



The Regional Municipality of Durham

Health & Social Services Committee Agenda

Council Chambers
Regional Headquarters Building
605 Rossland Road East, Whitby

Thursday, September 5, 2019

9:30 AM

1. Declarations of Interest

2. Adoption of Minutes

- A) Health & Social Services Committee meeting – [June 6, 2019](#)

Pages 4 - 11

3. Statutory Public Meetings

There are no statutory public meetings

4. Delegations

There are no delegations

5. Presentations

There are no presentations

6. Health

6.1 Correspondence

6.2 Reports

- A) Region of Durham Paramedic Services (RDPS)
Ambulance/AVL Vehicle Purchases and Standardization
([2019-MOH-5](#))

12 - 14

- | | |
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| B) Region of Durham Paramedic Services (RDPS) Command and Emergency Response Vehicle Standardization and Upfitting (2019-MOH-6) | 15 - 17 |
| C) Durham Nuclear Health Committee Membership (2019-MOH-7) | 18 - 19 |
| D) Provincial Funding for the Ontario Seniors Dental Care Program (2019-MOH-8) | 20 - 28 |

7. Social Services

7.1 Correspondence

7.2 Reports

- | | |
|--|---------|
| A) Summary Report of 2018 Homelessness and Short-Term Rent Support Programs (2019-SS-11) | 29 - 37 |
| B) Connecting Ontario eHealth Agreement for the Region's Four Long-Term Care Homes (2019-SS-12) | 38 - 39 |
| C) Unbudgeted funding from the Federal Government of Canada, Employment and Social Development Canada (ESDC) for a research and innovation project entitled "Rebuilding the village: A novel approach to inclusive early learning and child care environment" (2019-SS-13) | 40 - 43 |
| D) Additional Provincial Funding from the 2019 Revised Child Care Allocation, and Fee Subsidy Update (2019-SS-14) | 44 - 51 |

8. Advisory Committee Resolutions

There are no advisory committee resolutions to be considered

9. Confidential Matters

There are no confidential matters to be considered

10. Other Business

11. Date of Next Meeting

Thursday, October 3, 2019 at 9:30 AM

12. Adjournment

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The Regional Municipality of Durham

MINUTES

HEALTH & SOCIAL SERVICES COMMITTEE

Thursday, June 6, 2019

A regular meeting of the Health & Social Services Committee was held on Thursday, June 6, 2019 in Council Chambers, Regional Headquarters Building, 605 Rossland Road East, Whitby, Ontario at 9:30 AM

Present: Councillor Chapman, Chair
Councillor Pickles, Vice-Chair
Councillor Anderson
Councillor Roy attended the meeting at 9:52 AM
Councillor Wotten
Regional Chair Henry

Absent: Councillor Carter was absent on municipal business
Councillor Dies was absent on municipal business

Staff

Present: E. Baxter-Trahair, Chief Administrative Officer
C. Boyd, Solicitor, Regional Solicitor's Office
H. Drouin, Commissioner of Social Services
L. Fortuna, Director, Health Protection, Environmental Health
B. Goodwin, Director, Administration
D. Holmes, Director, Business Affairs and Financial Management
R. Inacio, Systems Support Specialist, Corporate Services – IT
R.J. Kyle, Commissioner and Medical Officer of Health
M. Laschuk, Director, Family Services Division
L. MacDermaid, Director, Long-Term Care and Services for Seniors
L. McIntosh, Director, Children's Services Division
K. O'Brien, Director, Income and Employment Support Division
N. Prasad, Committee Clerk, Corporate Services – Legislative Services
A. Robins, Director, Housing Services Division

1. **Declarations of Interest**

There were no declarations of interest.

2. **Adoption of Minutes**

Moved by Regional Chair Henry, Seconded by Councillor Wotten,
(28) That the minutes of the regular Health & Social Services Committee meeting held on Thursday, May 9, 2019, be adopted.

CARRIED

3. Statutory Public Meetings

There were no statutory public meetings.

4. Delegations

4.1 Shauna Bookal, Volunteer Run Director, Community Engagement, CIBC Run for the Cure – Durham Region, and Lacey Tryon, Volunteer Run Director, Logistics, CIBC Run for the Cure – Durham Region, re: the October 2019 Canadian Cancer Society CIBC Run for the Cure and its 20th Anniversary

S. Bookal, Volunteer Run Director, Community Engagement, and L. Tryon, Volunteer Run Director, Logistics, CIBC Run for the Cure – Durham Region, appeared before the Committee with regards to the October 2019 Canadian Cancer Society CIBC Run for the Cure.

S. Bookal and L. Tryon stated that 1 in 8 Canadian women are affected by breast cancer and it continues to be the most commonly diagnosed cancer among Canadian women. They stated that the CIBC Run for the Cure is a 5k or 1k walk or run that is in support of the breast cancer cause at the Canadian Cancer Society and the event is the largest single-day and volunteer-led event in Canada.

S. Bookal and L. Tryon advised that this year marks the 20th anniversary of the Canadian Cancer Society CIBC Run for the Cure in Durham Region and requested that members join them on October 6, 2019 to help celebrate the milestone by getting involved as a team captain, participant or volunteer.

S. Bookal and L. Tryon responded to questions of the Committee.

5. Presentations

5.1 Melissa Hutchinson, Manager, Population Health re: Durham Region Opioid Response Plan

M. Hutchinson, Manager, Population Health, provided a PowerPoint Presentation with regards to the Durham Region Opioid Response Plan. A copy of the presentation was provided as a handout.

Highlights of the presentation included:

- Monthly Opioid-related Morbidity and Mortality Cases: 2017-2018
- Rates of Opioid-related Morbidity and Mortality: 2003-2017
- Type of Opioid Present at Death 2005-2017
- Opioid-related ED visits by age Durham Region, 2017
- Neonatal Abstinence Syndrome (NAS) Durham Region & Ontario
- Non-Medical Use of Opioids by Youth
- Public Health Mandate

- Canadian Drugs & Substances Strategy Framework (Health Canada)
- Key Milestones
- Durham Region Opioid Response Plan
- Opioid Response Implementation
- Coordinate Data Indicators & Real-Time Response Plan
- Develop a harm reduction strategy that fosters service coordination, access to treatment & harm reduction supplies for priority populations
- Address Stigma and Support the Connection between Mental Health, Trauma & Substance Use
- Public Health Nursing Services to Schools

M. Hutchinson provided statistics related to opioid use. She stated that in 2017, the MOHLTC announced that public health units will build on existing harm reduction programs and services and improve local opioid response capacity initiatives. The expanded mandate consists of the following three areas: local opioid response; naloxone distribution; and early warning and surveillance. The work is based on Health Canada's Canadian Drugs and Substances Strategy Framework and by using this framework and the four pillars, it helps to ensure a comprehensive approach to the issue and ensures that work is supported by a strong evidence base.

M. Hutchinson stated that the following actions are the key elements of the Durham Region opioid response plan:

- Coordinate surveillance activities & use of 'real-time' data from across sectors
- Support ongoing knowledge exchange/intelligence sharing related to opioids
- Increase public and service provider awareness of the connection between mental health, trauma and substance abuse
- Increase treatment options that are relevant and accessible within Durham Region
- Develop a local evidence-based harm reduction strategy that fosters coordination and access to harm reduction services and supplies for priority populations
- Continue addressing illicit drug production, supply and distribution

In closing, M. Hutchinson presented a video entitled "The Opioid Crisis in Durham Region".

M. Hutchinson responded to questions regarding opioid addiction in Durham Region; opioid related deaths; the use of naloxone as a harm reduction strategy; prescription and illicit drug addictions; the decrease in average life spans due to the opioid crisis; and whether training is provided to administer naloxone.

6. Health

6.1 Correspondence

There were no communications to consider.

6.2 Reports

A) Amendment to By-Law 17-2016, the Durham Region Personal Services Setting By-Law (2019-MOH-4)

Report #2019-MOH-4 from R.J. Kyle, Commissioner and Medical Officer of Health, was received.

Moved by Regional Chair Henry, Seconded by Councillor Wotten,
(29) That we recommend to Council:

- A) That the current By-Law #17-2016 be amended to reflect updated infection prevention and control best practices received by the Ontario Agency for Health Protection and Promotion (Public Health Ontario); and
- B) That Council approves and passes the amending by-law which updates the definition of "Infection Prevention and Control Best Practices for Personal Services Settings" at clause 1 and updates clause 4 to refer to current infection prevention and control best practices.

CARRIED

7. Social Services

7.1 Correspondence

There were no communications to consider.

7.2 Reports

A) Award of Proposal RFP-181-2019 for the provision of a Primary and Secondary Food and Disposables Distributor for the Region of Durham's four (4) Long-Term Care Homes (2019-SS-5)

Report #2019-SS-5 from H. Drouin, Commissioner of Social Services, was received.

