



Community and Emergency Services Committee Agenda

Tuesday, May 21, 2024

Tom Davies Square

Councillor Lapierre, Chair

4:30 p.m. Open Session Council Chamber / Electronic Participation

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1. **Call to Order**

2. **Roll Call**

3. **Declarations of Pecuniary Interest and the General Nature Thereof**

4. **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.

4.1 **Routine Management Reports**

4.1.1 **Healthy Community Initiative Fund Applications – May 21, 2024**

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This report provides a recommendation regarding Healthy Community Initiative (HCI) funding requests. By-law 2018-129 requires Council's approval for all eligible HCI Capital fund requests exceeding \$10,000 and Grant requests exceeding \$1,000.

5. **Presentations**

5.1 **Community Paramedicine Program Update – May 2024**

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This report and presentation provides information regarding the Community Paramedicine programs delivered by Greater Sudbury Paramedic Services.

6. **Managers' Reports**

6.1 **Early Learning and Child Care Directed Growth and Expansion Plan**

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This report provides a recommendation regarding the Canada-Wide Early Learning and Child Care (CWELCC) expansion plan and an overview of the priority areas for child care growth for the City of Greater Sudbury.

7. **Members' Motions**

7.1 **Request for Report - Multipurpose Space at Gerry McCrory Countryside Sports Complex**

As presented by Councillors McIntosh, Sizer and Signoretti:

WHEREAS 5,000 square feet of additional programming space, intended to house the Greater Sudbury Sports Hall of Fame, was included as part of the construction of a second ice pad at the Gerry McCrory Countryside Sports Complex in 2010;

AND WHEREAS the Greater Sudbury Sports Hall of Fame committee confirmed in November 2017 that they will not be developing the space;

AND WHEREAS the City has issued two separate requests for expressions of interest to develop and operate the space with the City receiving no submissions;

AND WHEREAS capital investments for the space are required for occupancy and to facilitate community programming, support tournament and event hosting and other potential uses;

THEREFORE BE IT RESOLVED that the City of Greater Sudbury directs staff to present a report to the Community and Emergency Services Committee prior to the 2025 budget review discussions, which will include a proposal to develop the space to facilitate community use, tournament and event hosting and other sporting functions and also includes estimated costs and identifies potential partners and funding sources.

7.2 Request for Council Approval for Funding of New Programs, Agreements or Extensions for Homelessness Services

As presented by Councillor Fortin:

WHEREAS Resolution Number CC2023-239 was passed unanimously by the City of Greater Sudbury on September 26 directing staff to draft a strategy that will provide a road map to end homelessness in the City of Greater Sudbury by 2030;

AND WHEREAS as part of its ongoing efforts to assist the unhoused and reduce homelessness the City of Greater Sudbury, the GSDC, and the downtown BIA have developed financial and operating partnerships with outside groups;

AND WHEREAS existing and future operating programs should be measured by their overall effectiveness towards achieving the goal to end homelessness by 2030;

THEREFORE BE IT RESOLVED that notwithstanding Schedule A of by-law 2017-5 Respecting the Delegation of Authority to Various Employees of the City, direction from Council, with the exception of any emergency or

unforeseen exceptional circumstances, is required for any new programs or partnership agreements regarding homelessness services and/or any extensions, changes or amendments to any existing agreements or programs, beyond their current terms or approved budget, including government grant funding and surpluses within existing programs

AND BE IT FURTHER RESOLVED that a report to Council will be prepared prior to any new program or any extensions, changes or amendments to any existing agreements or programs beyond their current terms or approved budget, including government grant funding and surpluses within existing programs for homelessness providing details on how the new or existing program will meet the goal of ending homelessness by 2030.

8. **Addendum**
9. **Civic Petitions**
10. **Question Period**
11. **Adjournment**

Healthy Community Initiative Fund Applications – May 21, 2024

Presented To:	Community and Emergency Services Committee
Meeting Date:	May 21, 2024
Type:	Routine Management Reports
Prepared by:	Steph Mathieu Leisure Services
Recommended by:	General Manager of Community Development

Report Summary

This report provides a recommendation regarding Healthy Community Initiative (HCI) funding requests. By-law 2018-129 requires Council’s approval for all eligible HCI Capital fund requests exceeding \$10,000 and Grant requests exceeding \$1,000.

