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Conseil d'administration des services sociaux de Sault Ste. Marie
Zhawenimi-Anokiitaagewin

REGULAR MEETING AGENDA

Thursday, August 27, 2026 at 4:30 p.m.
548 Albert St. E., Sault Ste. Marie

1. **CALL TO ORDER**

2. **LAND ACKNOWLEDGEMENT**

I acknowledge, with respect, that we are in Robinson-Huron Treaty territory, that the land on which we are gathered is the traditional territory of the Anishinaabe and known as Bawating. Bawating is the home of Garden River First Nation, Batchewana First Nation, and the Historic Sault Ste. Marie Metis Council

3. **APPROVAL OF AGENDA**

Resolution #26-104
Moved By: S. Spina
Seconded By: M. Mageran

3.1 **"BE IT RESOLVED THAT** the **Agenda for August 27, 2026,** District of Sault Ste. Marie Social Services Administration Board meeting be approved as presented."

4. **DECLARATIONS OF PECUNIARY INTEREST**

5. **APPROVAL OF PREVIOUS MINUTES**

Resolution #26-105
Moved By: A. Caputo
Seconded By: L. Vezeau-Allen

5.1 **"BE IT RESOLVED THAT** the **Minutes** from the District of Sault Ste. Marie Social Services Administration Board Meeting dated **July 16, 2026** be adopted as recorded."

6. **MANAGER'S REPORTS**

COMMUNITY HEALTH & PARAMEDIC SERVICES

Resolution #26-106
Moved By: S. Digasparro
Seconded By: S. Spina

6.1 "**BE IT RESOLVED THAT** the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) accept the Q2 2026 Homelessness Statistics Report as information."

Resolution #26-107
Moved By: M. Mageran
Seconded By: L. Vezeau-Allen

6.2 "**BE IT RESOLVED THAT** the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) accept the Q2 2026 Paramedic Services Report as information."

Resolution #26-108
Moved By: A. Caputo
Seconded By: S. Spina

6.3 "**BE IT RESOLVED THAT** the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) approve entering into a License to Occupy Agreement with the Goulais Fire and Rescue Volunteers, for the continued use of space at 240 Old Highway 17, Goulais River, to support Paramedic Services operations in Sault North."

OPERATIONS

Resolution #26-109
Moved By: M. Mageran
Seconded By: L. Vezeau-Allen

6.4 "**BE IT RESOLVED THAT** the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) accept this Ontario Child Care and Early Years funding update report as information."

Resolution #26-110
Moved By: S. Digasparro
Seconded By: A. Caputo

6.5 "**BE IT RESOLVED THAT** the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) accept the Chief Operating Officer Quarter 2 Activity Report as information."

CORPORATE SERVICES

Resolution #26-111
Moved By: S. Digasparro
Seconded By: M. Mageran

6.6 "**BE IT RESOLVED THAT** the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) approve and implement the Investment Policy."

Resolution #26-112
Moved By: A. Caputo
Seconded By: S. Digasparro

6.7 "**BE IT RESOLVED THAT** the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) provide Sault Ste. Marie Housing Corporation (SSMHC) with $300,000 from Levy Stabilization Reserves for the 2026 SSMHC Budget."

ADMINISTRATION/CAPTIAL

Resolution #26-113
Moved By: S. Spina
Seconded By: M. Mageran

6.8 "**BE IT RESOLVED THAT** the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) receive this report for information regarding the capital repair projects that will be completed through the approved 2026/2027 Canada-Ontario Community Housing Initiative (COCHI) and Ontario Priorities Housing Initiative (OPHI) funding allocations."

7. **NEW BUSINESS**

8. **ADJOURNMENT**

Resolution #26-114
Moved By: S. Digasparro
Seconded By: R. Zagordo

8.1 “**BE IT RESOLVED THAT** the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) now adjourn.”

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Conseil d'administration des services sociaux de Sault Ste. Marie
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REGULAR MEETING AGENDA

Thursday, July 16, 2026 at 4:30 p.m.
548 Albert St. E., Sault Ste. Marie

Present:

Stephanie Pagnucco	Mike Nadeau	Pam Patteri
Lisa Vezeau-Allen	Louie Bruni	Joanne Pearson
Shauna Digasparro	Katie Kirkham	Antonio Borrelli
Melanie Mageran	Kim Mitchell	Crystal Wells
Marchy Bruni	Riley Barsanti	

Regrets: Sonny Spina, Angela Caputo, Ron Zagordo

1. **CALL TO ORDER 4:29 pm**

2. **LAND ACKNOWLEDGEMENT**

I acknowledge, with respect, that we are in Robinson-Huron Treaty territory, that the land on which we are gathered is the traditional territory of the Anishinaabe and known as Bawating. Bawating is the home of Garden River First Nation, Batchewana First Nation, and the Historic Sault Ste. Marie Metis Council

3. **APPROVAL OF AGENDA**

Resolution #26-095
Moved By: S. Digsaparro
Seconded By: M. Mageran
CARRIED

3.1 **"BE IT RESOLVED THAT** the **Agenda for July 16, 2026,** District of Sault Ste. Marie Social Services Administration Board meeting be approved as presented."

4. **DECLARATIONS OF PECUNIARY INTEREST**

5. **APPROVAL OF PREVIOUS MINUTES**

Resolution #26-096
Moved By: M. Bruni
Seconded By: L. Vezeau-Allen
CARRIED

5.1 **"BE IT RESOLVED THAT** the **Minutes** from the District of Sault Ste. Marie Social Services Administration Board Meeting dated **June 18, 2026** be adopted as recorded."

6. **MANAGER'S REPORTS**

COMMUNITY HEALTH & PARAMEDIC SERVICES

Resolution #26-097
Moved By: M. Bruni
Seconded By: M. Mageran
CARRIED

6.1 "**BE IT RESOLVED THAT** the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) approve the disposal of the following surplus assets as recommended:

1. Donation of one 2016 Chevrolet 3500 ambulance (Unit 5417), including the installed Stryker Power-LOAD system, and three Ferno Model 35A ambulance stretchers to the Sault College Paramedic Program.

2. Disposal of one standalone Stryker Power-LOAD device and up to ten Garmin dashboard-mounted GPS devices through public auction using GovDeals."

CORPORATE SERVICES

Resolution #26-098
Moved By: M. Mageran
Seconded By: L. Vezeau-Allen
CARRIED

6.2 "**BE IT RESOLVED THAT** the Board authorizes the CEO to temporarily designate an individual to exercise the CEO's payment approval authority during periods when the CEO is away or otherwise unavailable. The designate may approve payments within the CEO's approved authority limit. Any payment exceeding the CEO's approval limit must be submitted to the Board for approval. The designation is temporary, applies

only for the CEO's absence and any actioning of this resolution must be immediately communicated to the CEO."

ADMINISTRATION

Resolution #26-099
Moved By: L. Vezeau-Allen
Seconded By: M. Bruni
CARRIED

6.3 "**BE IT RESOLVED THAT** the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) approve Stephanie Pagnucco, Board Chair to attend AMO in Ottawa ON from Aug 16-20, 2026. At a cost of approximately $3300 including registration, hotels, flights, and incidentals"

CAPITAL & INFASTRUCTURE

Resolution #26-100
Moved By: S. Digaparro
Seconded By: M. Mageran
CARRIED

6.4 "**BE IT RESOLVED THAT** the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) approve a funding allocation of up to $265,000.00 from the 2026/27 DSSMSSAB Canada-Ontario Community Housing Initiative (COCHI), to support completion of the Italian Housing Corp of SSM Masonry Repairs."

Resolution #26-101
Moved By: M. Mageran
Seconded By: L. Vezeau-Allen
CARRIED

6.5 "**BE IT RESOLVED THAT** the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) move to closed session to discuss legal matters."

Resolution #26-102
Moved By: S. Digasparro

Seconded By: L. Vezeau-Allen

6.6 “**BE IT RESOLVED THAT** the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) now return to open.”

7. **NEW BUSINESS**

8. **ADJOURNMENT**

Resolution #26-103
Moved By: S. Digasparro
Seconded By: M. Mageran

8.1 “**BE IT RESOLVED THAT** the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) now adjourn.”

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Conseil d'administration des services sociaux de Sault Ste. Marie
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DSSMSSAB BOARD REPORT

AUTHOR: Katie Kirkham

DATE: August 27, 2026

RE: Homelessness, Q2 2026 Statistics

RECOMMENDATION

BE IT RESOLVED THAT the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) accept the Q2 2026 Homelessness Statistics Report as information.

BACKGROUND INFORMATION

This report provides a high-level overview of homelessness activity, system pressures, and key indicators for the second quarter of 2026. These measures reflect core aspects of the local homelessness response system, including the number of individuals experiencing homelessness, housing outcomes, emergency shelter utilization, encampments, homelessness prevention supports, and demand for affordable housing.

The report is intended to provide a system-level view of current homelessness trends and the movement of individuals into and out of homelessness. Together, these indicators provide context for understanding changes in demand, system capacity, housing availability, and the effectiveness of local prevention, shelter, and housing interventions.