Moved by Councillor Pickles, Seconded by Regional Chair Henry,
(30) That we recommend to Council:

- A) That Sysco Central Ontario, a division of SYSCO Canada Inc. be awarded as the Primary Distributor for Food and Disposables Distribution Services in the estimated amount of \$4.5 million, and Gordon Food Service Ontario Inc. (GFS) be awarded as the Secondary Distributor in the estimated annual amount of \$500,000 for the Region of Durham's four (4) Long-Term Care Homes commencing December 1, 2019 through to November 30, 2023 with an option to extend for one (1) additional three (3) year term and one (1) additional two (2) year term, all in accordance with the terms and conditions set forth in the Region's Request for Proposal #RFP-181-2019 and HealthPro Procurement Services Inc.'s Nutrition and Food and Disposables Distribution Service Contracts #DE04977 and #DE04978;
- B) That the existing agreements with GFS as the Primary Distributor and Sysco as the Secondary Distributor be extended to November 30, 2019 to allow time for Transition of the menus and ordering patterns at each of the Region's four (4) Long-Term Care Homes; and
- C) That the Commissioner of Finance be authorized to execute any necessary agreements for distribution services and software subscriptions, including any required contract extensions and ongoing software maintenance and support.

CARRIED

- B) HealthPro Procurement Services Inc.'s Various Nutrition and Food Supplier Selections for the Region of Durham's four (4) Long-Term Care Homes (2019-SS-6)

Report #2019-SS-6 from H. Drouin, Commissioner of Social Services, was received.

Moved by Councillor Pickles, Seconded by Regional Chair Henry,
(31) That we recommend to Council:

- A) That the HealthPro Procurement Services Inc. Nutrition and Food contract offered to the Region as a member of HealthPro Procurement Services Inc. for the four (4) Long-Term Care Homes nutrition and food requirements, be awarded to the various prequalified single suppliers included in Table 1 HealthPro #NFS-01-04-19 (Attachment #1 to Report #2019-SS-6) and the various prequalified multi suppliers included in Table 2 HealthPro #NFS-01-04-19 (Attachment #2 to Report #2019-SS-6), representing a total cost of approximately \$515,000 annually for a contract term of three (3) years up until March 31, 2022, with an option to extend for one (1) additional two (2) year term; and

- B) That the Commissioner of Finance be authorized to execute the HealthPro Procurement Services Inc.'s Phase 2 Multi Supplier Selection form (Attachment #3 to Report #2019-SS-6) and any required agreements and/or extensions related to the various food contracts in Table 1 and Table 2.

CARRIED

- C) Application for New Long-Term Care Beds to the Ministry of Health and Long-Term Care (2019-SS-7)
-

Report #2019-SS-7 from H. Drouin, Commissioner of Social Services, was received.

Moved by Councillor Pickles, Seconded by Regional Chair Henry,
(32) That we recommend to Council:

That the Regional Chair and Regional Clerk be authorized to sign the application for submission to the MOHLTC indicating the Region's endorsement of the application to build a new 200-bed Long-Term Care Home in North Pickering and its acceptance of the terms and conditions as outlined in the Long-Term Care Home Development and Redevelopment Application Declaration and Application Form.

CARRIED

- D) Update on Provincial Program and Funding Changes Affecting the Social Services Department (2019-SS-8)
-

Report #2019-SS-8 from H. Drouin, Commissioner of Social Services, was received.

Moved by Councillor Pickles, Seconded by Regional Chair Henry,
(33) That we recommend to Council:

That the Ontario government be requested to reconsider the implementation of changes to program design, funding and cost-sharing formulas for Social Services until 2020 and to consult with the Ontario Municipal Social Services Association and its members, including the Regional Municipality of Durham, on the nature and scope of these changes.

CARRIED

- E) Victim Services Pilot Project to address Human Trafficking in Durham (2019-SS-9)
-

Report #2019-SS-9 from H. Drouin, Commissioner of Social Services, was received.

Moved by Councillor Pickles, Seconded by Regional Chair Henry,
(34) That we recommend to Council:

- A) That the Region of Durham enter into a Memorandum of Understanding (MOU) with Victim Services of Durham Region (VSDR) for a pilot project to address and assist in the prevention of Human Trafficking in Durham;
- B) That one-time funding up to a maximum of \$200,000 be provided to VSDR for the pilot project and the agency be required to segregate the funding to ensure reporting and accountability in a manner satisfactory to the Commissioner of Finance and further that any unused funds be returned to the Region of Durham;
- C) That \$100,000 of the approved 2019 budget for the Social Investment Fund be reallocated to the VSDR pilot project, bringing the total budget for this pilot project to \$200,000; and
- D) That the Commissioners of Social Services and Finance be authorized to execute the necessary agreements.

CARRIED

F) Memorandums of Agreement for Lakeview Manor, Fairview Lodge, Hillsdale Terraces and Hillsdale Estates Medical Directors (2019-SS-10)

Report #2019-SS-10 from H. Drouin, Commissioner of Social Services, was received. Revised pages 2 and 3 to the Report were provided as a handout.

Moved by Councillor Pickles, Seconded by Regional Chair Henry,
(35) That we recommend to Council:

That the Regional Chair and Regional Clerk be authorized to sign the Memorandums of Agreement with each independent contractor acting as the Medical Director at each of the Region's four (4) Long-Term Care Homes for a three (3) year term commencing May 2019 with an option to extend for two (2) one-year periods, at an estimated annual cost of \$118,746 to be funded from the Annual Business Plan and Budget for the Long-Term Care Homes.

CARRIED

8. Advisory Committee Resolutions

There were no advisory committee resolutions to be considered.

9. Confidential Matters

There were no confidential matters to be considered.

10. Other Business

A) Retirement of H. Drouin, Commissioner of Social Services

On behalf of the Health and Social Services Committee, Chair Chapman thanked H. Drouin for all his years of service with the Region of Durham and for the work that he's done in the Social Services Department.

11. Date of Next Meeting

The next regularly scheduled Health & Social Services Committee meeting will be held on Thursday, September 5, 2019 at 9:30 AM in Council Chambers, Regional Headquarters Building, 605 Rossland Road East, Whitby.

12. Adjournment

Moved by Councillor Roy, Seconded by Councillor Anderson,
(36) That the meeting be adjourned.

CARRIED

The meeting adjourned at 10:03 AM

Respectfully submitted,

B. Chapman, Chair

N. Prasad, Committee Clerk



The Regional Municipality of Durham Report

To: Health & Social Services Committee
From: Commissioner & Medical Officer of Health
Report: #2019-MOH-5
Date: September 5, 2019

Subject:

Region of Durham Paramedic Services (RDPS) Ambulance/AVL Vehicle Purchases and Standardization

Recommendation:

That the Health & Social Services Committee recommends to Regional Council:

- A) That the Demers Ambulances Type III Mystere MX164A ambulance with the PRAN AVL system be adopted as the standard for RDPS for a period of three (3) years effective January 1, 2020; and
 - B) That authorization be granted to award a single source agreement to Demers Ambulances for a period of three (3) years effective January 1, 2020 for the purchase of new ambulances and ongoing parts, pending the approval of the Paramedic Services Business Plans & Budgets.
-

Report:

1. Background

- 1.1 All ambulances purchased for use by RDPS must be compliant with the current Ontario Provincial Land Ambulance and Emergency Response Vehicle Standard Version 5.0, September 28, 2012 (as amended from time to time).
- 1.2 Mechanical preventative maintenance and repair operations on all ambulances are primarily completed by the Region's Fleet Division of the Works Department, or as necessary by authorized, local maintenance and repair facilities.
- 1.3 RDPS will realize parts and repair services efficiencies and expertise through the deployment of a consistent ambulance conversion platform.

- 1.4 The Region has been purchasing Demers Ambulances for over 10 years. Braun Industries and Demers Ambulances merged in 2018 creating the second largest ambulance manufacturing organization in North America. In late 2018, Demers-Braun also announced that Crestline Coach Limited was joining their brand lineup. The parent company Demers Braun, now oversees three distinct brands: [Demers](#), [Braun](#), and [Crestline](#). All forty-four (44) ambulances currently in the fleet have been manufactured and supplied by Demers Ambulances, allowing the equipment storage, configuration, and patient care compartment to be standardized by RDPS, to the extent possible, throughout the fleet for risk management and clinical care purposes.
- 1.5 The PRAN Systems hardware is a real-time vehicle tracking AVL system that is installed in RDPS vehicles when built by Demers. The hardware has GPS, WIFI, trip history (speed/lights/siren/stop/start) tracking and reporting capabilities. Options to set up parameters for speeding, geofence, acceleration/RPM, vehicle performance, trip history and daily reports is available to RDPS management.