Resolution

THAT the City of Greater Sudbury approves the Healthy Community Initiative Fund requests, as outlined in the report entitled “Healthy Community Initiative Fund Applications – May 21, 2024”, from the General Manager of Community Development, presented at the Community and Emergency Services Committee meeting on May 21, 2024;

AND THAT the City of Greater Sudbury directs staff to prepare a by-law to authorize the grants recommended in the report.

Relationship to the Strategic Plan, Health Impact Assessment and Climate Action Plans

This report refers to the goal: Create a Healthier Community as identified in the Strategic Plan, as it aligns with the Population Health Priorities of Building Resiliency, Investing in Families, Creating Play Opportunities, Promoting Mental Health Awareness, Achieving Compassionate City Designation, and Implementing an Age-Friendly Strategy. The information in this report has no relationship to the Community Energy & Emissions Plan.

Financial Implications

The Healthy Community Initiative (HCI) Fund is allocated within prescribed budgets. Approval of HCI capital projects includes approval of operating costs to be provided in the base budget in subsequent budget years to the operating department.

Background

By-law 2018-129 requires Council’s approval for all Grant requests that meet HCI funding criteria and exceed \$1,000, result in an applicant receiving a cumulative total grant of more than \$1,000 in any calendar year or result in an event or initiative receiving a grant of more than \$1,000 due to applications by multiple participants. Council approval is required for all Capital requests that meet HCI funding criteria and exceed

\$10,000. Eligible applications for Grant requests of \$1,000 or less and eligible Capital requests of \$10,000 or less that have an impact on the City's annual operating budget of less than \$5,000 may be approved by the General Manager (GM) of Community Development.

HCI Fund Applications and Financial Summary

Attachment 1 – Healthy Community Initiative Fund – Applications, lists HCI Fund requests by Ward as recommended by the GM of Community Development for approval by Council. All projects listed in Attachment 1 have been evaluated against By-law 2018-129 and its related criteria and have been verified to ensure sufficient funds are available within each Ward's funding allocation.

Attachment 2 – Healthy Community Initiative Fund – Application Outcomes, provides a list of HCI Fund applications that were approved or denied by the GM of Community Development since the last report presented at the Community and Emergency Services Committee meeting on April 22, 2024.

Attachment 3 – Healthy Community Initiative Fund Financials, includes the recommended approvals contained in this report as well as a summary of HCI Fund allocation balances up to April 11, 2024. The amounts may be adjusted due to reimbursement of under-spent funds from completed and reconciled projects/initiatives.

Next Steps

Upon Council approval, applicants will receive written notification confirming their approved funding and the intended use of funds, and grant recipients will also receive a Post-project Final Report form. This form is to be completed by the applicant and returned following completion of their initiative for reconciliation by Financial Services.

Grant recipients will receive funding via electronic fund transfer or by cheque (where applicable) for the approved amount, whereas a capital funded project will be managed by the City of Greater Sudbury, working closely with the applicant.

HCI funded capital projects will be prioritized based on Leisure Services' (or other assigned operating department's) annual workplans and initiated within 24 months of approval in accordance with the HCI policy.

Should an HCI fund request not be approved, the applicant will be notified of same.

Resources Cited

Healthy Community Initiative Fund, By-law 2018-219

<https://www.greatersudbury.ca/city-hall/grants-and-funding/hci-fund/application-process/hci-fund-policy/>

**Healthy Community Initiative (HCI) Fund
Applications for Council Approval – May 21, 2024**

Capital Funds

Ward	Recipient/ Project/ Location	Purpose for Funds	Estimated Operating Costs per year	Amount Requested	Amount Recommended for Approval by the GM
3	Levack Community Action Network / Levack Bike Park / Fourth Avenue Levack	Assist organization in soliciting community support and sponsorships toward a bike park in Levack, with the goal of site preparation and purchase and installation of equipment for a bike park	\$3,500	\$50,000	\$50,000

Grants

Ward	Recipient/Initiative	Purpose for Funds	Amount Requested	Amount Recommended for Approval by the GM
3	Onaping Falls Recreation Committee / A. Y. Jackson Lookout Programming	Assist with costs related to insurance, and activity and cleaning supplies	\$2,500	\$2,500
9	Wahnapiatae Improvement Group / Wahnapiatae Days	Assist with costs related to event rentals	\$3,000	\$3,000
9	Coniston Seniors Golden Age Club / Stand Up! Programming	Assist with facility rental and purchase of equipment	\$1,200	\$1,200