Local planning and system development continue to be guided by Sault Ste. Marie's Homelessness Strategy and Action Plan developed with OrgCode. The strategy provides a framework for strengthening the local response to homelessness, with an emphasis on prevention, coordinated access, housing-focused interventions, appropriate supports, and improving long-term housing stability.

Homelessness is also closely connected to health and broader social determinants of health. As local planning continues, opportunities to better integrate housing, homelessness, healthcare, mental health and substance use services, and other community supports are being considered as part of a more coordinated response to the needs of individuals experiencing or at risk of homelessness.

SUMMARY/OVERVIEW

Homelessness and By-Name List

At the end of Q2, 237 people were known to be experiencing homelessness in our community, with 98 experiencing chronic homelessness. During the quarter, another 48 people were newly identified as homeless. While these numbers change as people enter and leave the system, they provide an important picture of the level of homelessness in the community and, more importantly, how people are moving through the system.

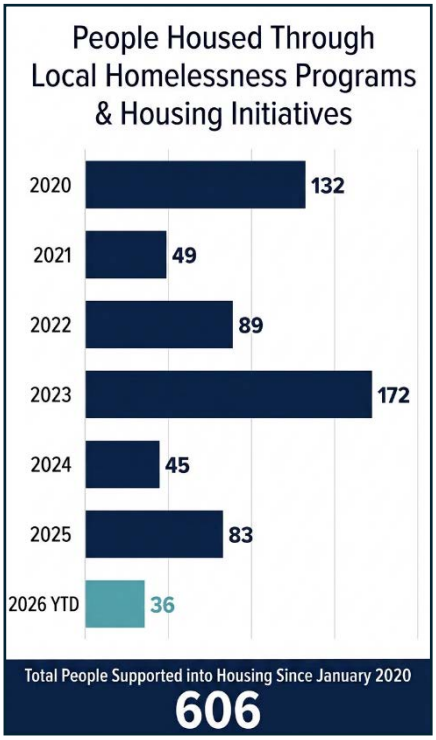
The data also shows that 103 of the 237 people on the By-Name List, or 43%, identified as Indigenous, including 51 of the 98 people experiencing chronic homelessness. This significant representation is important to understand as we plan our local response and reinforces the importance of working closely with Indigenous partners to ensure that housing, services, and supports are responsive to the needs of Indigenous people experiencing homelessness.

The By-Name List helps us look beyond the overall number of people experiencing homelessness. We are increasingly focused on understanding who is becoming homeless, how long they remain homeless, how successfully we are moving people into housing, and whether they are able to remain housed. These are the measures that will help us understand whether the changes being made through the Homelessness Strategy are having the intended impact.

Housing Outcomes

During Q2, 18 people successfully moved from homelessness into stable housing. This is an important outcome and demonstrates that pathways into housing continue to work, even with significant pressures across the homelessness system. At the same time, 11 transitions from housing back into homelessness were recorded during the quarter, reinforcing that helping someone find housing is only part of the challenge; helping them remain successfully housed is equally important.

Since January 2020, 606 people have been housed through local homelessness programs and housing initiatives. Housing outcomes have varied considerably over that time, with some of the strongest results occurring as additional housing options became available. This experience reinforces the importance of continuing to increase the range of housing available in the community. A significant challenge continues to be the 98 people currently experiencing chronic homelessness. For some of these individuals, the housing and supports currently available do not match the complexity of their needs. Significant mental health, substance use, physical health, and other challenges can make it difficult to successfully transition into and maintain traditional housing. There continues to be a need for more specialized, long-term supportive housing, including options capable of providing 24/7 support for individuals with the highest level of need.



During this quarter, 12 individuals aged into chronic homelessness. This has been occurring relatively consistently from month to month, meaning that even as people are successfully housed, others are becoming chronically homeless. This ongoing

inflow makes it difficult to meaningfully reduce the overall number of people experiencing chronic homelessness.

At the same time, existing intensive supports are at capacity. The Urgent Homelessness Program is currently supporting 26 individuals, with another 36 waiting for a case manager, while Intensive Housing-Based Case Managers are carrying full caseloads. This limits the system's ability to provide additional intensive support to individuals who may require ongoing assistance to successfully transition into and maintain housing.

These results are helping to inform the next phase of our homelessness response. Consistent with the direction of the Homelessness Strategy, the focus needs to be not only on increasing housing supply, but also on ensuring that we have the right housing and the right level of support for people with different needs. For those experiencing the greatest complexity, stronger integration of housing, mental health, substance use, healthcare, and intensive case management will be important to achieving lasting housing stability.

Emergency Shelter Utilization

Emergency shelter capacity continued to be heavily used during Q2. Lotus House, with 30 beds, operated at approximately 80% occupancy, while CMHA's 22-bed shelter operated at 100.7% occupancy. There were also 48 shelter turn-aways recorded during the quarter, with 47 related to there being no bed available.

The difference in occupancy between the two shelters is important. It demonstrates that having an available bed somewhere within the shelter system does not necessarily mean that it is an appropriate or accessible option for every person seeking shelter. Different mandates, individual needs, and eligibility requirements can all affect where people can be accommodated.

Shelters remain an important part of our response to homelessness, but they are intended to provide emergency accommodation rather than a long-term housing solution. Our continued

focus is on improving movement from shelter into appropriate housing while ensuring people have access to the health, social, and other supports they need to successfully make that transition.

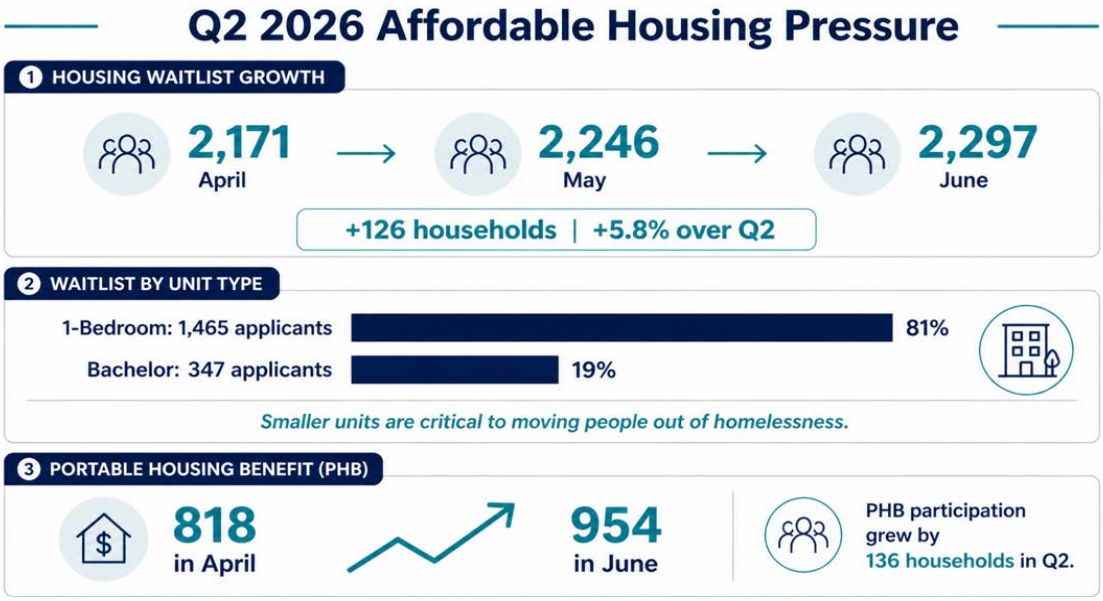
Encampments

Fourteen encampments were reported during Q2. Encampments are one of the more visible signs of homelessness in the community, but the circumstances of the people living in them can be complex. Individuals may be dealing with a combination of housing, physical and mental health, substance use, income, and other challenges that cannot always be addressed through housing alone.

The response to encampments is a coordinated effort involving DSSMSSAB and several community partners, including organizations providing outreach, housing, mental health, substance use, healthcare, and other supports. The focus is on building relationships with individuals living in encampments and connecting them with appropriate shelter, housing, healthcare, and community services based on their individual needs. As we continue to implement the Homelessness Strategy, strengthening the coordination between homelessness services, healthcare, and community organizations will remain an important part of supporting individuals with more complex needs.

Q2 provides a useful baseline for reported encampment activity. Continued reporting will allow us to better understand how encampment activity changes over time and whether the coordinated approaches being implemented across the community are having an impact.

Chronological Housing Waitlist



The pressure on affordable housing continued to grow during Q2. The number of unique households on the chronological housing waitlist increased from 2,171 in April to 2,246 in May and 2,297 in June. That represents 126 additional households, or a 5.8% increase, over the quarter.

The greatest pressure continues to be for smaller units. By June, 1,465 applicants were waiting for one-bedroom units and another 347 were waiting for bachelor units. This is particularly relevant to our homelessness work, as the availability of appropriate smaller units directly affects our ability to move individuals from shelters, transitional housing, and homelessness into permanent housing.

Portable Housing Benefit (PHB) participation also increased during the quarter, from 818 in April to 954 in June. While PHB provides another way to help households access housing outside of the traditional social housing system, the continued growth of the waitlist demonstrates the underlying pressure created by the limited supply of affordable housing.