2. Financial Implications

- 2.1 As per Section 8.1 of the Purchasing By-law (#68-2000), purchases may be acquired through negotiation where the extension of an existing contract would prove more cost effective or beneficial.
- 2.2 Financing for the acquisition of ambulances from Demers Ambulances and PRAN Systems will be included in the annual Paramedic Services Business Plans & Budgets.

3. Conclusion

- 3.1 In conclusion, it is recommended that the Demers Ambulances Type III Mystere MX164A ambulance with the PRAN AVL system be adopted as the standard for RDPS for a period of three (3) years effective January 1, 2020.
- 3.2 Further, it is recommended that authorization be granted to award a single source agreement to Demers Ambulances for a period of three (3) years effective January 1, 2020 for the purchase of new ambulances and ongoing parts, pending the approval of the Paramedic Services Business Plans & Budgets.
- 3.3 This report has been reviewed by the Finance Department and the Commissioner of Finance concurs with the financial recommendations.

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

Recommended for Presentation to Committee

Original signed by

Elaine C. Baxter-Trahair
Chief Administrative Officer



The Regional Municipality of Durham Report

To: Health & Social Services Committee
From: Commissioner & Medical Officer of Health
Report: #2019-MOH-6
Date: September 5, 2019

Subject:

Region of Durham Paramedic Services (RDPS) Command and Emergency Response Vehicle Standardization and Upfitting

Recommendation:

That the Health & Social Services Committee recommends to Regional Council:

- A) That the General Motors (GM) Chevrolet “Tahoe” be adopted as the standard vehicle for RDPS Command and Emergency Response Vehicles (CERVs) for a further period of three (3) years effective January 1, 2020;
 - B) That the current RDPS CERVs custom upfitting package provided by Kerr Industries Limited be adopted as the standard for RDPS for a period of three (3) years effective January 1, 2020; and
 - C) That authorization be granted to award a three (3) year extension to the existing agreement with Kerr Industries Limited for the purpose of purchasing custom upfitting packages and/or parts, as approved in the annual Paramedic Services Business Plans and Budgets.
-

Report:

1. Background

- 1.1 The current fleet CERVs have been purchased from GM dealerships offering discounted pricing through the Ministry of Government and Consumer Services Vendor of Record (VOR) arrangements that are available to provincially funded organizations (including municipalities) and competitively bid through authorized GM dealerships in accordance with the Region’s Purchasing By-law. New CERVs will continue to be competitively bid through GM dealerships in accordance with the Region’s Purchasing By-law.

- 1.2 All RDPS CERVs purchased for use by RDPS are custom upfitted by Kerr Industries Limited (as per report #2014-MOH-15) and must be certified as compliant with the current Ontario Provincial Land Ambulance and Emergency Response Vehicle Standard Version 5.0, September 28, 2012 (as amended from time to time).
- 1.3 Kerr Industries Limited is an authorized agent for GM and is involved in making original equipment manufacturer (OEM) modifications to all police and special services vehicles produced by GM.
- 1.4 RDPS' current fleet of CERVs is comprised of GM Tahoes supplied by various GM dealerships. The vehicles are upfitted by Kerr Industries Limited (authorized by report #2014-MOH-15), allowing the conversion package, equipment storage, and configuration to be standardized by RDPS, to the extent possible, ensuring risk management and clinical care excellence. This standardization model ensures that paramedics and allied agency personnel can consistently and efficiently locate all patient care equipment and supplies in all emergency response vehicles, especially in critical and potentially life-threatening patient care situations.
- 1.5 Mechanical preventative maintenance and repair operations on all CERVs are primarily completed by Region's Fleet Division of the Works Department, or as necessary by authorized, local maintenance and repair facilities. RDPS will realize parts and repair services efficiencies and expertise through the deployment of a consistent conversion platform.
- 1.6 All Works Department and local community maintenance and repair facility personnel performing mechanical preventative maintenance and repair operations on RDPS emergency response vehicles store parts for vehicles and have been specifically trained to perform maintenance and repair duties on the GM Chevrolet Tahoe conversion platform.

2. Financial Implications

- 2.1 As per Section 8.1 of the Purchasing By-law (#68-2000), purchases may be acquired through negotiation where the extension of an existing contract would prove more cost effective or beneficial.
- 2.2 Financing for the acquisition of CERV purchases and custom upfitting will be included in the annual Paramedic Services Business Plans & Budgets.

3. Conclusion

- 3.1 In conclusion, it is recommended that the current RDPS CERV (GM Tahoe) be adopted as the standard vehicle for RDPS for a period of three (3) years effective January 1, 2020.
- 3.2 In addition, it is recommended that the current RDPS CERVs custom upfitting package provided by Kerr Industries Limited be adopted as the standard for RDPS for a period of three (3) years effective January 1, 2020.

- 3.3 Further, it is recommended that authorization be granted to award a three (3) year extension to the existing agreement with Kerr Industries Limited for the purpose of purchasing custom upfitting packages and/or parts, as approved in the annual Paramedic Services Business Plans and Budgets.
- 3.4 This report has been reviewed by the Finance Department and the Commissioner of Finance concurs with the financial recommendations.

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

Recommended for Presentation to Committee

Original signed by

Elaine C. Baxter-Trahair
Chief Administrative Officer



The Regional Municipality of Durham Report

To: Health & Social Services Committee
From: Commissioner & Medical Officer of Health
Report: #2019-MOH-7
Date: September 5, 2019

Subject:

Durham Nuclear Health Committee Membership

Recommendation:

That the Health & Social Services Committee recommends to Regional Council:

That the following individual be appointed to the Durham Nuclear Health Committee:

- I. Deborah Kryhul: Public Member – Clarington
-

Report:

1. Purpose

- 1.1 A public member vacancy for Clarington has arisen on the Durham Nuclear Health Committee (DNHC).
- 1.2 The purpose of this report is to seek approval to appoint the above individual to the DNHC, effective immediately.

2. Background

- 2.1 The DNHC acts as a scientific and technical oriented committee primarily focused on nuclear emissions, nuclear wastes and other related topics by providing a forum for discussing and addressing potential radiation and environmental human health impacts with nuclear industry representatives who will connect directly with environmental human health experts and members of the public from the nuclear host communities and elsewhere in Durham Region.
- 2.2 As per the [DNHC Terms of Reference](#), composition of the committee includes nine public members who reside in either Ajax, Clarington, Oshawa, Pickering, or

Whitby, and if possible, three of whom reside in Ajax/Pickering and three of whom reside in Clarington.

2.3 Composition also includes up to three alternate public members who represent absent public members.

2.4 Volunteer public members were sought through advertisements promoted via social media and published in the Clarington Metroland paper on July 4 and July 18, 2019 and the Orono Weekly Times on July 2 and July 17, 2019.

2.5 Interested applicants were interviewed in August 2019 by Dr. Robert Kyle, Chair DNHC and Brian Devitt, Secretary, DNHC. The applicant was selected based on her interest in nuclear energy and human health.

3. Conclusion

3.1 In summary, it is recommended that the Health & Social Services Committee recommends to Regional Council that the following member be appointed to DNHC:

- a. Deborah Kryhul, retired Medical Radiation Technologist and Diagnostic Imaging Manager with Lakeridge Health (Public Member – Clarington).

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

Recommended for Presentation to Committee

Original signed by

Elaine C. Baxter-Trahair
Chief Administrative Officer



The Regional Municipality of Durham Report

To: Health & Social Services Committee
 From: Commissioner & Medical Officer of Health
 Report: #2019-MOH-8
 Date: September 5, 2019

Subject:

Provincial Funding for the Ontario Seniors Dental Care Program

Recommendations:

That the Health & Social Services Committee recommends to Regional Council:

- A) That annual and permanent unbudgeted 100 per cent Provincial funding from the Ontario Ministry of Health (MOH) in the amount of up to \$1,614,700 (pro-rated at \$1,211,025 for the period April 1, 2019 to December 31, 2019) be received as supplementary to the 2019 Health Department Business Plans and Budgets to provide oral health services to eligible low-income seniors as part of the Ontario Seniors Dental Care Program;
- B) That approval be granted to increase the Public Health staffing complement to be financed from the annual 100 per cent Provincial funding allocation, as follows:

Two full-time dentists (2.0 FTE)	\$314,892
Two full-time dental hygienists (2.0 FTE)	\$231,478
Three full-time dental assistants (3.0 FTE)	\$258,399
One full-time Clerk 2 (1.0 FTE)	\$78,834
One full-time Administrative Assistant 1 (1.0 FTE)	\$92,053
	\$975,656

C) That annual increases will be funded entirely from program management costs from the additional 100 per cent Provincial funding allocation.

Report:**1. Purpose**

- 1.1 To seek approval to expend unbudgeted 100 per cent Provincial funding to implement the Ontario Seniors Dental Care Program (OSDCP) as mandated by the MOH.

