sudbury is comparable to that of multiple other jurisdictions, and therefore in their opinion, this objective has been attained. In addition, the consolidation of Police and Fire dispatch has improved interoperability of communications and inter-agency coordination of Police and Fire field operations.

IBI conducted comprehensive research on various emergency dispatch models which demonstrate that a 'fully integrated' emergency communications services system designed to deliver 9-1-1 on an integrated basis with Police, Fire and EMS dispatch would be preferable to the City's existing partially consolidated dispatch model. The potential benefits to all three emergency services include:

- Streamlining the dispatch functions and improve service response times
- Cost avoidance (service level enhancements) associated with improved service response times
- Improved interoperability of communications
- Improved inter-agency coordination of deployment and field operations
- Enhanced information sharing and responder safety
- Cost savings derived from sharing the same secure communications facility, CAD and radio

communications systems and communications staff resources.

The research affirms that Greater Sudbury's proposal to integrate EMS dispatch with the City's current dispatch system for 9-1-1, Police and Fire is consistent with approaches that other North American jurisdictions have taken to improve emergency dispatch services efficiency and cost effectiveness. Calgary, Denver, Portland and Fairfax are examples of jurisdictions that have implemented 'fully integrated' emergency communications services systems.

Greater Sudbury's proposal to assume operational responsibility for EMS dispatch is also consistent with ambulance dispatch arrangements in Toronto, Ottawa, Niagara and Timmins, where in each instance the municipality manages the EMS dispatch function on behalf of the Ontario MOHLTC, and for such services the Ministry pays 100 percent of the costs.

Numerous Ontario municipalities, including Greater Sudbury, share a common concern over ambulance dispatch. Specifically, the issue is that of a third party ambulance communications centre (a non-municipal entity) having authority to deploy the municipality's EMS resources and the consequential affects of such decisions on the municipality's capabilities to sustain rapid EMS response time performance, and to operate the EMS services effectively, within approved operating budget. For Toronto, Ottawa, Niagara and Timmins, such concerns have been largely alleviated. Since Greater Sudbury's proposal to assume operational responsibility for EMS dispatch is consistent with ambulance dispatch arrangements in the above named municipalities, the proposed transfer of EMS dispatch responsibility should also alleviate such concerns as they apply to Greater Sudbury.

The principal findings arising from the 1B1 Group's investigation may be summarized as follows:

- As the 'first' of the first responders, emergency communications personnel serve as the critical link between callers and the emergency help they require. Full integration will improve communications and response capabilities of in-the-field emergency responders, by means such as those listed below:
- Functional streamlining
- Interoperability/information sharing
- Response speed
- Use of responder resources
- Responder safety
- Execution of a coordinated multi-agency response to large scale incidents.
- Full integration will increase municipal control over the City's ambulance resources and municipal accountability for EMS performance, productivity and budget.
- The proposal to assume operational governance of EMS dispatch aligns to leading-edge fully-integrated systems in other jurisdictions.
- The proposal is consistent with ambulance dispatch arrangements in municipalities that manage the EMS dispatch function on behalf of the Ontario MOHLTC, and for such services the Ministry pays 100 percent of the costs.
- The submission of a proposal at this time is considered timely and appropriate. The Ontario MOHLTC recently concluded a 5-year Niagara Ambulance Communication Service (NACS) pilot project evaluation which affirms that EMS in Niagara has benefitted from integration most notably in resource management, technology innovation, and integrated policies and procedures.
- Greater Sudbury, with a population of close to 160,000 and a geography that includes urban and suburban development areas, as well as rural and remote communities, is of size and geography that would serve well as a preferred model to pilot for a fully integrated emergency communications system.
- Further, Sudbury CACC directs the movement of ambulances and ambulance supports for a geographic area that includes the City of Greater Sudbury, and Manitoulin and Sudbury Districts, including Manitoulin Island and the French River area south of Sudbury. By way of its proposal to assume operational responsibility for EMS dispatch, Greater Sudbury is signifying a willingness to

continue to manage ambulance communications services and other volunteer fire fighting services throughout this entire geographic area, with the understanding that the Ministry will pay 100 percent of the costs.

- Value added considerations include Greater Sudbury's reputation as a municipality committed to innovation and cost-effective services as demonstrated by Greater Sudbury's experience with a partially-consolidated police-fire dispatch, and Greater Sudbury's commitment to collaboration and transparency with MOHLTC.
- Police, Fire and EMS workers have a strong history of collaboration and partnerships in the delivery of front-line services throughout the City of Greater Sudbury.
- The cost to deliver the full range of emergency communications services in Greater Sudbury is approximately \$6.5 million a year. This includes \$3.5 million that the City pays for 9-1-1 and police- fire dispatch, and \$3 million that MOHLTC pays for ambulance dispatch. On a per capita basis this cost is higher than the per capita costs for fully integrated systems in Calgary, Denver, Portland and Fairfax. By changing to a fully integrated dispatch, the potential for operating savings is estimated to be \$1 million or more a year.
- While reducing cost is a consideration in integration, the primary objective is to enhance effective management of a public safety response to an emergency.

The Chief of Fire and Paramedic Services, the Police Chief and the City's Chief Administrative Officer - support the consolidation of EMS dispatch with the City's dispatch for 9-1-1, Police and Fire to achieve a fully integrated Emergency Communications Services system for Greater Sudbury. The information and findings reported in the feasibility study will assist the City in its development of a Business Plan for an 'Integrated Emergency Communications Services Framework'. In order to do *so*, it is recommended that the services of a third party subject matter expert be retained, who has demonstrated qualifications and successful experiences in achieving a fully integrated Emergency Communication Services System for submission to the Ontario Government.