Stability Bank and Homelessness Prevention

During Q2, 135 individuals accessed the Stability Bank, receiving a total of $134,560.68 in assistance. This funding helps individuals and households address financial barriers that could otherwise result in housing instability or the loss of housing.

While much of our homelessness work necessarily focuses on people who are without housing, prevention is equally important. Every household that can be successfully stabilized before becoming homeless avoids the significant personal impact of losing housing and reduces additional pressure on shelters and other community services.

This becomes particularly important when considered alongside the 48 people newly identified as homeless during Q2. As we implement the Homelessness Strategy, we need to continue looking at how the Stability Bank and other prevention measures can help us intervene earlier and, where possible, prevent people from becoming homeless in the first place.

STRATEGIC PLAN IMPACT

The work outlined in this report supports the DSSMSSAB's strategic priorities related to housing stability, homelessness prevention, community well-being, and stronger integration of services. Q2 results also reinforce the direction established through the Sault Ste. Marie Homelessness Strategy and Action Plan (2026–2035), which is being used to guide ongoing planning and improvements to the local homelessness response system.

A continued focus on prevention, increasing access to appropriate housing, strengthening housing retention, and improving coordination between housing, homelessness, healthcare, and community partners will be important to achieving better outcomes. In particular, the number of individuals experiencing chronic homelessness and the current demand for intensive supports reinforce the need to develop housing and service models that better match the complexity of needs within the community.

FINANCIAL IMPLICATIONS

There are no direct financial implications related to this report.

CONCLUSION

Q2 results demonstrate both progress and continued pressure within the local homelessness system. People continue to successfully move into housing; however, chronic homelessness, limited supportive housing options, and growing demand for affordable housing remain significant challenges. Continued implementation of the Sault Ste. Marie Homelessness Strategy and Action Plan (2026–2035) will guide efforts to strengthen prevention, housing stability, and coordinated community supports.

Respectfully Submitted,

Katie Kirkham
Chief, Paramedic Services

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DSSMSSAB BOARD REPORT

AUTHOR: Katie Kirkham

DATE: August 27, 2026

RE: Paramedic Services, Q2 2026 Statistics

RECOMMENDATION

BE IT RESOLVED THAT the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) accept the Q2 Paramedic Services 2026 Statistics Report as information.

BACKGROUND INFORMATION

This report provides a high-level overview of Paramedic Services activity, performance, and key indicators for the second quarter of 2026. These measures reflect core aspects of service delivery, including emergency response demand, response time performance, ambulance availability, hospital offload efficiency, and community paramedicine activity across the district. The report is intended to provide a system-level view of overall service performance and emerging operational pressures.

Some of the data presented reflects provincially required performance measures, while other indicators have been selected to support operational oversight, strategic planning, and broader health system integration efforts. Together, these measures provide context for understanding changes in service demand, system capacity, and overall performance and will support the identification of trends over time.

SUMMARY/OVERVIEW

On April 15, 2026, ambulance dispatch transitioned from the Dispatch Priority Card Index (DPCI) system to the Medical Priority Dispatch System (MPDS). As a result, Q2 represents a transition period, with calls prioritized under DPCI for the first two weeks of the quarter and under MPDS for the remainder.

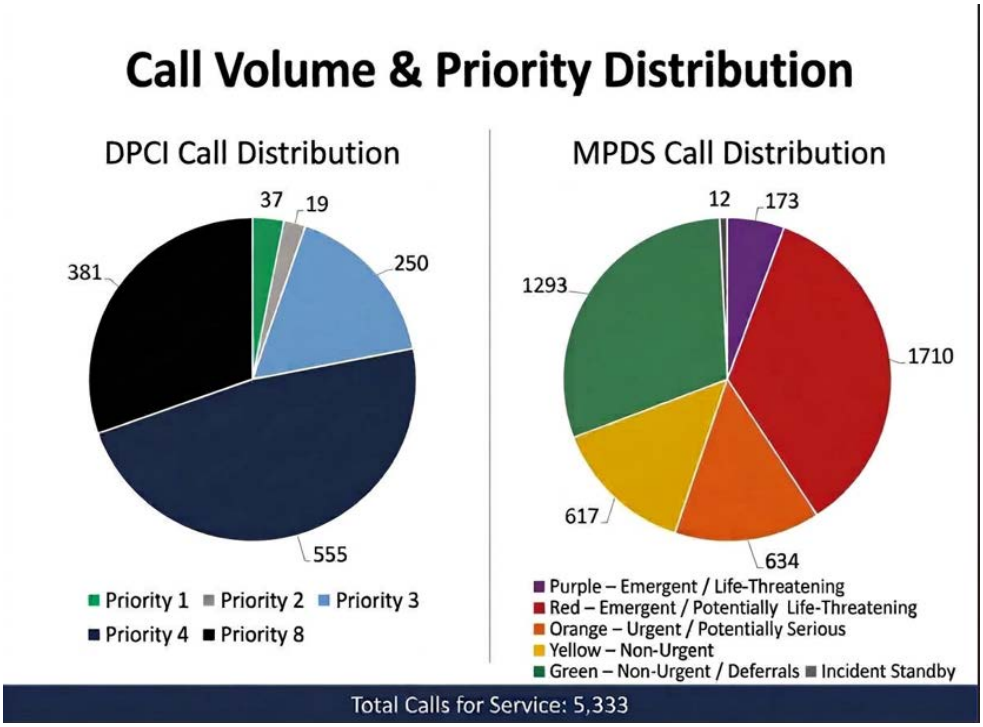
MPDS uses a different methodology to assess and prioritize calls, making Q2 priority distribution not directly comparable to previous quarters under DPCI. Changes in priority distribution may therefore reflect the transition in dispatch methodology rather than changes in call acuity. Future quarters will provide a consistent MPDS baseline for comparison.

Q2 2026 Call Volume & Priority Distribution

April 1 - June 30, 2026

Total Calls for Service - 5,333 (Q1 total = 5,712, 2025 Annual = 23,389)

Call Priority	2026 Q2 Volume	2026 Q1 Volume	2025 Annual Volume
DPCI Dispatch System (until April 15, 2026)			
Priority 1 (Non-Urgent)	37	220	1,063
Priority 2 (Less Urgent)	19	156	499
Priority 3 (Urgent)	250	1,458	6,166
Priority 4 (Emergent)	555	3,461	14,270
Priority 8 (Standby)	381	33	1,391
MPDS Dispatch System (implemented April 15, 2026)			
Purple (Emergent/Life Threatening)	173		
Red (Emergent/ Potentially Life Threatening)	1,710		
Orange (Urgent/ Potentially Serious)	634		
Yellow (Non-Urgent)	617		
Green (Non-Urgent/ Deferrals)	1,293		
Incident Standby	12		



During Q2 2026, Paramedic Services responded to 5,333 calls for service across the district, a 6.6% decrease from 5,712 calls in Q1. On April 15, 2026, ambulance dispatch transitioned from the Dispatch Priority Card Index (DPCI) to the Medical Priority Dispatch System (MPDS), meaning Q2 includes calls categorized under both systems.

Under MPDS, the largest proportion of calls were categorized as Red (Emergent/Potentially Life Threatening) and Green (Non-Urgent/Deferrals), with 1,710 and 1,293 calls respectively. MPDS uses a different methodology to assess and prioritize calls, and priority distribution is therefore not directly comparable with previous quarters reported under DPCI. Future quarters will provide a more consistent MPDS baseline for assessing changes in call volume and priority distribution over time.

In addition to emergency medical response, the service continues to experience demand related to chronic disease exacerbations, mental health and substance use disorders, and broader healthcare system navigation needs.

Q2 2026 Response Time Performance

April 1 - June 30, 2026

CTAS Level	Target	2026 Q2 Result	2026 Q1 Result	2025 Annual Result
CTAS - SCA (sudden cardiac arrest)	6 minutes, 60% of the time	53.57% - below target	47.06%	56.90%
CTAS 1 - resuscitation	8 minutes, 75% of the time	82.22% - exceeding target	73.80%	79.01%
CTAS 2 - emergent	10 minutes, 80% of the time	81.35% - meeting target	81.36%	84.48%
CTAS 3 - urgent	15 minutes, 80% of the time	93.8% - exceeding target	95.32%	93.93%
CTAS 4 - less urgent	20 minutes, 80% of the time	96.82% - exceeding target	97.94%	97.11%
CTAS 5 - non-urgent	30 minutes, 80% of the time	98.89% - exceeding target	99.23%	98.54%

Under Ontario's *Ambulance Act* and associated Response Time Standards, Paramedic Services is required to establish and report response time performance targets for CTAS 1 through CTAS 5, with the specific performance goals established locally. Sudden Cardiac Arrest (SCA) response within six minutes is also a provincially required reporting measure but is not subject to the same requirement to establish a performance target.

During Q2 2026, the service met or exceeded all locally established targets for CTAS 1 through CTAS 5, with CTAS 1 improving from 73.80% in Q1 to 82.22% in Q2. SCA performance also improved, increasing from 47.06% to 53.57%.

Response performance within the highest-acuity categories continues to be influenced by geographic coverage requirements, concurrent emergency activity, and ambulance availability. Overall, Q2 results demonstrate strong response performance across all CTAS categories, with improvement also observed in SCA response.