2. Background

- 2.1 The 2019 Provincial Budget announced a commitment to introduce a new dental program for low-income Ontario seniors. Low-income seniors age 65 and older will be able to receive dental services in public health units, community health centres and Aboriginal health access centres.
- 2.2 On August 20, 2019, the MOH communicated that it will provide Durham Region Health Department (DRHD) up to \$1.6 million in additional annual base funding for the 2019-20 funding year to support the OSDCP. Communications have also indicated that OSDCP is a 100 per cent funded program (refer to Attachment #1).
- 2.3 Seniors 65 years of age or older with an annual income of \$19,300 (for a single person), or family income of \$32,300 (for a couple), or less are eligible to receive oral health services provided by public health units.
- 2.4 The OSDCP will be rolled out in two stages: Stage I will leverage existing infrastructure; Stage II implementation will expand the program through capital investments that will address underserved areas.
- 2.5 It is expected that DRHD will see an additional 4,000 clients per year as part of the OSDCP which will double the current patient volume of the Oral Health Clinic.
- 2.6 The Oral Health Clinic must expand to accommodate new requirements to provide oral health services to eligible low-income seniors which will include additional staff positions, space and equipment. The current clinic space will not be able to accommodate the anticipated increase in number of clients.
- 2.7 DRHD must also establish service level agreements for dental laboratory and dental specialist services.
- 2.8 Initially, to begin to provide services to seniors, existing space in the Oral Health Clinic will be used to assess and treat clients. New staff will share existing office space and workstations temporarily.
- 2.9 On June 21, 2019, the MOH announced the launch of a capital funding application process to support the staged implementation of the OSDCP. DRHD submitted an

initial assessment of current infrastructure and projected future needs as a component of this process on August 8, 2019.

- 2.10 The projects proposed in the capital applications will be assessed using criteria including whether they demonstrate: ability to provide the required dental services to OSDCP clients in their catchment area; ability to address access issues in underserved areas; and value for money as well as factors such as stakeholder engagement and local considerations.
- 2.11 DRHD is expected to provide the full scope of services to seniors in 2020.

3. Financial Implications

- 3.1 Section 15.2 of the Region's Budget Management Policy requires the approval of the applicable Department Head, Treasurer, CAO, applicable Standing Committee, Finance & Administration Committee and Regional Council to expend unanticipated revenues.
- 3.2 Funds must be used in accordance with the criteria and reporting requirements set out in the attached funding letter from the MOH (Attachment #1).
- 3.3 The annual provincial funding of up to \$1.6 million will be used for new staff positions, education and training, program materials and supplies, professional services, facilities lease costs, equipment maintenance and repairs and other eligible costs as detailed below. An estimated annual budget of \$1,613,677 is required to implement the OSDCP which includes the following new staff positions:
- a. Two new full-time dentists (2.0 FTE) at an estimated cost of \$314,892. One dentist to begin in November 2019 and the second dentist to begin in March 2020.
 - b. Two new full-time dental hygienists (2.0 FTE) at an estimated cost of \$231,478. One dental hygienist to begin in November 2019 and the second to begin in March 2020.
 - c. Three new full-time dental assistants (3.0 FTE) at an estimated cost of \$258,399. One dental assistant to begin in November 2019 and two dental assistants to begin in March 2020.
 - d. One new full-time Clerk 2 (1.0 FTE) at an estimated cost of \$78,834 to begin in November 2019.
 - e. One new full-time Administrative Assistant 1 (1.0 FTE) at an estimated cost of \$92,053 to begin in November 2019.
- 3.4 The remaining estimated annual operating budget is allocated as follows:
- a. Education and Training: \$20,000
 - b. Printing and Reproduction: \$16,000
 - c. Office Materials and Supplies: \$30,000
 - d. Program Materials and Supplies: \$270,000
 - e. Advertising and Promotion: \$5,000

- f. Professional Services (i.e. a part-time denturist and dental laboratory fees): \$100,000
- g. Equipment maintenance and repairs: \$5,000
- h. Facilities costs: \$71,744
- i. Program Management Costs: \$121,300.

3.5 The total OSDCP annual budget is \$1,614,700.

3.6 One-time capital funding will be confirmed separately by the Province through the capital funding allocation process.

3.7 However, there are risks to the Region with respect to new programs receiving 100 per cent provincial subsidy and associated increases in Provincial subsidies. In the event that the level of 100 per cent provincial funding provided to the Region does not increase to accommodate inflationary and contractual increases or provide sufficient funding to cover the Region's administrative costs to deliver the increased level of service, the Region's costs would need to increase to maintain the same level of service to the community.

4. Conclusion

4.1 In summary, it is recommended that the Health & Social Services Committee recommends to Regional Council that the additional unbudgeted Provincial funding from the MOH in the amount up to \$1.6 million be received and allocated for the OSDCP eligible costs as outlined above.

4.2 This report has been reviewed by the Finance Department and the Commissioner of Finance concurs with the financial recommendations.

5. Attachments

Attachment #1 Ministry of Health 2019-2020 Funding Letter dated
 August 20, 2019

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

Recommended for Presentation to Committee

Original signed by

Elaine C. Baxter-Trahair
Chief Administrative Officer

Ministry of Health

Office of Chief Medical Officer of Health,
Public Health
393 University Avenue, 21st Floor
Toronto ON M5G 2M2

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Ministère de la Santé

Bureau du médecin hygiéniste en chef,
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393 avenue University, 21^e étage
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iApprove-2019-01185

AUG 20 2019

Dr. Robert Kyle
Medical Officer of Health
Durham Region Health Department
605 Rossland Road East, P.O. Box 730
Whitby ON L1N 0B2

Dear Dr. Kyle:

Re: Ministry of Health Public Health Funding and Accountability Agreement with the Board of Health for the Durham Region Health Department (the “Board of Health”) dated January 1, 2014, as amended (the “Agreement”)

Further to the recent letter from the Honourable Christine Elliott, Deputy Premier and Minister of Health, I am writing to inform you that the Board of Health will be provided up to \$31,988,100 in base funding and up to \$62,000 in one-time funding for the 2019-20 funding year, to support the provision of public health programs and services in your community.

Please find attached to this letter a new Schedule A (Grants and Budget), Schedule B (Related Program Policies and Guidelines), Schedule C (Reporting Requirements), and Schedule D (Board of Health Financial Controls) that, pursuant to section 3.4 of the Agreement shall replace the existing schedules. All terms and conditions contained in the Agreement remain in full force and effect.

We appreciate your cooperation with the Ministry of Health in managing your funding as effectively as possible. You are expected to adhere to our reporting requirements, particularly for in-year service and financial reporting, which is expected to be timely and accurate. Based on our monitoring and assessment of your in-year service and financial reporting, your cash flow may be adjusted appropriately to match actual services provided.

It is also essential that you manage costs within your approved budget.

.../2

Dr. Robert Kyle

Please review the new Schedules carefully. Should you require any further information and/or clarification, please contact Elizabeth Walker, Director, Accountability and Liaison Branch, Office of Chief Medical Officer of Health, Public Health, at 416-212-6359 or by e-mail at Elizabeth.Walker@ontario.ca.

There is a significant role for public health to play within the larger health care system and it will continue to be a valued partner. I look forward to your input and collaboration as we work to modernize the public health sector.

Thank you for your ongoing support as the Ministry of Health continues to build a modern, sustainable public health sector that meets the needs of Ontarians.

Yours truly,



David C. Williams, MD, MHSc, FRCPC
Chief Medical Officer of Health

Attachments

- c: John Henry, Chair, Board of Health for the Durham Region Health Department
- Zareen Butt, Manager, Health Policy & Equity, Durham Region Health Department
- Jim Yuill, Director, Financial Management Branch, MOH
- Teresa Buchanan, Director (A), Fiscal Oversight & Performance Branch, MOH

**SCHEDULE “C”
REPORTING REQUIREMENTS**

The reports mentioned in this Schedule are provided for every Board of Health Funding Year unless specified otherwise by the Province.

The Board of Health is required to provide the following reports/information in accordance with direction provided in writing by the Province (and according to templates provided by the Province):

Name of Report	Reporting Period	Due Date
1. Annual Service Plan and Budget Submission	For the entire Board of Health Funding Year	March 1 of the current Board of Health Funding Year
2. Quarterly Standards Activity Reports		
Q1 Standards Activity Report	For Q1	April 30 of the current Board of Health Funding Year
Q2 Standards Activity Report	For Q2	July 31 of the current Board of Health Funding Year
Q3 Standards Activity Report	For Q3	October 31 of the current Board of Health Funding Year
Q4 Standards Activity Report	For Q4	January 31 of the following Board of Health Funding Year
3. Annual Report and Attestation	For the entire Board of Health Funding Year	April 30 of the following Board of Health Funding Year
4. Annual Reconciliation Report	For the entire Board of Health Funding Year	April 30 of the following Board of Health Funding Year
5. MOH/AMOH Compensation Initiative Application	For the entire Board of Health Funding Year	As directed by the Province
6. Other Reports and Submissions	As directed by the Province	As directed by the Province

Definitions

For the purposes of this Schedule, the following words shall have the following meanings:

“Q1” means the period commencing on January 1st and ending on the following March 31st.