**Healthy Community Initiative (HCI) Fund
Applications Approved/Denied by the General Manager of Community
Development**

For the period of March 20, 2024 to April 11, 2024

Successful Applications

Capital

Ward	Group / Project	Estimated Operating Costs per year	Amount Requested	Amount Approved
8	Ward 8 Community Action Network / Twin Forks Greenhouse Waterline	\$1,050	\$2,000	\$2,000

Grants

Ward	Group / Project	Amount Requested	Amount Approved
3	Onaping Falls Food Bank / Falls Food Community BBQ	\$600	\$600
3	Onaping Falls Hamper Fund / Onaping Falls Christmas Hampers	\$1,000	\$1,000

Unsuccessful Applications

Ward	Group / Project	Amount Requested	Reason(s) for Denial
3	Onaping Falls Recreation Committee / RCMP Musical Festival & Family Festival	\$5,000	Participant fees may be prohibitive Event taking place in Ward 2; Ward 3 funds not appropriate Additional sources of City funding being sought for event
4	Café Heritage / Lions SuperSTARS Vocal Showcase	\$3,000	Participant fees may be prohibitive

**Healthy Community Initiative (HCI) Fund
Financials for the Period Ending April 11, 2024**

Schedule 1.1 - Capital (2024 Funds)

Ward	2024 Allocation	Uncommitted Funds from 2023 (carry forward)	Adjustments from Completed Projects	Approved by General Manager 2024	Approved by Council 2024	Proposed for Approval by Council	Uncommitted Fund Balance After Resolution	Pending Requests
1	\$ 29,217	\$ 41,266					\$ 70,483	
2	\$ 29,217	\$ 83,989					\$ 113,206	
3	\$ 29,217	\$ 39,554				\$ 50,000	\$ 18,771	
4	\$ 29,217	\$ 105,318					\$ 134,535	\$ 50,000
5	\$ 29,217	\$ 60,638					\$ 89,855	
6	\$ 29,217	\$ 146,010					\$ 175,227	
7	\$ 29,217	\$ 97,307					\$ 126,524	
8	\$ 29,217	\$ 2,788		\$ 2,000			\$ 30,005	
9	\$ 29,217	\$ 26,526					\$ 55,743	\$ 5,000
10	\$ 29,217	\$ 75,286					\$ 104,503	
11	\$ 29,217	\$ 60,403					\$ 89,620	
12	\$ 29,217	\$ 84,012					\$ 113,229	

Schedule 1.2 - Grants (2024 Funds)

Ward	2024 Allocation	Adjustments from Underspent Initiatives	Approved by General Manager 2024	Approved by Council 2024	Proposed for Approval by Council	Uncommitted Fund Balance After Resolution	Pending Funding Requests
1	\$ 12,500			\$ 500		\$ 12,000	
2	\$ 12,500		\$ 3,000	\$ 500		\$ 9,000	
3	\$ 12,500		\$ 1,600	\$ 6,000	\$ 2,500	\$ 2,400	
4	\$ 12,500		\$ 1,000	\$ 9,000		\$ 2,500	\$ 700
5	\$ 12,500			\$ 2,500		\$ 10,000	
6	\$ 12,500			\$ 5,000		\$ 7,500	
7	\$ 12,500		\$ 750	\$ 500		\$ 11,250	
8	\$ 12,500			\$ 2,500		\$ 10,000	
9	\$ 12,500			\$ 3,400	\$ 4,200	\$ 4,900	
10	\$ 12,500			\$ 500		\$ 12,000	\$ 3,000
11	\$ 12,500			\$ 2,500		\$ 10,000	
12	\$ 12,500			\$ 2,500		\$ 10,000	

* There were no contributions to the HCI Reserve Fund in 2024 as the maximum threshold of \$24,000 was achieved in 2021.

Community Paramedicine Program Update – May 2024

Presented To:	Community and Emergency Services Committee
Meeting Date:	May 21, 2024
Type:	Presentations
Prepared by:	Julie Ward, Allison Hicks Community Safety
Recommended by:	General Manager of Community Safety

Report Summary

This report and presentation provides information regarding the Community Paramedicine programs delivered by Greater Sudbury Paramedic Services.