Q2 2026 Offload Metrics

April 1 - June 30, 2026

Metric	2026 Q2 Result	2026 Q1 Result	2025 (annual result)
Number of Patients to SAH	3,098 patients	3,279 patients	11,437 patients
Total Ambulance Offload Time (AOT)	528.4 hours	632 hours	4,205 hours
Average AOT	10.4 minutes	11.6 minutes	22.1 minutes
90th Percentile AOT	16.0 minutes	18 minutes	39.7 minutes
Maximum AOT	53.0 minutes	73 minutes	335 minutes
Number of Delayed Patients (>30 minutes)	15 patients	28 patients	1,932 patients
Percentage Delayed (>30 minutes)	0.49%	0.85%	17%
Total Time Beyond 30-minute Threshold	2.35 hours	2.9 hours	1,760.8 hours

AOT - Total time from ambulance arrival at hospital to patient transfer of care
90th Percentile - Time within which 90% of ambulance offloads occur
Offload Delay - any AOT exceeding 30 minutes
Delayed Patients - Number of patients experiencing offload delay
Time Beyond 30 minute Threshold - Cumulative time exceeding the 30 minute delay benchmark

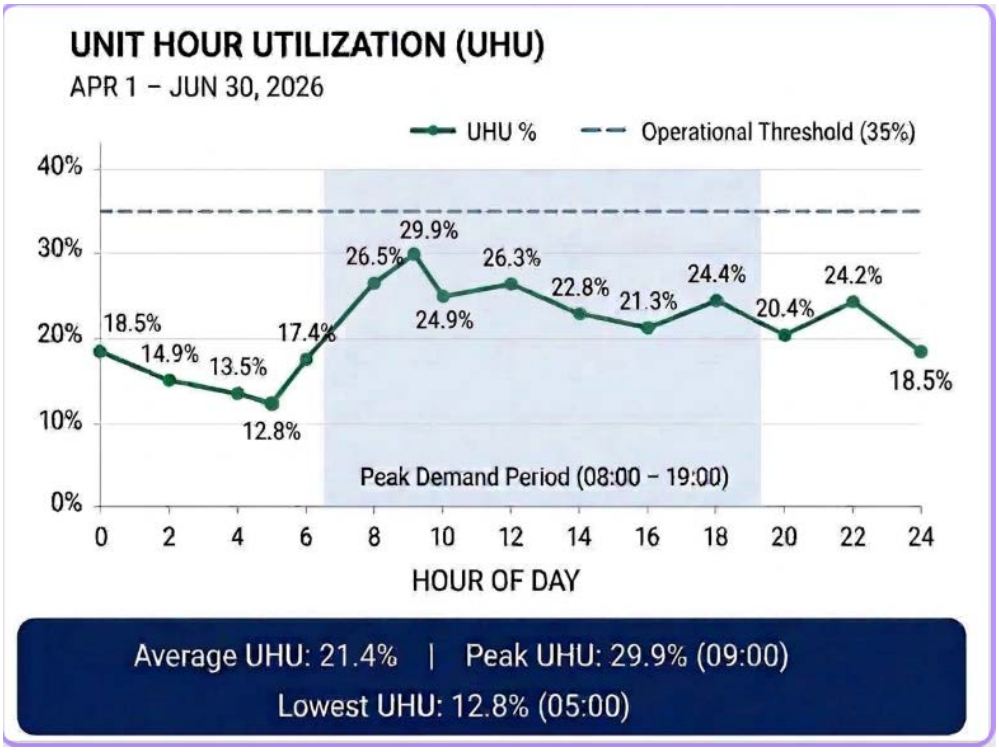
Ambulance offload performance remained strong during Q2 2026, with 3,098 patients transported to Sault Area Hospital (SAH). Total Ambulance Offload Time (AOT) was 528.4 hours, with an average offload time of 10.4 minutes and a 90th percentile of 16.0 minutes. Only 15 patients (0.49%) experienced an offload time greater than 30 minutes, accounting for just 2.35 hours beyond the 30-minute threshold.

Results continue to demonstrate a significant and sustained improvement compared with 2025, when average AOT was 22.1 minutes and 17% of patients experienced delays greater than 30 minutes. Q2 performance also improved from Q1 2026 across most measures, despite more than 3,000 patients being transported to SAH during the quarter.

Maintaining efficient patient transfer at Sault Area Hospital directly supports ambulance availability within the community. Reduced offload delays allow paramedic crews to return to service sooner, improving system capacity and helping ensure ambulances remain available to respond to emergency calls across the district.

Q2 2026 Unit Hour Utilization (UHU)

April 1, 2026 to June 30, 2026



Unit Hour Utilization (UHU) measures the proportion of time ambulances are actively committed to calls while available for service and is a commonly used indicator of overall system demand and deployment sustainability. During Q2 2026, the service maintained an average UHU of 21.8%, compared with 24.2% in Q1, and remained below the service-set

35% operational threshold across all hours of the day. Peak utilization occurred at 09:00 at 29.9%, while the lowest utilization was 12.8% at 05:00.

The decrease in average UHU from Q1 occurred alongside lower overall call volume, continued strong ambulance offload performance, and the transition to MPDS dispatching on April 15. MPDS has changed how calls are prioritized and ambulance resources are assigned, which also influences utilization and should be considered when comparing Q2 results with previous periods.

Overall, Q2 results demonstrate continued deployment resiliency and ambulance availability across the district. Continued monitoring under MPDS will help establish a more consistent baseline and ensure deployment remains aligned with call demand, staffing, geographic coverage requirements, and broader healthcare system pressures

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Community Paramedicine Q2 2026

April 1, 2026 to June 30, 2026

Community Paramedicine continued to provide significant community-based care during Q2 2026, with 1,884 direct client encounters delivered through a combination of home visits, virtual care, and community clinics. This included 466 home visits, 779 phone or virtual visits, and 32 community clinics, where 537 individuals were seen. In addition, Community Paramedics completed 82 outbound referrals, helping connect patients with other health and community services.

The results demonstrate the increasingly diverse role of Community Paramedicine in providing care outside of the traditional 911 response system. Through in-home, virtual, and clinic-based care, the program supports ongoing patient monitoring, improves access to care, and helps connect individuals with appropriate health and community resources.

Strategic Q2 2026 Initiatives

Master Plan Development

Development of the Paramedic Services Master Plan continued throughout Q2, with work focused on demand analysis, deployment modelling, community engagement, and future service design. The completed Master Plan is expected to be presented to the Board in October 2026 and will help guide longer-term decisions related to deployment, infrastructure, staffing, and service delivery.

Infrastructure & Base Development

Planning and design work is underway for the new East Paramedic Base at the Bennett Boulevard location. The new base will support improved geographic coverage and deployment in the east end of Sault Ste. Marie while providing a modern facility designed to meet current and future operational requirements. Design work will continue through 2026, with construction anticipated to begin in 2027.

Workforce Recruitment & Retention

Recruitment and retention efforts continue to support workforce stability and succession planning in response to ongoing human resource pressures. These efforts remain focused on maintaining sufficient staffing to meet current operational requirements while preparing for anticipated future service needs.

Workforce Development & Education Partnerships

Work continued with Sault College in preparation for the launch of its new Paramedic program in September 2026. The establishment of a local paramedic education program represents an important step toward strengthening the local workforce pipeline and supporting longer-term recruitment and retention across the district.

Internally, Platoon Superintendents and Field Training Officers (FTOs) continue to support onboarding, mentorship, clinical development, and quality assurance for students, new hires, and the broader paramedic team. Together, these initiatives strengthen local training capacity and help position the service to meet future workforce needs.

Medical Priority Dispatch System (MPDS)

The transition to MPDS was successfully completed on April 15, 2026, representing a significant change in how emergency calls are assessed, prioritized, and dispatched. The service continues to monitor the impact of the new system on call prioritization, ambulance utilization, and deployment as a consistent MPDS baseline is established.

Hospital Flow & System Integration

Collaboration with Sault Area Hospital and system partners continues to focus on maintaining improvements in ambulance offload and patient flow. Q2 results demonstrate that these improvements have been sustained, supporting ambulance availability and overall emergency response capacity across the district.

Community Paramedicine & Health System Integration

Community Paramedicine continues to expand its role in supporting patients in the community and improving connections across the broader health system. In April 2026, a

new Community Paramedicine clinic was launched at the Royal Canadian Legion, providing an additional community-based access point for assessment, monitoring, and connection to appropriate health services. Work during Q2 also focused on strengthening health system partnerships and expanding opportunities to provide care outside of the traditional emergency response and hospital system.

Workforce Wellness

Continued attention is being directed toward staff wellness, psychological safety, and operational resilience, recognizing the demands associated with emergency response work. Building on the expansion of the Peer Support Team and wellness training undertaken earlier in the year, work continues to strengthen mental health supports, peer-based resources, and organizational approaches that support paramedics throughout their careers.

STRATEGIC PLAN IMPACT

The activities and performance outlined in this report support the DSSMSSAB's strategic priorities related to service excellence, system integration, workforce sustainability, and responsible resource management. Continued investment in deployment planning, infrastructure, workforce development, community paramedicine, and health system partnerships is intended to strengthen service capacity while supporting more integrated and sustainable care across the district.