“Q2” means the period commencing on April 1st and ending on the following June 30th.

“Q3” means the period commencing on July 1st and ending on the following September 30th.

“Q4” means the period commencing on October 1st and ending on the following December 31st.

Report Details

Annual Service Plan and Budget Submission

- The Board of Health shall provide its Annual Service Plan and Budget Submission by March 1st of the current Board of Health Funding Year.
- The Annual Service Plan and Budget Submission Template sets the context for reporting required of the Board of Health to demonstrate its accountability to the Province.
- When completed by the Board of Health, it will: describe the complete picture of programs and services the Boards of Health will be delivering within the context of the Ontario Public Health Standards; demonstrate that Board of Health programs and services align with the priorities of its communities, as identified in its population health assessment; demonstrate accountability for planning – ensure the Board of Health is planning to meet all program requirements in accordance with the Ontario Public Health Standards, and ensure there is a link between demonstrated needs and local priorities for program delivery; demonstrate the use of funding per program and service.

Quarterly Standards Activity Reports

- The Quarterly Standards Activity Reports will provide financial forecasts and interim information on program achievements for all programs governed under the Agreement.
- Through these Standards Activity Reports, the Board of Health will have the opportunity to identify risks, emerging issues, changes in local context, and programmatic and financial adjustments in program plans.

Annual Report and Attestation

- The Annual Report and Attestation will provide a year-end summary report on achievements on all programs governed under the Agreement, in all accountability domains under the Organizational Requirements, and identification of any major

changes in planned activities due to local events.

- The Annual Report will include a narrative report on the delivery of programs and services, fiduciary requirements, good governance and management, public health practice, and other issues, year-end report on indicators, and a board of health attestation on required items.

Annual Reconciliation Report

- The Board of Health shall provide to the Province an Annual Reconciliation Report (as part of the Annual Report and Attestation) for funding provided for public health programs governed under the Accountability Agreement.
- The Annual Reconciliation Report must contain: Audited Financial Statements; and, Auditor's Attestation Report in the Province's prescribed format.

MOH/AMOH Compensation Initiative Application

- The Board of Health shall complete, sign, and submit an annual application in order to participate in this Initiative and be considered for funding.
- Application form templates and eligibility criteria/guidelines shall be provided by the Province.

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 2463



The Regional Municipality of Durham Information Report

To: Health and Social Services Committee
From: Commissioner of Social Services
Report: [#2019-SS-11](#)
Date: September 5, 2019

Subject:

Summary report of 2018 homelessness and short-term rent support programs

Recommendation:

That the Health and Social Services Committee recommends:

That this report be received for information.

Report:

1. Purpose

1.1 The purpose of this report is to provide an update on homelessness programs funded through the Community Homelessness Prevention Initiative (CHPI) and short-term rent support programs funded through the Investment in Affordable Housing (IAH) Program.

2. Background

2.1 In 2018, \$8,016,010 in 100 per cent provincial funding and \$72,150 in Regional funding was committed to CHPI services in Durham Region. Funds were flowed to community partners to support programs to assist households experiencing homelessness obtain housing and help households at risk of homelessness with eviction prevention.

2.2 The Region enters into service contracts with local agencies for the administration of CHPI programs that assist households obtain and/or retain housing in four service categories including: emergency shelter solutions; housing and related supports; services and supports; and homelessness prevention. Program expenditures are reconciled in each quarter and agencies complete regular project outcome reports as part of an ongoing evaluation of service conducted by

the Housing Services Division. Regional staff compile these reports and analyze the data to identify trends in community needs.

- 2.3 In addition to CHPI funding, \$2,678,365 was provided to low income households through the 100 per cent federally and provincially funded Investment in Affordable Housing (IAH) program to improve affordability conditions within market rent accommodations. This funding is split between the Durham Housing Benefit (DHB) (\$1,897,165) and the Housing Allowance Program (HAP) (\$781,200).
- 2.4 The DHB provides short-term flat rate rent assistance directly to landlords on behalf of market rent tenants. Assistance is provided through two IAH program streams:
- a. Direct delivery – the Region approves and monitors tenant eligibility and makes payments on their behalf to landlords who have entered into service agreements with the Region. In 2018, 211 households were assisted under this program stream.
 - b. Shared delivery – the Region provides funding to partner agencies who manage tenant eligibility and landlord payments on behalf of the Region. The Region has partnered with 8 agencies in a shared delivery DHB program. These agencies administer the benefit on behalf of their clients. In 2018, 159 households were assisted under this program stream.
- 2.5 The IAH Housing Allowance program provides short-term flat rate rent assistance directly to tenants through a partnership agreement with the Ministry of Finance. In 2018, 209 households were assisted through this program.
- 2.6 CHPI and IAH funds are leveraged to ensure investment strategies support the goals of At Home in Durham, the Durham Region Housing Plan 2014-2024, including End Homelessness in Durham, Affordable Rent for Everyone, Greater Housing Choice, and Strong and Vibrant Neighbourhoods.

3. Emergency Shelter Solutions

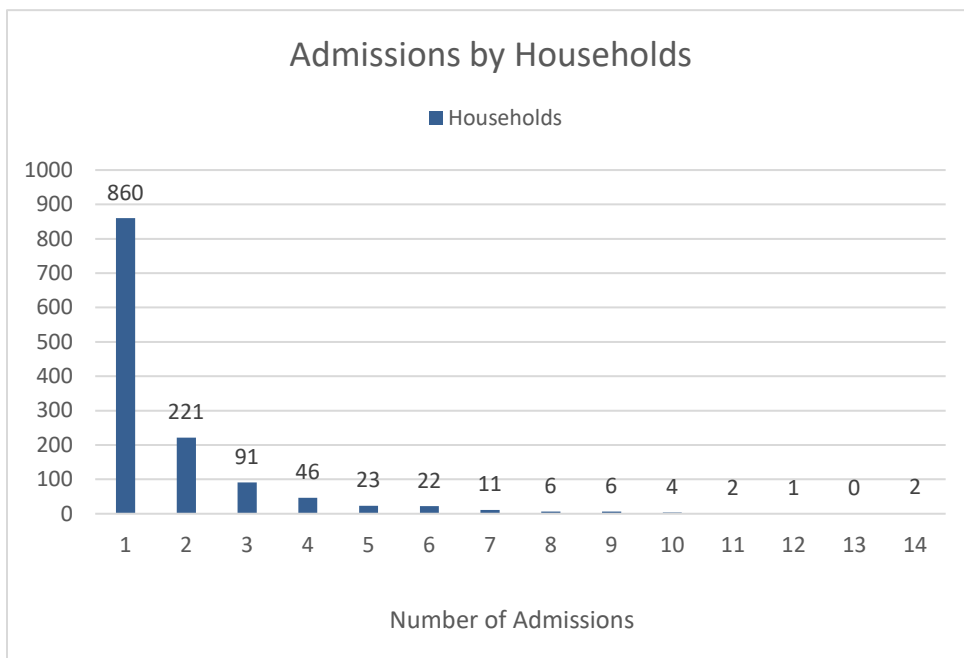
- 3.1 Shelter services are provided to households experiencing homelessness through the Emergency Shelter CHPI stream. Emergency shelter is provided by three non-profit agencies serving Durham residents:
- a. Cornerstone Community Association – single men with or without children, couples with children, seniors with high medical needs that can't be accommodated in shelter
 - b. Muslim Welfare Home – single women with or without children
 - c. Joanne's House – single youth (ages 16-24 years)
- 3.2 The number of households using shelter services has remained consistent, averaging just under 1,400 households per year since 2014. The ratio of families to singles has also remained consistent with approximately 90 per cent of shelter

users being single people with no children.

3.3 Although the number of households using shelter services has remained consistent, there was a decrease in the average length of stay from 11.12 nights in 2017 to 7.62 nights in 2018, reflecting a shift in household use from longer stays to shorter stays.