Relationship to the Strategic Plan, Health Impact Assessment and Community Energy & Emissions Plan (CEEP)

The City of Greater Sudbury’s Community Paramedic programs, support Council’s strategic initiative to create a healthier community through integrated community programming to meet the needs of vulnerable populations and reduce emergency responses and hospital admissions.

This report refers to operational matters and has no direct connection to the Community Energy and Emissions Plan.

Financial Implications

There are no financial implications associated with this report.

Background

Community Paramedicine (CP) in Ontario originated in 2014 as a pilot program funded by the then Ministry of Health and Long-Term Care to relieve pressures on the health care system. Today we see paramedics apply enhanced skills outside their traditional 9-1-1 scope in the community under a health prevention and promotion model. Initially, the application of added skills and training for CP focused on reducing 9-1-1 calls and transport to emergency departments (ED) among non-urgent patients. Today CP is seen as a capacity enhancer and has evolved to address more than just the ambulance service concerns, but those of the entire community.

CP models have evolved in recent years to include wellness clinics, home visits, and services for monitoring patients with complex needs, especially frail seniors living in isolation and often disconnected from the health system. CP models are specifically implemented to support local needs and provincial priorities.

CP continues to play a pivotal role in Ontario’s health services delivery. Given the progress made to date in enhancing system capacity by addressing system pressures, the Ministry of Long-Term Care (MLTC) and Ministry of Health (MOH) have continued to invest in CP programs provincially. Despite the nimbleness of CP program development, the current legislation governing paramedic services has gaps, therefore guidance is

needed to support CP development and ensure the safety of patients.

Provincial priorities are to:

- Coordinate and support the implementation of effective Community Paramedicine models and initiatives and support the program's ongoing development.
- Support greater accountability, performance, and integration within the health care system.
- Work with MLTC and MOH to identify options for improving Community Paramedicine programming.
- Support the MOH and MLTC development of a provincial policy framework for CP that guides quality assurance and safety requirements, and access and standardization of clinical pathways and tools.

In 2023, Ontario Health teamed up with senior leaders from Ontario's fifty-seven paramedic services and the Ontario Association of Paramedic Chiefs (OAPC) to help move these priorities forward. The Ontario CP Provincial Advisory Committee (CPPAC) along with the Community Paramedicine Provincial Knowledge Exchange Committee (CPPKEC) were formed. CPPAC and CPPKEC are diverse multisectoral tables with representation from the MOH, MLTC, Ontario Health, OAPC, Association of Municipalities of Ontario (AMO), health system partners and paramedic services. The CPPKEC supports CPPAC as the principal advisor to OH on policy, practice, and directions for CP in Ontario. The City of Greater Sudbury's representation on these committees includes CP leadership as part of CPPAC and CPPKEC, as well as co-chairs and leads of three working groups. These working groups are tasked with the development of provincial policy frameworks and divided into Clinical and Operational Practice, Quality Programs and Performance Indicators, and Education and Professional Competencies. The primary document from the provincial working groups is set to be presented to the MLTC and MOH in June of this year for provincial endorsement, which will assist in standardizing components of CP service delivery throughout the Province, while maintaining flexibility for local priorities and needs.

CGS Paramedic Services Community Paramedicine Program Overview

CGS has developed many Community Paramedicine pilots over the past nine years and has become recognized as an integral partner in our local health care system. The overarching CP program has several differing program service models and are fully funded. In 2014 the CGS CP program began with three CPs, today it has grown to have seventeen full-time CPs. The program consists of:

- Long Term Care CP Program (24 hours / 7 day)
 - 4 CPs Advanced/Primary Care Paramedics (ACP/PCP during a 12-hour day shift)
 - 1 CP (during a 12-hour night shift)
- Care Transitions Program (12 hours / 7 day)
 - 1 ACP CP
- High Intensity Supports Program (12 hours / 7 day)
 - 1 ACP CP
- Health Promotion and neighbourhood model LTC in Sudbury Housing (12 hours / 7 day)
 - 3 PCP CP

CP-LTC (Community Paramedicine for Long Term Care)

Since 2021, all land ambulance services in the Province of Ontario have been operating CP-LTC programs. These fully funded CP programs are a \$426 million investment over six years made by the MLTC as an innovative solution to support seniors living in the community but on the Long-Term Care (LTC) Home waitlist. In 2020, Greater Sudbury Paramedic Services were granted the maximum funding of \$6.5 million dollars over three years, with an extension of \$2 million in annual funding until the end of the 2025-2026 fiscal year.