FINANCIAL IMPLICATIONS

There are no direct financial implications related to this report.

CONCLUSION

Q2 2026 results demonstrate continued strong performance across key Paramedic Services indicators. Response time targets were achieved across CTAS categories 1 through 5, ambulance offload performance remained strong, and UHU remained within the service's sustainable operational threshold. Community Paramedicine also continued to expand access to care through home, virtual, and clinic-based services.

At the same time, work continues to strengthen the service for the future through the Master Plan, East Base development, implementation of MPDS, workforce and education initiatives, and continued health system integration. Together, these activities support a responsive, sustainable, and increasingly integrated model of paramedic and community-based care across the district.

Respectfully Submitted,

Katie Kirkham
Chief, Paramedic Services

Social Services | Services Sociaux
Zhawenimi-Anokiitaagewin
Sault Ste. Marie District

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DSSMSSAB BOARD REPORT

AUTHOR: Kate Kirkham

DATE: August 27, 2026

RE: License to Occupy Agreement - Goulais Fire & Rescue Volunteers

RECOMMENDATION

BE IT RESOLVED THAT the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) approve entering into a License to Occupy Agreement with the Goulais Fire and Rescue Volunteers, for the continued use of space at 240 Old Highway 17, Goulais River, to support Paramedic Services operations in Sault North.

BACKGROUND INFORMATION

In 2025, DSSMSSAB established a personal response unit (PRU) in Goulais River to improve emergency response coverage in the Northern portion of the district. Since that time, Paramedic Services has operated from shared space within the Goulais Fire Hall.

To provide long-term stability for both organizations, DSSMSSAB and the Goulais Fire and Rescue Volunteers have negotiated a formal License to Occupy Agreement. The agreement establishes terms under which Paramedic Services will continue to operate from the facility, while recognizing the shared use of the building and the ongoing operational needs of both organizations.

SUMMARY/OVERVIEW

The proposed agreement provides DSSMSSAB with the non-exclusive use of designated areas within the Goulais Fire Hall for a five-year term commencing June 15, 2026, with an option to renew for an additional five years by mutual agreement. The licensed space includes shared lounge, kitchen and washroom facilities, a designated apparatus bay for an emergency response vehicle, access to common areas, and employee parking.

The agreement permits the continued operation of one emergency response vehicle from the facility, while also allowing a temporary pilot project through October 1, 2026, for the deployment of an ambulance from the station. Following completion of the pilot project, both parties will evaluate the operational feasibility of a permanent ambulance deployment at the location.

The agreement clearly defines each party's responsibilities regarding maintenance, insurance, access, permitted use, and cost sharing. It also recognizes the unique

operational requirements of emergency medical services while respecting the ongoing fire service operations conducted from the facility.

STRATEGIC PLAN IMPACT

The agreement supports the DSSMSSAB Strategic Plan by strengthening emergency service delivery within the northern portion of the district. Maintaining a permanent operational presence in Goulais River improves system resilience, supports timely emergency response, and reinforces collaborative partnerships with local emergency providers.

FINANCIAL IMPLICATIONS

The annual license fee is $12,000, prorated for the remainder of 2026, beginning June 15, 2026, with annual increases based on the Ontario Consumer Price Index (CPI). DSSMSSAB is also responsible for applicable taxes on the license fee.

The agreement also provides that DSSMSSAB may contribute up to $25,000 toward approved renovations or improvements within the facility where mutually agreed upon. Any contribution will require prior approval of the scope of work, cost estimates, and a maximum financial contribution before work proceeds.

All costs associated with this agreement, including the annual license fee and any approved renovation costs of up to $25,000, will be accommodated within the approved Paramedic Services operating budget.

CONCLUSION

The proposed License to Occupy Agreement formalizes the continued use of the Goulais Fire Hall as an operational base for Paramedic Services. The agreement provides long-term stability for both organizations, clearly defines operational responsibilities and supports continued collaboration between DSSMSSAB and the Goulais Fire and Rescue Volunteers.

Approval of this agreement will ensure the continued operation of Paramedic Services from this strategically important location while allowing both organizations to evaluate future opportunities for expanded ambulance deployment.

Respectfully submitted,

Kate Kirkham
Chief, Paramedic Services

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DSSMSSAB BOARD REPORT

AUTHOR: Louie Bruni

DATE: August 27, 2026

RE: Ontario Child Care and Early Years Funding Update

RECOMMENDATION

BE IT RESOLVED THAT the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) accept this Ontario Child Care and Early Years funding update report as information.

BACKGROUND INFORMATION

On July 21, 2026 the Ministry of Education sent a memo titled J*uly Updates to 2026 Ontario Child Care and Early Years Funding,* outlining changes to provincial funding allocations, program guidelines, reporting requirements, and implementation activities for the remainder of 2026. The updates provide additional direction to support the ongoing implementation of Canada-wide Early Learning and Child Care (CWELCC), EarlyON Child and Family Centres, workforce initiatives, information technology modernization, and other provincial priorities.

SUMMARY/OVERVIEW

The July 2026 funding update included new one-time investments to support EarlyOn service stabilization and implementation of the provincial Early Years IT Modernization initiative.

The DSSMSSAB received a one-time incremental allocation for EarlyON Child and Family Centres of $198,734 in stabilization funding for EarlyON programs to ensure continued access to high-quality early learning support for children and families.

CMSMs/DSSABs have flexibility to spend EarlyON allocations on any of the expense/program categories to meet the provincial requirements to deliver mandatory core services and customized community connections for EarlyON Child and Family Centres.

Mandatory Core Services include:

- Supporting early learning and development;
- Engaging parents/guardians and caregivers; and

- Making connections for families.

Staff will be working with EarlyON provider to determine what initiatives could be funded by this one-time investment by the Province.

The DSSMSSAB also received new time-limited funding of $17,773 for the Early Years IT Modernization Transformation Fund.

This funding is to support the DSSMSSAB and EarlyON Service Providers with the implementation of the first release of a new digital tool. This tool will have four releases, released over multiple years, focusing on:

- EarlyON Child and Family Centres, including Indigenous-led EarlyON Child and Family programs;
- Child care search and application;
- Fee subsidy, including a fee subsidy estimator, application, and case management;
- Funding, contract management and financial reporting between CMSMs/DSSABs and licensed child care centres, home child care agencies and EarlyON Child and Family Centres.

Eligible CMSM/DSSAB expenses:

- staff time associated with the creation of internal business processes to support Implementation;
- staff time to update program materials;
- translation costs related to implementation;
- staff time for participation in training and liaison with ministry staff;
- staff time to develop or disseminate communication materials in support of Implementation;
- staff time to prepare and validate data migration from existing sources (digital or hard copies);
- costs associated with integrations (such as changes to existing digital systems to integrate with the new digital tool) required to support implementation.

Eligible EarlyON service provider expenses include:

- staff time for participation in training;
- staff time to prepare and validate data migration from existing sources (digital or hard copies);
- costs of technology (such as technological hardware, software, software updates, and maintenance) required to support check in and check out implementation

STRATEGIC PLAN IMPACT

The incremental allocation to EarlyON Funding supports the strategic plan by strengthening access to high-quality early learning opportunities for children and families,

contributing to healthy, resilient communities and enhanced community well-being. Funding provided through the Early Years IT Modernization Transformation Fund aligns with the DSSMSSAB's commitment to invest in colleagues by supporting staff and community partners with the tools, training, and resources necessary to successfully implement the Province's new digital platform and enhance service delivery.

FINANCIAL IMPLICATIONS

There are no net municipal financial implications, as the EarlyON funding is 100% Provincial and Federal ELCC funding. The Early Year IT Modernization Transformation Fund in 2026 is Federally funded, and the Ministry is encouraging CMSMs and DSSABs to consider making municipal contributions to support the transition.

CONCLUSION

The revised funding allocations reflect the continued evolution of Ontario's Early Years and Child Care System and reinforce the importance of local implementation. Staff will continue working with service providers and community partners to effectively implement these changes and maximize the benefits to the children and families in our community.

Respectfully submitted,

Louie Bruni
Chief Operating Officer

Social Services | Services Sociaux
Zhawenimi-Anokiitaagewin
Sault Ste. Marie District

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DSSMSSAB BOARD REPORT

AUTHOR: Louie Bruni

DATE: August 27, 2026

RE: Chief Operating Officer Quarter 2 Activity Report
(April 2026 – June 2026)

RECOMMENDATION

BE IT RESOLVED THAT the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) accept the Chief Operating Officer Quarter 2 Activity Report as information.

BACKGROUND INFORMATION

This report is intended to provide a high-level overview of the activity, outcomes and priorities for Ontario Works, Housing and Early Years over the first three months of 2026. Each program tracks different outcomes to determine how teams perform throughout the year. Quarterly reporting does not identify individual performance within programs but rather tracks overall performance of the program's core mandates.

Housing

The Housing team is accountable for the day-to-day delivery of asset and property management of the Sault Ste Marie Housing Corporation, tenant waitlist management and providing financial subsidy and oversight of the entire social housing system.