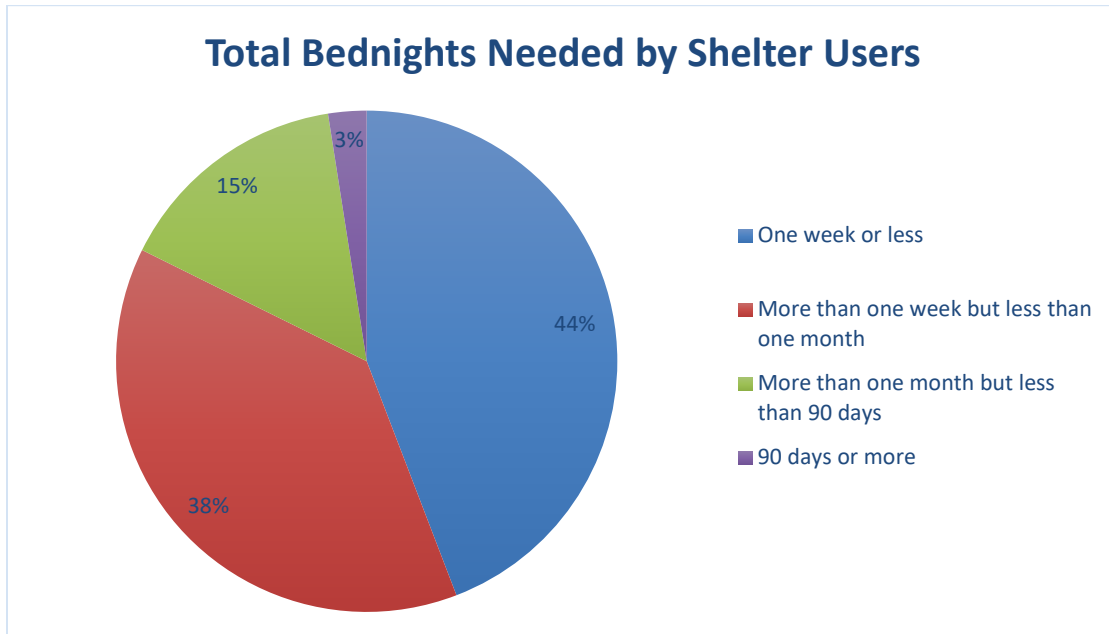
3.4 Shelter occupancy rates across all three emergency shelters averaged 76 per cent in 2018 which is consistent with prior years. January had the highest occupancy rate at 90 per cent, and May and June had the lowest occupancy rates at 68 per cent. Shelter occupancy rates below 100 per cent do not necessarily mean that beds are underutilized. Beds may be offline due to shelter repairs/renovations or room composition where a household may occupy a whole room but not all beds in the room.

3.5 A small group of households were episodically¹ homeless and accessed emergency shelter services several times throughout 2018. Most of the frequent shelter users were single males:



3.6 In 2018, the Emergency Shelter Standards were amended to provide up to 90 days of accommodation for individuals experiencing homelessness. Most shelter users (82 per cent) accessed emergency shelter services for less than one month. Only 3 per cent of shelter users needed to utilize the full 90 days.

¹ Episodic homelessness refers to individuals or households have had three or more instances of homelessness in the past year.



3.7 In 2018, emergency shelter programs facilitated 1,236 housing placements from shelter to long-term housing through:

- a. engagement with landlords and community agencies to build positive relationships with the goal of facilitating housing move-ins
- b. partnerships with community agencies that have supportive housing for clients with high-acuity that need on-going support to remain stably housed
- c. transitional or permanent housing opportunities within their organization.

3.8 There are four Violence Against Women (VAW) shelters in Durham Region that receive funding from the Ministry of Children, Community and Social Services (MCCSS) for shelter and outreach programs:

- a. Bethesda House – 18 MCCSS funded beds, 24 total beds
- b. Denise House – 22 MCCSS funded beds, 27 total beds
- c. Herizon House – 30 MCCSS funded beds, 33 total beds
- d. Y's Wish – 15 MCCSS funded beds, 20 total beds.

3.9 Community Development Council Durham (CDCD) and Durham Mental Health Services coordinated a Point in Time (PiT) Count and Registry Week in 2018 to identify the nature and extent of homelessness in Durham. This initiative was funded through the federal Homelessness Prevention Strategy and provincial CHPI program.

- a. Households were surveyed on various demographic characteristics as well as service needs. A total 188 individuals were surveyed on the night of the PiT Count or during the following four days of the Registry Week.
- b. Of the 188 individuals surveyed, 91 per cent were single and the remainder had children in their care. Of the families surveyed, more than half were in a

VAW shelter with the remainder split evenly between the emergency shelters and provisional accommodations². There were no unsheltered children identified.

4. Housing and Related Supports

- 4.1 Housing and related supports are offered through two types of programs: housing with supports attached to the accommodations; and supports to individuals living independently.
- 4.2 The Region partners with four community agencies to provide housing and related supports: Community Living Durham North, Cornerstone Community Association, Durham Mental Health Services, and Participation House. These partners assist households adjust to their supportive housing accommodation and provide ongoing support to ensure that program participants remain stably housed.

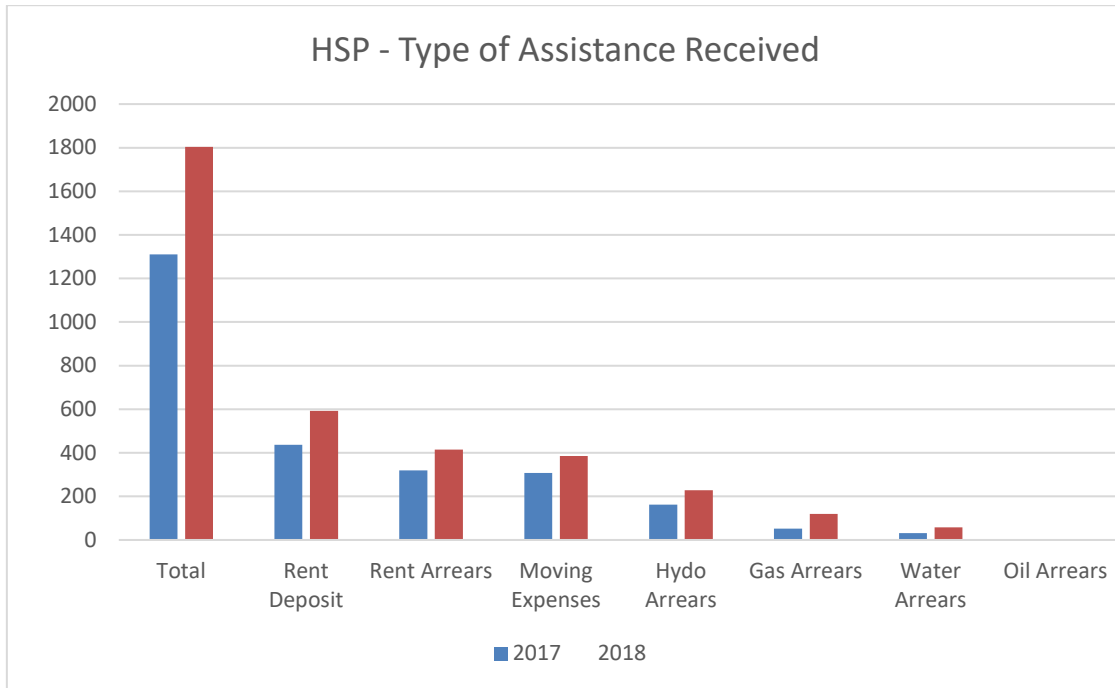
5. Services and Supports

- 5.1 Housing outreach workers provide supports to households who are not using shelters but are also homeless. This group included people who are provisionally accommodated meaning they live in temporary accommodation or lack security of tenure (e.g. staying temporarily with friends or family).
- 5.2 Outreach services are provided by Community Development Council Durham (CDCD) in Ajax and Pickering, John Howard Society Durham Region (JHS) in Oshawa, Whitby and Clarington, and North House and Community Living Durham North in Brock, Scugog and Uxbridge. In 2018, housing outreach agencies helped 511 unsheltered or provisionally accommodated households secure permanent housing.

6. Homelessness Prevention

- 6.1 The Housing Stability Program (HSP) provides one-time financial assistance to households to help them secure housing or maintain their tenancies. Assistance can be provided for rent or energy arrears, rent deposits, or moving expenses.
- 6.2 In 2018, 1,812 households received HSP assistance, representing a 38 per cent increase from 2017. Of the approved applicants, the two largest groups were singles (34 per cent) and female sole-support parents (37 per cent) followed by couples with children (17 per cent).
- 6.3 Assistance with rent deposits (33 per cent) and rent arrears (23 per cent) continue to be the most requested HSP benefits.

² Provisionally accommodated refers to individuals or households that live in temporary accommodation or lack security of tenure.



6.4 Housing outreach and eviction prevention workers also assisted 2,623 households at-risk of homelessness maintain their housing stability through this program stream.