The MLTC recently released a program evaluation summarizing the first two years of CP-LTC in Ontario. Throughout this program's three-year duration, Greater Sudbury Community Paramedics have provided an enormous amount of patient-specific and aggregate data points to the MLTC, which has contributed to the outcomes reported in that evaluation. Below are key findings that paint a picture of the positive impacts CP-LTC is making for older adults and their families across Ontario, and right here in Sudbury:

- The cost of CP-LTC is quoted as \$8.40 per client / per day.
- In a patient's first six months of being enrolled in the CP-LTC program, there is an average reduction of 24% in ED visits, and a 19% reduction in hospital admission from ED visits. Provincially, 911 calls decreased by 22-32% for patients enrolled in CP-LTC. Locally, this past fiscal year, CP-LTC completed 5,597 home visits. Of those visits, 975 (or 18%) are unplanned same day urgent requests that would otherwise have been directed to 911 or the ED. In over 70% of those urgent requests, a visit by a CP that same day can provide assessment and/or treatment that allows the patient to stay home, avoiding 911 and ED/hospital use.
- Patients of CP-LTC who are on the LTCH (Long Term Care Homes) waitlist are less likely to be moved to the crisis category and are less likely to experience deterioration in their health condition. In patient and family survey responses collected by the MLTC, over 90% responded that CP-LTC helped maintain or improve the client's health and well-being, and helped the client feel safer in their living arrangement.

HISH (High Intensity Supports at Home)

In September of 2023, the High Intensity Supports at Home (HISH) Community Paramedicine pilot at CGS received permanent base funding from Ontario Health. The HISH program is a collaboration between Home and Community Care Support Services (HCCSS), Community Paramedicine, Behavioural Supports Ontario (BSO), the Alzheimer's Society, and several other community health agencies. Working collaboratively, this team strives to provide wrap around care on a short-term basis for frail older adults with complex medical, behavioural and/or social needs awaiting an urgent/crisis-level placement priority.

HISH aims to support the patient and family in their own home to prevent hospital admission and Alternate Level of Care (ALC) status while awaiting LTC Home. Many patients in this program have moderate to severe dementia, and the families are experiencing significant caregiver burnout.

The HISH CP program rosters only 20-30 patients at any time, by far the smallest CP program roster, but this allows the CPs to see the patients frequently, often multiple times a week, and to collaborate closely with partner agencies to relieve the burden of care from the patient and family. In the 2023/24 fiscal year, this program saw 93 unique patients, with 77 of those patients discharged in this period. Of those discharged patients, 46 were successfully transitioned to LTCH. For this population, the transition from home to LTCH is often a particularly challenging one with many potential barriers and opportunities for failure. The alternative is long term hospitalization. This past fiscal year, Health Sciences North (HSN) was able to meet and exceed a provincial target of 10% reduction in ALC beds by March 31, 2024. The HISH program and CP involvement played a pivotal role in keeping this number low, transitioning patients from home to LTC Home without adding to the ALC numbers.

Health Promotion and Vulnerable Persons Initiatives

Sudbury Housing Wellness Clinics

The goals of Wellness Clinics are to help keep low-income older adults healthy at home and reduce avoidable 911 calls.

CPs visit with older adults in common rooms of geared to income multi-unit housing, addressing their unmet health needs. The CPs use evidence-based assessments to evaluate older adults' health risks. This programs' objectives are to maintain and expand health promotion, education, injury prevention, and recognition, prevention and management of chronic diseases. CPs also assist with referrals for services and health system navigation. Currently CPs are conducting wellness clinics in nine different buildings throughout the City. The buildings chosen are either seniors housing or residences with a large population of seniors.