The number of people waiting for affordable housing continues to rise and continues to outpace the ability of the DSSMSSAB to mitigate through new supply due to the cost. The tables below compare 2025 Q2 to 2026 Q2. One measure to note is the change in rental arrears averages from 2025 to 2026. There was a significant decrease in the average rental arrears owing. The arrears average is slightly increased from Q1 to Q2 in 2026, management will continue to monitor the monthly arrears data to ensure the average stays within a manageable threshold.

Staff is currently preparing the neighbourhood development strategy dashboard. The dashboard will track data trends so that staff can determine how the strategy is working, what needs to be changed, what needs to be added or removed, etc. The dashboard will be brought to the Board at the September 2026 meeting.

	2025 Q1			2026 Q1		
	Jan	**Feb**	**Mar**	**Jan**	**Feb**	**Mar**
Number of Moveouts (SSMHC)	10	10	4	12	5	16
Arrears Average (SSMHC – target is 5%)	9.85%	9.37%	6.76%	3.78%	3.29%	3.58%
Total arrears (SSMHC)			$52,957			$31,042
Arears Excluding Loss of Subsidy (SSMHC)			$10,957			$21,004
Vacancy Average (SSMHC)	3.02%	3.82%	1.98%	3.42%	3.32%	2.82%
Number on Centralized Waitlist	1,770	1,842	1,893	2,013	2,000	2,001
	2025 Q2			**2026 Q2**		
	April	**May**	**June**	**April**	**May**	**June**
Number of Moveouts (SSMHC)	16	9	10			
Arrears Average (SSMHC – target is 5%)	7.17%	5.40%	3.49%	2.92%	4.03%	4.37%
Total arrears (SSMHC)			$28,843			$35,690
Arears Excluding Loss of Subsidy (SSMHC)			$7,526			$25,689
Vacancy Average (SSMHC)	3.68%	3.18%	3.20%	3.02%	3.22%	3.12%
Number on Centralized Waitlist	1,903	1,895	1,920	1,998	2,073	2,143

Ontario Works

Each year, the Ministry of Community, Children, and Social Services (MCCSS), provides performance measures for service managers who deliver Ontario Works programs. The performance measures are set out by the Ministry with no input from the service manager.

The table below outlines the performance measures for 2025, and an overview of our service delivery model to meet or exceed provincial expectations

Performance Measure	**Target**
Percentage of Ontario Works adults and ODSP non-disabled adults with participation requirements that have a proper Action Plan created	100%
Percentage of Ontario Works adults and ODSP non-disabled adults with participation requirements w**ho** are referred to Employment Ontario (EO)	32%
Percentage of Ontario Works cases (individual or family units) that exited to employment	12%
Percentage of Ontario Works cases (individual or family units) who exited the program for any reason and return within one year	33%

- Mandatory Action Plans completed within 30 days of intake and updated every 90 days.
- Standardized templates and enhanced scheduling processes to support consistency.
- Quarterly quality audits ensure accuracy and compliance.

2. Employment Ontario Referrals (32%)
   - Common Assessment Tool identifies job-ready individuals early for referral.
   - Increase engagement from EO offices working from the Downtown Hub location (current average one day per week)
   - Monthly coordination meetings strengthen alignment with EO providers.

3. Employment Exits (12%)
   - Increase engagement with Employment Ontario offices to further support clients.
   - Partner with Employment Ontario offices to develop pathways to employment
   - (pre-employment training opportunities).
   - Increase AHOP training spaces through SDF application to support BMC program providing hands-on training.

4. Return-to-Assistance (33%)
   - Structured 90-day post-employment follow-ups support job retention.
   - Stability checks prior to case closure ensure clients are ready for independence.
   - A contact point for former clients that provides support and helps prevent re entry.

The tables below compare 2025 to 2026 for Ontario Works. It should be noted that the DSSMSSAB OW team achieved the highest Action Plan completion rate in province with 96.3% in February 2026. The Action Plan completion rate continues to trend around 95%. The discretionary budget is trending down to make up for the high amount in March of 2026 and exits to employments are increasing each month as staff works towards the target of 12%

	2025 Q1			**2026 Q1**		
	Jan	**Feb**	**Mar**	**Jan**	**Feb**	**Mar**
Caseload	1,679	1,654	1,666	1,760	1,756	1,822
Percent with Action Plan Complete	50%	48%	35%	95.5%	96.3%	96.2%
Discretionary Budget	$44,275	$26.837	$84,596	$44,159	$43,411	$105,556
Referrals to EO*	N/A	N/A	N/A	5.4%	9.6%	14.9%
EO Exits to Employment	1.3%	2%	3.2%	1%	2%	3.2%
	2025 Q2			**2026 Q2**		
	April	**May**	**June**	**April**	**May**	**June**

Caseload	1,702	1,748	1,760	1,858	1,889	1,869
Percent with Action Plan Complete	26%	43%	54%	96.3%	95.9%	95.8%
Discretionary Budget	$34,341	$79,455	$58,289	$47,966	$24,557	$34,770
Referrals to EO*	15%	23%	28%	18.1%	19.9%	21.9%
EO Exits to Employment	1.59%	1.20%	1%	4%	5%	6%

Early Years Division

Early Years has predominantly focused attention on system expansion throughout 2025 and 2026. Throughout the second quarter of 2026 many expansion opportunities are still in progress. Sault College officially opened and began operations on June 29, 2026. The expansion project of 49 new spaces located at 90 Chapple is under construction and progressing on schedule for a licensing date of December 2026.

The childcare system is operating at 76% overall through Q2, up from 70% through Q2 of 2025. The school age and JK/SK age groupings continue to pull down the overall operating capacity of the system. The age groupings of 0-5 see a better operating capacity at 88% overall throughout Q2 but still require increases to ensure they are achieving the 95% capacity required to receive their total funding allocation.

Licensed spaces directly operated by the DSSMSSAB, including JK/SK and school age groupings, are operating at 80% overall through Q2 2026 however, 0-6 DSSMSSAB licensed spaces are operating at 99% through two quarters.

We are still seeing a significant time on the waitlist for parents who await a space in a childcare program through 2 quarters of 2026. On average families are waiting 1.2 years for a childcare space in our community.

2025 Early Years Data

Child Care

	January			February			March			April			May			June		
# Unique Children on the Waitlist - NOT PLACED	**Unique #**	**Selected Subsidy Required**	**Requesting SNR**	**Unique #**	**Selected Subsidy Required**	**Requesting SNR**	**Unique #**	**Selected Subsidy Required**	**Requesting SNR**	**Unique #**	**Selected Subsidy Required**	**Requesting SNR**	**Unique #**	**Selected Subsidy Required**	**Requesting SNR**	**Unique #**	**Selected Subsidy Required**	**Requesting SNR**
Infant	554	172		554	172		557	184		556	178		554	186		509	155	
Toddler	270	107		270	107		275	112		289	118		263	113		170	74	
Preschool	669	301	*report does not breakdown by age grouping	669	301	*report does not breakdown by age grouping	680	304	*report does not breakdown by age grouping	696	311	*report does not breakdown by age grouping	678	318	*report does not breakdown by age grouping	237	102	*report does not breakdown by age grouping
JK/SK	20	4		20	4		30	9		34	12		34	12		14	4	
School Age	724	382		724	382		712	371		701	369		685	364		146	76	
TOTAL	**2237**	**966**	**163**	**2237**	**966**	**163**	**2254**	**980**	**173**	**2276**	**988**	**174**	**2214**	**993**	**168**	**1076**	**411**	**53**
# Placed and STILL on waitlist	**Unique #**			**Unique #**			**Unique #**			**Unique #**			**Unique #**			**Unique #**		
Infant	116			116			126			134			143			135		
Toddler	159			159			158			162			156			90		
Preschool	429			429			431			421			397			167		
JK/SK	2			2			5			6			4			3		
School Age	187			187			187			185			151			58		
TOTAL	**893**			**893**			**907**			**908**			**851**			**453**		
AVG Time ON Waitlist										**Average per Child**								
Avg Days on Waitlist per Child										945 days						**474 days**		
Avg Months on Waitlist per Child										31.5 months						**15.8 months**		
Avg Years on Waitlist per Child										2.6 years						**1.3 years**		
Child Care Spaces	**Licensed Spaces**	**Operating Spaces**	**Operating Capacity %**	**Licensed Spaces**	**Operating Spaces**	**Operating Capacity %**	**Licensed Spaces**	**Operating Spaces**	**Operating Capacity %**	**Licensed Spaces**	**Operating Spaces**	**Operating Capacity %**	**Licensed Spaces**	**Operating Spaces**	**Operating Capacity %**	**Licensed Spaces**	**Operating Spaces**	**Operating Capacity %**
Infant	119	105	89%	119	109	92%	119	112	94%	119	112	94%	119	115	97%	119	113	95%
Toddler	278	238	86%	278	240	86%	278	238	86%	278	243	87%	278	245	88%	278	244	88%
Preschool	500	426	85%	500	429	86%	500	431	86%	500	430	86%	500	437	87%	500	441	88%
Family Age Grouping	30	18	60%	30	17	57%	30	17	57%	30	17	57%	30	17	57%	30	17	57%
JK/SK	329	153	47%	329	153	47%	329	160	49%	329	149	45%	329	140	43%	329	132	40%
School Age	537	298	55%	537	300	56%	537	304	57%	537	282	53%	537	285	53%	537	268	50%
TOTAL	**1674**	**1133**	**70%**	**1674**	**1139**	**70%**	**1674**	**1150**	**71%**	**1674**	**1121**	**70%**	**1674**	**1124**	**71%**	**1674**	**1102**	**70%**
DSSAB Owned Licensed Spaces	**Licensed Spaces**	**Operating Spaces**	**Operating Capacity %**	**Licensed Spaces**	**Operating Spaces**	**Operating Capacity %**	**Licensed Spaces**	**Operating Spaces**	**Operating Capacity %**	**Licensed Spaces**	**Operating Spaces**	**Operating Capacity %**	**Licensed Spaces**	**Operating Spaces**	**Operating Capacity %**	**Licensed Spaces**	**Operating Spaces**	**Operating Capacity %**
Infant	10	10	100%	10	10	100%	10	10	100%	10	10	100%	10	10	100%	10	10	100%
Toddler	15	15	100%	15	15	100%	15	15	100%	15	15	100%	15	15	100%	15	15	100%
Preschool	24	24	100%	24	24	100%	24	24	100%	24	24	100%	24	24	100%	24	24	100%
JK/SK BEFORE	26	8	31%	26	8	31%	26	8	31%	26	8	31%	26	8	31%	26	8	31%
JK/SK AFTER	26	10	38%	26	10	38%	26	10	38%	26	12	46%	30	12	40%	26	10	38%
School Age BEFORE	30	12	40%	30	12	40%	30	12	40%	30	13	43%	26	13	50%	30	12	40%
School Age AFTER	30	17	57%	30	17	57%	30	17	57%	30	18	60%	30	18	60%	30	18	60%
Fee Subsidy	**Unique #**			**Unique #**			**Unique #**			**Unique #**			**Unique #**			**Unique #**		
# of children receiving fee subsidy	Did not track Jan/Feb						217			213			204			204		
# of families receiving fee subsidy							166			163			156			156		