7. Challenges

- 7.1 The average market rent for a one-bedroom apartment in Durham (\$1,153) exceeds the total Ontario Works assistance for a single person (\$733) and is almost equal to the total Ontario Disability Support Plan (ODSP) rate (\$1,169) for a single person. Single people receiving social assistance have limited affordable housing options in Durham Region and often rely on rooming houses – many of which are either unregulated and potentially unsafe or not protected by the Residential Tenancies Act (RTA) because the tenant shares a bathroom and/or kitchen with the owner of the property.
- 7.2 Time-limited rent support programs like the Durham Housing Benefit (DHB) and Housing Allowance Program (HAP) do not allow sufficient time to stabilize households. Without long-term sustainable funding, households will be at risk of homelessness when the program funding ends. The DHB and HAP end on March 31, 2023 and March 31, 2024 respectively.
- 7.3 Vacancy rates in Durham remain very low (2.4 per cent) and demand for available rental units is increasing. It is challenging to build partnerships with landlords to rent to low-income households when the demand for available units is high.
- 7.4 Unsheltered homelessness is becoming more visible in Durham. Many of those living unsheltered have complex healthcare needs and require comprehensive supports to stabilize. Many of these individuals choose to live unsheltered rather

than use the shelter system, which may limit their access to other support services.

8. Successes

- 8.1 The Region has partnered with community agencies to address unsheltered homelessness in Durham.
- a. Cornerstone Community Association's Housing First programs showed success in 2018 with 25 high acuity clients moving from shelter to more permanent housing. Once stably housed, program participants continue to work with Housing First workers to meet self-identified goals, as well as attend ongoing social engagement events.
 - b. The Region also partnered with Cornerstone Community Association to create and implement two new initiatives in 2018:
 - The Bridges Street Outreach program provides a dedicated street outreach team to build relationships with unsheltered individuals and connect them to available supports and services in the community. The Bridges Street Outreach program began in the second quarter of 2018 and successfully housed 15 individuals who had been living unsheltered. This program worked collaboratively with the Region's Primary Care Outreach Pilot (PCOP) program to maximize the resources available to this population.
 - The Out of the Cold warming center program is a low barrier alternative to the conventional shelter program which provides accommodation for individuals experiencing homelessness during the winter months. The pilot will be evaluated to determine the efficacy of the warming center model during periods of extreme cold.
 - c. Regional staff established a task force to specifically address unsheltered homelessness in Oshawa. The Oshawa Unsheltered Residents (OUR) Task Force includes representation from the Region, the City and community partners. This collaborative table develops and implements strategies to address the needs and barriers of those living unsheltered in the city of Oshawa.
- 8.2 The Region also partnered with the Salvation Army to create the Housing Retention Program. This program facilitates positive relationships with landlords to increase the supply of affordable housing through a roommate matching process and supported accommodations. The program provides ongoing transitional supports to ensure stable tenancies. In 2018, the program helped 19 households obtain and retain housing through this collaborative model.
- 8.3 The Region facilitated the implementation of the Homelessness Individuals and Families Information System (HIFIS 4.0) across funded homelessness serving partner agencies. This new web-based software allows all partner agencies to access the same database and provides universal information sharing through a

common consent form. Partner agencies can now facilitate wrap-around supports and build on the services already provided to clients. Information is then fed back into the system to build stories around individuals, track changes over time and inform future decision making.

- 8.1 Council previously approved approximately 30 additional rent-geared-to-income (RGI) subsidies above the Region's legislated service level standard to address those who are homeless and those at risk of becoming homeless (refer #2017-COW-257). In addition to partnering with local landlords for the provision of units, the Region is partnering with Cornerstone Community Association to increase the availability of housing opportunities for individuals experiencing homelessness.
- 8.2 The Region became the Community Entity to administer federal homelessness funding through Reaching Home on April 1, 2019. All available sources of funding for homelessness initiatives will be coordinated to close gaps in service and build synergy among housing and homelessness programs.
- 8.3 The Region is working with local agencies to provide portable housing benefits to at-risk youth. This targeted intervention will reduce homelessness by preventing the in-flow of youth into the homelessness system in Durham.

9. Next Steps

9.1 Coordinated Access

- a. The Region is working with the HIFIS Community Coordinator to continue the rollout of HIFIS 4.0 across Durham.
- b. The implementation of HIFIS 4.0 was the first step taken by the Region working towards the development of a Coordinated Access System. A Coordinated Access System streamlines the process for households experiencing homelessness to access housing opportunities and supports by standardizing the intake, assessment and referral processes across Durham.

9.2 Increased focus on eviction prevention programs

- a. It is becoming more difficult for low-income households to find affordable housing. If a household has housing that is even moderately affordable and suitable, agencies are focusing their efforts on assisting tenants to maintain that housing. This assistance can be mediating or negotiating with the landlord, supporting the tenant at the Landlord and Tenant Board, or financial assistance for rent or energy arrears.
- b. Non-senior single people receiving social assistance income are often limited to rooming house accommodations when not provisionally accommodated or using shelter programs. To assist these households to become and stay stable, agencies are supporting them in knowing and exercising their rights as rooming house tenants. It is hoped that this activity in conjunction with the landlord engagement described above will result in more housing stability for this marginalized group.

- 9.3 The Region is working with the Durham Advisory Committee on Homelessness (DACH) and the Community Advisory Board (CAB) to develop a community plan to maximize the benefits of federal Reaching Home funding to reduce chronic³ homelessness in Durham.
- 9.4 Staff will continue to explore innovative partnerships and models to address the needs of unsheltered residents that connect them with housing outreach supports, harm reduction services, employment support opportunities and income supports.

Respectfully submitted,

Original signed by:

Stella Danos-Papaconstantinou
Commissioner of Social Services

³ Chronic homelessness refers to individuals or households that have experienced homelessness for six months or more in the past year.



The Regional Municipality of Durham Report

To: Health and Social Services Committee
From: Commissioner of Social Services
Report: [#2019-SS-12](#)
Date: September 5, 2019

Subject:

Connecting Ontario eHealth Agreement for the Region's Four Long-Term Care Homes

Recommendation:

That the Health and Social Services Committee recommends to Regional Council that the Regional Chair and Regional Clerk be authorized to enter into the Connecting Ontario eHealth Agreement and any subsequent agreements, subject to the concurrence of the Regional Solicitor and Commissioner of Finance, unless amended by eHealth Ontario, thereby requiring review and approval by the Health and Social Services Committee and by Regional Council.

Report:

1. Purpose

1.1 The purpose of this report is to provide details and seek approval to enter into the Connecting Ontario service agreement with eHealth Ontario for the Region of Durham's four (4) long-term care homes.

2. Background

2.1 Connecting Ontario is a secure provincial electronic health record (EHR) system that allows authorized members of the healthcare team convenient access to critical personal health information (e.g. laboratory results, diagnostic imaging reports, discharge summaries, medication information) of their clients in a safe, secure, digital format.

2.2 Connecting Ontario EHR provides a comprehensive view of a patient's health journey which enables health care providers to make faster and more informed care decisions. It improves workflow and efficiencies at the point of care and reduces

duplication of tests and procedures, saving time, system costs, patient discomfort and patient travel.

- 2.3 The Connecting Ontario program is funded and overseen by eHealth Ontario.
- 2.4 All organizations participating in Connecting Ontario must follow all applicable privacy laws as well as EHR privacy policies and procedures and must successfully complete the prescribed privacy and security assessments.
- 2.5 The agreement has been reviewed by Corporate Services-Legal Services, Corporate Services – Information Technology and the Risk Management Division of the Finance Department and they have no concerns.

3. Financial Implications

- 3.1 The annual cost for the interface between Connecting Ontario and the divisional resident electronic health record software (Point Click Care) is estimated to be less than \$16,000 which has been accounted for within the 2019 Long-Term Care Business Plans and Budgets.

4. Conclusion

- 4.1 Connecting Ontario allows for the secure and encrypted sharing of personal health information among authorized members of the healthcare team.
- 4.2 It is recommended that the Regional Chair and Regional Clerk be authorized to enter into the Connecting Ontario eHealth Agreement and any subsequent agreements, subject to the concurrence of the Regional Solicitor and Commissioner of Finance, unless amended by eHealth Ontario, thereby requiring review and approval by the Health and Social Services Committee and by Regional Council.

Respectfully submitted,

Original signed by

Stella Danos-Papaconstantinou
Commissioner of Social Services

Recommended for Presentation to Committee

Original signed by

Elaine C. Baxter-Trahair
Chief Administrative Officer



The Regional Municipality of Durham Report

To: The Health and Social Services Committee
From: Commissioner of Social Services
Report: [#2019-SS-13](#)
Date: September 5, 2019

Subject:

Unbudgeted funding from the Federal Government of Canada, Employment and Social Development Canada (ESDC) for a research and innovation project entitled “Rebuilding the village: A novel approach to inclusive early learning and child care environment”

Recommendations:

That the Health and Social Services Committee recommends to Regional Council:

- A) That unbudgeted one-time federal funding in the amount of \$277,625 from Employment and Social Development Canada (ESDC) be received as supplementary to the 2019 Business Plans and Budgets to completing a research and innovation project entitled “Rebuilding the village: A novel approach to inclusive early learning and child care environment”;
 - B) That Federal funding in the amount of \$277,625 be expended in accordance with the funding agreement, which includes costs related to, but not limited to: staff wages, project costs, and capital assets; and,
 - C) That the Regional Chair and Regional Clerk be authorized to execute the required agreement related to the additional unbudgeted funding.
-

Report:

1. Purpose

- 1.1 The purpose of this report is to obtain approval to receive unbudgeted one-time federal funding from Employment and Social Development Canada (ESDC) to

complete a project entitled “Building the village: A novel approach to inclusive early learning and child care environment”.