There have been four new buildings added in 2023; 211 Caswell Drive, 12 Elgin Street, 340 McLeod Street, and 3553 Montpellier in Chelmsford. 911 call data was collected for each of these four buildings measuring call volume six months prior to clinic implementation and six months post clinic implementation. These findings demonstrate an impressive 19% decrease in 911 calls overall post clinic implementation. Other clinic locations include 1052 Belfry Street, 160 Leslie Street, 1960 Paris Street, 27 Hanna and 36/38 Coulson in Capreol. In total, 1,259 individuals were seen at 158 wellness clinics that were held between April 1, 2023 to March 31, 2024.

Rapid Mobilization Table (RMT)

Community Mobilization Sudbury (CMS) is a community partnership representing over 30 organizations from diverse sectors. Community Paramedicine has been a member of CMS for almost ten years. The group comes together around a common need and desire to build multi-sectoral and collaborative mechanisms for responding to situations of acutely elevated risk.

The CMS threshold of acutely elevated risk refers to:

- A situation affecting an individual, family, group, or place where there is a high probability of imminent and significant harm to self or others (i.e., offending or being victimized, experiencing an acute physical or mental health crisis, loss of housing).
- Circumstances require the support of multiple service providers and have accumulated to the point where a crisis is imminent if appropriate support is not put in place.

Representatives from CMS partner agencies meet twice each week at the Rapid Mobilization Table (RMT). The RMT is a focused, disciplined discussion where participants collaboratively identify situations involving those who are at high risk of harm.

Once a situation is identified, all necessary agency partners participate in a coordinated, joint response, ensuring that those at risk are connected to appropriate support. Community Paramedicine is identified as one of the top six assisting agencies at RMT with a 69% involvement in all responses.

Shelters

Midway through 2023, CPs began visiting the City's shelters to provide wellness clinics. This had been a regular activity prior to the COVID-19 pandemic. One CP visits the Samaritan Center weekly, and another CP visits the Ontario Aboriginal HIV/AIDS Strategy (OAHAS) drop-in center located on Elm Street monthly. The same two CPs routinely complete most of the clinics held, building the rapport and trust that is essential with the City's vulnerable population. These two CPs have received advanced wound management education and training. The drug poisoning crisis has exacerbated wound care needs in the population of individuals with opioid use disorder (OUD), who have challenges using traditional community based wound care models.

CTCP (Care Transitions) Program

The Care Transitions Community Paramedicine Program (CTCP) CPs provide home visits and interventions under medical oversight to patients with complex chronic disease to assist them in transitioning from acute care to community and/or self-supported in-home care. The program's primary goal is to decrease ED visits and readmissions to hospital for patients with chronic disease namely congestive heart failure, chronic

obstructive pulmonary disease, and diabetes, who are at elevated risk of repeated admission to hospital. Program focus is education and self-management. The CTCP program offers a combination of same-day visits for episodic management and patient education/monitoring to reduce frequency and severity of exacerbations of their chronic illness. Patients can be discharged once self-management goals are achieved. This enables the program to enroll new individuals into the service who have had recent hospital admissions.

2023/24 Fiscal Year (April 1 - March 31) Stats

Program	Unique Individuals	Total Visits
Long Term Care program	1,795	10,916
Care Transitions program	289	1,430
High Intensity program	92	1,073
Health Promotion program	149	792
All Programs Total	2,326	14,211

Conclusion

Community Paramedicine is an evolving healthcare model. Through provincial and internal program analysis the CGS CP Program demonstrates that it is helping citizens remain safe and healthy and in their homes longer, while creating sustainability in our healthcare system that needs to keep up with the demands of an aging population.

Resources Cited

- Community Paramedicine for Long-Term Care Program Evaluation September 2023
- Ontario Ministry of Long-Term Care

Early Learning and Child Care Directed Growth and Expansion Plan

Presented To:	Community and Emergency Services Committee
Meeting Date:	May 21, 2024
Type:	Managers' Reports
Prepared by:	Miranda Mackie Children and Social Services
Recommended by:	General Manager of Community Development

Report Summary

This report provides a recommendation regarding the Canada-Wide Early Learning and Child Care (CWELCC) expansion plan and an overview of the priority areas for child care growth for the City of Greater Sudbury.

Resolution

THAT the City of Greater Sudbury approves Children Services to draw funds up to \$2,500,000 from the Children Services Obligatory Reserve Fund to offset any budgetary constraints for the Capital Projects identified in the growth and expansion plan, as outlined in the report entitled “Early Learning and Child Care Directed Growth and Expansion Plan” from the General Manager of Community Development presented at the Community Emergency Services Committee meeting on May 21, 2024.