2026 Early Years Data

	January			February			March			April			May			June		
# Unique Children on the Waitlist - NOT PLACED	**Unique #**	**Selected Subsidy Required**	**Requesting SNR**	**Unique #**	**Selected Subsidy Required**	**Requesting SNR**	**Unique #**	**Selected Subsidy Required**	**Requesting SNR**	**Unique #**	**Selected Subsidy Required**	**Requesting SNR**	**Unique #**	**Selected Subsidy Required**	**Requesting SNR**	**Unique #**	**Selected Subsidy Required**	**Requesting SNR**
Infant	535	153		535	153		571	169		575	174		566	168		529	162	
Toddler	182	70	*report does not breakdown by age grouping	182	70	*report does not breakdown by age grouping	184	74	*report does not breakdown by age grouping	182	72	*report does not breakdown by age grouping	177	72	*report does not breakdown by age grouping	169	69	*report does not breakdown by age grouping
Preschool	169	71		169	71		206	84		211	89		207	87		182	80	
JK/SK	13	4		13	4		15	4		15	3		12	3		0	0	
School Age	136	64		136	64		115	55		120	59		124	61		153	73	
TOTAL	**1035**	**362**	**163**	**1035**	**362**	**163**	**1091**	**386**	**173**	**1103**	**397**	**174**	**1086**	**391**	**168**	**1033**	**384**	**53**
# Placed and STILL on waitlist	**Unique #**			**Unique #**			**Unique #**			**Unique #**			**Unique #**			**Unique #**		
Infant	120			120			120			124			153			170		
Toddler	114			114			105			111			116			119		
Preschool	149			149			151			160			166			170		
JK/SK	1			1			0			0			1			0		
School Age	42			42			39			36			37			37		
TOTAL	**426**			**426**			**415**			**431**			**473**			**496**		
AVG Time ON Waitlist	**Average per Child**									**Average per Child**								
Avg Days on Waitlist per Child	448 days									445 days								
Avg Months on Waitlist per Child	14.9 months									14.8 months								
Avg Years on Waitlist per Child	1.2 years									1.2 years								
Child Care Spaces	**Licensed Spaces**	**Operating Spaces**	**Operating Capacity %**	**Licensed Spaces**	**Operating Spaces**	**Operating Capacity %**	**Licensed Spaces**	**Operating Spaces**	**Operating Capacity %**	**Licensed Spaces**	**Operating Spaces**	**Operating Capacity %**	**Licensed Spaces**	**Operating Spaces**	**Operating Capacity %**	**Licensed Spaces**	**Operating Spaces**	**Operating Capacity %**
Infant	129	112	87%	129	114	88%	129	114	88%	139	115	83%	139	119	86%	139	131	94%
Toddler	308	252	82%	308	248	81%	308	251	81%	323	251	78%	323	259	80%	323	275	85%
Preschool	555	459	83%	555	458	83%	555	463	83%	579	471	81%	579	486	84%	579	492	85%
Family Age Grouping	30	23	77%	30	24	80%	30	23	77%	45	24	53%	45	26	58%	45	24	53%
JK/SK	329	175	53%	329	179	54%	329	183	56%	329	161	49%	329	155	47%	329	154	47%
School Age	522	331	63%	522	330	63%	522	329	63%	522	313	60%	522	301	58%	522	299	57%
TOTAL	**1873**	**1352**	**72%**	**1873**	**1353**	**72%**	**1873**	**1363**	**73%**	**1798**	**1335**	**74%**	**1798**	**1346**	**75%**	**1798**	**1375**	**76%**
DSSAB Owned Licensed Spaces	**Licensed Spaces**	**Operating Spaces**	**Operating Capacity %**	**Licensed Spaces**	**Operating Spaces**	**Operating Capacity %**	**Licensed Spaces**	**Operating Spaces**	**Operating Capacity %**	**Licensed Spaces**	**Operating Spaces**	**Operating Capacity %**	**Licensed Spaces**	**Operating Spaces**	**Operating Capacity %**	**Licensed Spaces**	**Operating Spaces**	**Operating Capacity %**
Infant	10	9	90%	10	10	100%	10	10	100%	10	10	100%	10	9.8	98%	10	9.8	98%
Toddler	15	15	100%	15	15	100%	15	15	100%	15	15	100%	15	15	100%	15	15	100%
Preschool	24	24	100%	24	24	100%	24	24	100%	24	24	100%	24	24	100%	24	24	100%
JK/SK BEFORE	26	17	65%	26	20	77%	26	19	73%	26	19	73%	26	19	73%	26	19	73%
JK/SK AFTER	26	20	77%	26	21	81%	26	20	77%	26	20	77%	30	20	67%	30	20	67%
School Age BEFORE	30	9	30%	30	15	50%	30	14	47%	30	15	50%	26	15	58%	26	15	58%
School Age AFTER	30	20	67%	30	20	67%	30	20	67%	30	20	67%	30	20	67%	30	20	67%
Fee Subsidy	**Unique #**			**Unique #**			**Unique #**			**Unique #**			**Unique #**			**Unique #**		
# of children receiving fee subsidy	200			201			194			200			199			193		
# of families receiving fee subsidy	155			156			150			154			154			148		

EarlyON

2025				
Age Category	***Quarter 1***	***Quarter 2***	***Quarter 3***	***Quarter 4***
Visit 0-6	*6,914*	*7,238*		
Served	*1,089*	*1,502*		
Visits 7+	*659*	*753*		
Served 7+	*182*	*308*		
Parent Visits	*5,684*	*5,839*		
Parents Served	*860*	*1,236*		

2026				
Age Category	***Quarter 1***	***Quarter 2***	***Quarter 3***	***Quarter 4***
Visit 0-6	*5,664*	*6,327*		
Served	*1,034*	*1,149*		
Visits 7+	*530*	*694*		
Served 7+	*160*	*227*		
Parent Visits	*4,567*	*5,034*		
Parents Served	*820*	*952*		

Respectfully submitted,

Louie Bruni
Chief Operating Officer

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DSSMSSAB BOARD REPORT

AUTHOR: David Petersson, CFO

DATE: Aug 27, 2026

RE: Investment Policy

RECOMMENDATION

BE IT RESOLVED THAT the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) approve and implement the Investment Policy.

BACKGROUND INFORMATION

Management continues to explore new opportunities for growth and prosperity, and one way is through low-risk or guaranteed investments. Management has developed a draft Investment Policy, to establish the guiding principles and framework for the prudent investment of public funds. This policy is intended to support effective investment management, balance risk and return, ensure compliance with applicable requirements, and advance the financial objectives of the organization while reflecting ethical standards, strategic priorities, and the broader interests of the community.

SUMMARY/OVERVIEW

Management completed this policy ensuring it aligns with the current landscape and the DSSMSSAB's operations, strategic plan and ethical requirements. To ensure compliance, as most if not all investments would involve Reserve funds, the Board would have final approval of all investments via Board Report and Resolution. To ensure legal compliance, management submitted the policy for legal review, who indicated that it is a reasonable policy with nothing concerning to note.

Key components of the Investment Policy include:

1. The Chief Financial Officer (CFO) recommends, manages and reports on all investments.

2. The Board approves all investments. Under no circumstance can any investment occur without Board approval.

3. Investments must safeguard the preservation of capital, maintain liquidity, while earning a competitive rate of return with the overall objective of long-term growth.