Relationship to the Strategic Plan, Health Impact Assessment and Climate Action Plans

This report refers to operational matters related to the legislated implementation of the CWELCC plan and the directed growth and expansion requirements for the City of Greater Sudbury’s early learning and child care sector.

Financial Implications

The Children Services Obligatory Reserve Fund has a balance of \$6,300,000 million at December 31, 2023, and was funded from a one-time contribution from the Ministry of Education. The funds are to be used for early-learning and child care systems. If approved, a draw of up to \$2,500,000 will be made to cover the remaining costs as described in this report.

Background

Child care is critical infrastructure that supports the healthy development and wellbeing of children, contributes to poverty reduction, and supports economic growth by increasing workforce participation, particularly for women. Quality child care experiences also provide lifelong benefits particularly for

communities who may be experiencing high inequities, promoting access for more children of all abilities and socioeconomic backgrounds to participate in child care actively and meaningfully.

As part of the implementation of the Canada-wide Early Learning and Child Care (CWELCC) system, an additional 53,000 licensed child care spaces will be added in Ontario between late 2022 to 2026. The addition of these spaces will help each community progress towards the provincial target of 37% access to licensed child care spaces for children aged 0 to 5 by 2026. Achieving this target means there will be an equivalent of one affordable child care space available for every 2.7 children aged 0-5 years. The Ministry of Education (Ministry) has provided a notional space allocation target for Greater Sudbury and requires that each System Manager determine priority areas for new licensed child care spaces.

Notional Space Allocation for the City of Greater Sudbury

As shown in Table 1, the notional space allocation for Greater Sudbury is **257** spaces for children aged 0 to 5 years from 2023-2026, with spaces designated for community-based and school-based locations. Of the 257 spaces, approximately 235 spaces are needed for already committed licensed center-based and school-based site expansions. This leaves a limited number of community-based spaces for additional licensed center-based growth.

Children Services has requested an additional **122** spaces to support Greater Sudbury in meeting the provincial access target for children ages 0 to 5 years. It is unknown how many, if any, of the requested additional spaces will be approved by the Ministry. Without Ministry approval of the additional requested spaces, there will be very few opportunities to approve further CWELCC community-based spaces and access to licensed child care in Greater Sudbury will remain below the provincial access target.

Table 1: Number of Spaces Allocated & Requested for Greater Sudbury

Notional Type of Spaces	Allocation	Additional Requested Spaces (Approval Status Unknown)	Total Potential New Spaces
School-based Spaces	91	102	193
Community-based Spaces	166	20	186
Total Spaces	257	122	379

Community-based Growth

Community-based growth encompasses both home-based growth as well as center-based growth at existing sites and new sites located in priority areas across Greater Sudbury. Children Services collected data from center-based and home-based child care programs regarding their expansion and growth plans to support the development of growth projections. The actual number of spaces to be distributed across home-based and center-based sites was determined based on proposed expansion plans by operators; Ministry approval of additional requested spaces; and alignment with priorities that are identified in the Ministry's Access and Inclusion Framework.

Priority Areas

As outlined in the Ministry's Access and Inclusion Framework, new CWELCC community-based spaces must be in areas that support families who need affordable child care the most, including low-income families, children with disabilities, Indigenous children, Black and other racialized children, and new immigrant children. Increasing flexible child care options for those who work non-traditional hours is also a priority. Licensed home child care is a critical part of the local child care system, offering parents flexible models of care and often serving the most vulnerable families.

To ensure that vulnerable and diverse families access new and existing spaces and to increase inclusion within the early years and child care system, Children Services aims to develop an in-depth Equity and Inclusion Plan for Greater Sudbury by the end of 2024. This plan will build on the Service System Plan and will be based on engagement with families and other key stakeholders. The plan will include concrete actions that address current system barriers and inequities across our Early Learning and Child Care system.