It is important to note that the Sault Ste. Marie Housing Corporation (SSMHC) would also abide by this policy, subject to SSMHC board approval.

STRATEGIC PLAN IMPACT

The Investment Policy plays a critical role in advancing the organization's strategic pillar to seek financial resilience through innovation by embedding flexibility, value optimization, and forward-looking practices to actively contribute to sustainable growth and organizational adaptability in a changing environment.

FINANCIAL IMPLICATIONS

There are no financial implications.

CONCLUSION

The Investment Policy provides guiding principles and a framework for the prudent investment of public funds to further meet the DSSMSSAB's strategic priorities and the broader interests of the community.

Respectfully submitted,

David Petersson
Chief Financial Officer

District of Sault Ste. Marie Social Services Administration Board POLICIES & PROCEDURES	
Section: Corporate Services	Creation Date: July 22, 2026
Subject: Investment Policy	Reviewed/Revised Date:
Policy #: ????	# of Pages: 2

POLICY

The purpose of this Investment Policy is to establish the guiding principles and framework for the prudent investment of public funds. It is intended to support effective investment management, balance risk and return, ensure compliance with applicable requirements, and advance the financial objectives of the organization while reflecting ethical standards, strategic priorities, and the broader interests of the community.

The investment policy applies to all financial assets for the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) and/or the Sault Ste. Marie Housing Corporation (SSMHC).

DEFINITIONS

Board – Board of Directors of the DSSMSSAB and/or the SSMHC.

Portfolio – A collection of investments held by the DSSMSSAB and/or the SSMHC.

PROCEDURE

The primary objectives of the investment policy, in priority order, shall be:

1) **Adherence to Board of Directors strategic plan.** All investment activities shall be governed by the DSSMSSAB and SSMHC Board of Directors via Board Resolution following the recommendation of the Chief Financial Officer and/or the Board Finance Committee and must align with the Board's strategic plan. Under no circumstance can any investment occur without Board approval.

2) **Preservation of capital.** Safety of principal is a primary objective of the Investment Policy. Investments shall be undertaken in a manner that seeks to ensure the preservation of capital in the overall portfolio. A reasonable diversification of the portfolio will be undertaken as several different investments are likely to provide a more acceptable level of risk exposure than having a single investment.

3) **Maintaining liquidity.** The investment portfolio shall remain liquid to meet all operating or cash flow requirements and limit temporary borrowing requirements. This shall be done where possible by structuring the portfolio such that securities mature concurrent with anticipated cash

demands. A portion of the portfolio may be placed in eligible investment pools which offer liquidity for short-term funds.

4) **Earning a competitive rate of return.** The rate of return on the investment portfolio will be optimized to the extent possible given the investment objectives of legality, preservation of principal and the need to maintain adequate liquidity. Investments are generally limited to relatively low risk securities in anticipation of earning a fair return to the assumed risk, with the overall objective of long-term growth.

Prudence

Investments shall be made with judgment and care following the prudent person principle of investment management. This involves informed, strategic decisions to manage financial assets in a way that balances risk and return while safeguarding the value of capital. It emphasizes long-term growth, diversification, and disciplined portfolio management. Authorized employees acting in accordance with this policy and exercising due diligence shall be relieved of personal responsibility for an individual security's credit risk or market price changes.

Delegation of Authority

The investment policy and any amendments must be adopted by the Board. This policy will delegate to the Chief Financial Officer the authority to make investments recommendations which comply with this policy. The Chief Financial Officer has overall responsibility for the prudent investment of the Board's portfolio. Authority to manage and implement the investment policy may be granted for all or a portion of the Board's overall investment portfolio, to an external investment Agent, that as an Investment Manager, acts on behalf of the Board.

Reporting

The Chief Financial Officer will regularly monitor the investment portfolio with the assistance and guidance of an external investment Agent (if applicable) and provide updates to the Board Finance Committee. Recommendations for adjustments to the portfolio may be discussed at the Board Finance Committee meetings and brought forward to the Board for final approval.

The Chief Financial Officer shall submit to the Board an annual investment report for the first quarter of each calendar year, which must include:

- A summary of the investment portfolio held at the end of the reporting period,
- A statement about the performance of the investment portfolio,
- Compliance status of the portfolio, and
- Such other information that the Board may require or that, in the opinion of the Chief Financial Officer, should be disclosed.

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DSSMSSAB BOARD REPORT

AUTHOR: David Petersson

DATE: August 27, 2026

RE: Reserve Transfer

RECOMMENDATION

BE IT RESOLVED THAT the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) provide Sault Ste. Marie Housing Corporation (SSMHC) with $300,000 from Levy Stabilization Reserves for the 2026 SSMHC Budget.

BACKGROUND INFORMATION

The 2026 DSSMSSAB Budget was approved on November 12, 2025, which included the approved 2026 SSMHC subsidy. This subsidy included the use of reserves as a tool to limit the increase to the annual subsidy but was not specified in the budget which reserve funds were being utilized. This was also the case in 2025.

SUMMARY/OVERVIEW

To ensure management follows the proper procedure for utilizing reserves, management requires direction from the Board for the 2026 Budget year. For the 2027 Budget, any use of reserves will be labelled by the appropriate reserve fund.

STRATEGIC PLAN IMPACT

This will allow SSMHC to continue to support the DSSMSSAB's strategic plan of service excellence in our community.

FINANCIAL IMPLICATIONS

For the SSMHC to complete 2026 budget obligations, as approved by the Board, the DSSMSSAB will fund $300,000 from the DSSMSSAB Levy Stabilization Reserve, via direct transfer.

As of the date of this report, the uncommitted balance in the DSSMSSAB Levy Stabilization Reserve is $8,354,155.87.

CONCLUSION

This ensures that SSMHC has the financial ability to meet its operational and capital requirements while continuing to provide affordable housing in the Sault Ste. Marie District.

Respectfully submitted,

David Petersson, CPA
Chief Financial Officer

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DSSMSSAB BOARD REPORT

AUTHOR: Mike Nadeau

DATE: August 27, 2026

RE: Canada-Ontario Community Housing Initiative (COCHI) and Ontario Priorities Housing Initiative (OPHI) 2026/2027 Capital Repair Projects

RECOMMENDATION

BE IT RESOLVED THAT the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) receive this report for information regarding the capital repair projects that will be completed through the approved 2026/2027 Canada-Ontario Community Housing Initiative (COCHI) and Ontario Priorities Housing Initiative (OPHI) funding allocations.

BACKGROUND INFORMATION

The District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) approved the 2026/2027 Canada-Ontario Community Housing Initiative (COCHI) and Ontario Priorities Housing Initiative (OPHI) funding allocations in June 2026 (Resolution #26-091), in accordance with the Ministry of Municipal Affairs and Housing (MMAH) Investment Plan.

Funding received through the Canada-Ontario Community Housing Initiative (COCHI) represents a reinvestment of federal funding that assists Service Managers and community housing providers with addressing capital repair needs and preserving affordable housing assets. The Ontario Priorities Housing Initiative (OPHI) complements this investment by providing funding to support priority capital repair projects that extend the life of existing affordable housing and improve the quality of these housing assets.

SUMMARY/OVERVIEW

The approved 2026/2027 COCHI capital repair funding will be utilized to complete the following projects:

Property	Repairs	Funding Allocation
Orion Co-Operative Housing	Phase 1 Shingle Replacement	$ 70,000
Columbus Club-Sault Ste. Marie	Generator Replacement	$ 700,000

Property	Repairs	Funding Allocation
La Chaumiere Housing Co-Operative	Phase 1 Deck Replacement	$ 96,050
Italian Housing Corporation of Sault Ste. Marie	Masonry Repairs	$ 265,000
Pawating Co-Operative Homes INC.	Final Phase Roof Replacement	$ 40,000
	Total (excluding administration):	$ 1,171,050

The 2026/2027 OPHI capital repair funding will be utilized to complete the following project:

Property	Repairs	Funding Allocation
235 Wellington & 159 Gibbs	Windows and Sealants	$ 244,530
	Total (excluding administration):	$ 244,530

STRATEGIC PLAN IMPACT
The planned capital repair projects support the innovation strategic priority, enabling meaningful community impact through targeted capital investments, and preservation of affordable housing.

FINANCIAL IMPLICATIONS
The capital repair projects will be funded through the approved 2026/2027 COCHI and OPHI allocations provided by the Ministry of Municipal Affairs and Housing (MMAH). There are no additional financial implications for the DSSMSSAB budget, as all eligible project costs will be funded within the approved program allocations and administered in accordance with the applicable funding agreements.

CONCLUSION
The approved 2026/2027 COCHI and OPHI funding will support critical capital repair projects across the DSSMSSAB housing portfolio, including roof, shingle, deck, masonry, generator, and window improvements. These investments will preserve the long-term condition of affordable housing assets, enhance the safety, reliability, and functionality of DSSMSSAB housing facilities, and support the continued availability of quality affordable housing throughout the District of Sault Ste. Marie.

Respectfully submitted,

Mike Nadeau
Chief Executive Officer