Children Services has identified priority areas across Greater Sudbury for new CWELCC community-based spaces. As low-income families face significant barriers to accessing affordable child care outside of their neighbourhood, it is vitally important to ensure new CWELCC spaces are implemented in areas where they are accessible to children and families with low-income. These areas were identified reviewing the following data:

- Early Development Instrument (EDI), Cycle 5 2017-2018/Cycle 6 2022-2023 (future data)
- Statistics Canada, Census 2016 & Census 2021
- Special Needs Resourcing (SNR) Referrals
- City of Greater Sudbury Child Care Mapping (Child Care, Schools, EarlyON Child and Family Centers)
- City of Greater Sudbury Child Care Waitlist, Placement and Subsidy and EarlyON Report

The identification of priority areas was also guided by the data reviewed in **Table 2** below which includes descriptive statistics used in the review:

Table 2: Priority Areas

Neighbourhood	Children Aged 0-5 (2021)	Operating Spaces as a % of Child Population	Children on Waiting Lists 0-5 (2024)	Children Living in Low Income 0-5 (2024)	Operating Spaces as a % of Children Waiting
Downtown, West End, Flour Mill, Downtown	1755	41%	1549	460	47%
South End	1220	40%	1306	115	37%
Valley, Capreol	1565	37%	748	90	78%
Azilda, Chelmsford, Onaping	1300	29%	559	110	68%
New Sudbury	1205	49%	541	180	109%
Garson, Coniston	740	40%	687	55	43%
Minnow Lake	700	20%	702	120	20%
Lively, Copper Cliff, Whitefish	780	34%	412	20	65%

School-based Growth

The school-based spaces allocated for Greater Sudbury will be managed through a separate planning process known as the Schools First Capital program. Children Services will work with school boards for child care spaces in schools located within pre-identified priority areas.

Expansion Requirements and Capital Funding

The reduced cost of child care is anticipated to result in a significant increase in demand up to the full implementation of CWELCC in 2026. To ensure families in Greater Sudbury have access to affordable licensed child care through the CWELCC funding when they require it, Children Services is working with

child care operators to expand in school and community-based settings, as well as in licensed home child care. It is important to note that although CWELCC is targeted towards expansion for children 0-5 years of age, Greater Sudbury has a significant waitlist for School Age Children (SAC) requiring care in their school setting. This places significant importance on expansion for all families in Greater Sudbury with children 0-12 years of age.

As part of the expansion plan, the following projects were identified:

Table 3: Approved Expansion Projects (2024)

Projects	# of New CWELCC Spaces	# of New SAC Spaces
New Sudbury	62	30
South End	36	0
South End	0	42
Downtown Area (relocation)	0	42
Total Spaces	98	114

In working with Architect and Engineering firms, recommended project budgets totaling \$5,816,000 have been provided. To fund these projects, Children Services has advanced \$2,500,000 and allocated an additional \$816,000 from 2023 and 2024 operating budgets. The outstanding unfunded balance of \$2,500,000 falls outside the 2024 operating budget and is requested to be funded by the Children Services Obligatory Reserve Fund.

The Children Services Obligatory Reserve Fund is to be used within Children Services to offset changes in annual funding from the Ministry of Education resulting from the 2013 funding formula change. The Children Services Obligatory Reserve Fund is intended to support the development of sustainable childcare through investments in the City of Greater Sudbury as described by the Ministry of Education.

Alternatives Reviewed

Children Services continues to maximize opportunities to support the creation of new high quality, affordable, child care spaces by collaborating with school boards and existing community-based partners for expansion within existing sites, including low-cost renovation opportunities that support with space creation; and maximizing start-up grants available for operators to assist with equipment costs.

Children Services is also continuing its advocacy to the province for sustainable multi-year operating and capital funding to achieve the vision laid out in the Growth Strategy, increasing access to affordable child care programs, improving workforce compensation and to support affordability for families.

In addition, any incremental operational funding to support child care expansion in school and community-based spaces under the Province’s Access and Inclusion Framework will be allocated as more targets are approved, with no further required financial contribution from the City.

Should the proposed approval to access \$2,500,000 from the Children Services Obligatory Reserve Fund for the capital projects in 2024 not be approved, the expansion of spaces will not proceed resulting in a reduction of expanded CWELCC spaces and SAC grouping child care spaces in our community.

Next Steps

Upon approval, Children Services will allocate the funds outlined in this report based on tendering outcomes to complete expansion projects.

Resources Cited

[Access and Inclusion Framework](#)

CWELCC Space Allocation

Capital Start-up Grants: Parameters, Eligible and Ineligible Expenses, and Reporting Requirements