2. Background

- 2.1 In the spring of 2018, the Federal government circulated requests for Research and Innovation projects that would support the Early Learning and Child Care (ELCC) community as part of the Social Development Program.
- 2.2 The Children’s Services Division partnered with Fairy Glen Day Care to develop a proposal, with input provided from additional organizations, which would build capacity in the ELCC community to support the needs of children exhibiting at-risk behaviours and children with mental health needs. The application was submitted to ESDC in July 2018.
- 2.3 Staff at ESDC reviewed the application and in July 2019 the Social Service Department, Children’s Services Division was informed that grant funding of \$277,625 would be provided to develop a simulated environment to create and sustain the ELCC community in action research to gain a deeper understanding of how to support children demonstrating at-risk behaviour to successfully participate in the ELCC environment.
- 2.4 Staff are requesting approval and authorization to expend these funds related to the project budget and deliverables. The deadline to expend the funds is March 31, 2020.
- 2.5 The Children’s Services Division as the project lead will complete the requirements set out in the funding agreement in partnership with community partners including Fairy Glen Day Care. Fairy Glen Day Care was actively involved and included on the application submission.
- 2.6 Staff provided an estimate of in-kind contributions related to the project that included; space for meeting and workstations, space for simulation rooms, administrative staff support and coordination of communications and training sessions, etc. Total estimated in-kind contributions amount to \$143,358 and will be absorbed within the approved operating budgets.

3. Overview

- 3.1 The Social Services Department, Children’s Services Division actively partners with services providers and community agencies to ensure that children and families receive quality services that meet their needs.
 - a. ELCC organizations and educators expressed a need for recommendations and opportunities to build capacity to support the needs of children exhibiting at risk behaviours and children with mental health needs.
 - b. A literature review of current research and supportive materials in this area demonstrated this is an area of opportunity to develop.

- 3.2 The main objectives of the project are to:
- a. Develop an innovative approach using a simulated environment to create and sustain ELCC community in action research;
 - b. To gain a deeper understanding of how to support children demonstrating at-risk behaviour to successfully participate in ELCC programs;
 - c. Disseminate identified best practices to the ELCC community as well as a much broader sector;
 - d. Evaluate the impact of capacity building exercises on educator self-efficacy and their ability to respond to at-risk behaviours as well as the degree to which inclusive environments are developing social competencies and emotional maturity in children; and
 - e. Create a sustainability plan so the project outcomes continue to increase ELCC professional educator capacity within Durham, including French programs.
- 3.3 The Children's Services Division will provide a final report to the Federal government that summarizes the project scope, results achieved and any discrepancies between the results and the planned or expected outcomes by May 2020.

4. Financial Implications

- 4.1 As per section 15.2 of the Region's Budget Management Policy, approval of the applicable Standing Committee, Finance and Administration Committee and Regional Council is required to receive and expend all unanticipated revenue.
- 4.2 That unbudgeted Federal funding in the amount of \$277,625 be expended in accordance with the funding agreement, which includes costs related to, but not limited to: staff wages, project costs, and capital assets.
- 4.3 Staff provided an estimate of in-kind contributions related to the project that included; space for meeting and workstations, space for simulation rooms, administrative staff support and coordination of communications and training sessions, etc. Total estimated in-kind contributions amount to \$143,358 and will be absorbed within the approved operating budgets.

5. Conclusion

- 5.1 This one-time funding from the EDSC will allow staff to conduct a research and innovation project entitled "Rebuilding the village: A novel approach to inclusive early learning and child care environment" as outlined above and offer the ELCC community valuable information and tools to support inclusive programs.
- 5.2 This report has been reviewed by the Finance Department and the Commissioner of Finance concurs with the financial recommendation.

Respectfully submitted,

Original signed by

Stella Danos-Papaconstantinou
Acting Commissioner of Social Services

Recommended for Presentation to Committee

Original signed by

Elaine C. Baxter-Trahair
Chief Administrative Officer



The Regional Municipality of Durham Report

To: Health and Social Services Committee
 From: Commissioner of Social Services
 Report: #2019-SS-14
 Date: September 5, 2019

Subject:

Additional Provincial Funding from the 2019 Revised Child Care Allocation, and Fee Subsidy Update

Recommendations:

That the Health and Social Services Committee recommends to Regional Council that:

- A) Additional unbudgeted Provincial funding for child care services from the Ministry of Education in the amount of \$2,114,812 for the Regional Municipality of Durham Children’s Services Division be received as supplementary to the 2019 Business Plans and Budgets and allocated as follows:

Program	Expenditure	Amount \$
Purchased Fee Subsidy Spaces	Fee Subsidy	200,000
General Operating Program – Licensed Home Child Care	Provider Payments	141,450
Special Purpose - Projects	Provider Payments	544,931
Wage Enhancement	Provider Payments Provider Payments – Fee Stabilization (discontinued effective March 31, 2019)	1,051,157 (1,976,485)
Child Care Expansion	Provider Payments Tangible Capital Assets: • Laptops (\$48k); Tablets (\$39k); Desktops (\$3k); Monitors (\$1k); Office Furniture (\$9k).	2,053,759 100,000
Total		<u>2,114,812</u>

- B) The Regional Chair and the Regional Clerk be authorized to execute the Amended Ontario Transfer Payment Agreement.
-

Report:**1. Purpose**

- 1.1 The purpose of this report is to notify Regional Council that on June 7, 2019 the Ministry of Education provided the 2019 Revised Child Care Allocation and Child Care Transfer Payment Agreement Amendments. This revised allocation provided a total of \$2,114,812 in additional unbudgeted Provincial funding to support child care services. Refer to Attachment #1 – 2019 Amended Ontario Transfer Payment Agreement – Schedule “D” Budget for full allocations details.
- 1.2 This report also provides an update on Fee Subsidy and the current waitlist, along with the second quarter statistical report (Attachment #2).

2. Background

- 2.1 On April 18, 2019, the Children’s Services Division received notice (2019: EYCC02) from the Ministry of Education outlining the 2019 Child Care and Early Years Allocations which, among other items, included changes to municipal cost-sharing and administration threshold amounts to take effect as of April 1, 2019. It also provided guidance that the Region’s 2019 total funding allocation would be \$63,510,485 which represented a decrease of \$1,851,062 from 2018 funding levels of \$65,361,547.
- 2.2 On May 15, 2019 the Commissioner of Finance delivered a presentation to the Committee of the Whole entitled “Provincial Funding Update: Implications for Durham” to highlight the nature of the provincial changes to Regionally delivered programs and services known to date.
- 2.3 On June 6, 2019 the Health and Social Services Committee received report 2019-SS-8 entitled “Update on Provincial Program and Funding Changes Affecting the Social Services Department” which recommended “That the Ontario government be requested to reconsider the implementation of changes to program design, funding and cost-sharing formulas for Social Services until 2020 and to consult with the Ontario Municipal Social Services Association and its members, including the Regional Municipality of Durham, on the nature and scope of these changes.”
- 2.4 On June 12, 2019 the Committee of the Whole received report 2019-COW-18 entitled “Provincial Funding Update: Implications for the Region of Durham” which provided an estimated impact in 2019 to the Children’s Services Division of \$4.85 million in funding decreases and cost sharing requirements.

3. The Region of Durham's 2019 Child Care Allocations (revised)

- 3.1 On June 7, 2019, the Children's Services Division received notice (2019: EYCC05) from the Ministry of Education outlining the 2019 Child Care Allocations (revised), and Child Care Transfer Payment Agreement Amendments. The notice contained guidance on the municipal cost-sharing and administration amounts outlined in EYCC02, that were to take effect on April 1, 2019, had been delayed until January 1, 2020. It also provided guidance that the Region's 2019 revised total funding allocation would be \$67,476,359 which represented an increase of \$2,114,812 from 2018 funding levels of \$65,361,547.
- 3.2 Attachment #1 – 2019 Amended Ontario Transfer Payment Agreement – Schedule "D" Budget provides full allocations details
- 3.3 The Region has been advised by Ministry staff that detailed Service Contract and Transfer Payment Agreement information to determine the actual impact of the Provincial changes for 2020 is not available at this time. While Ministry staff acknowledge an understanding of our need to have the 2020 allocations and guideline information for planning, they also advise that the provincial budget is not anticipated to be approved until April 2020.

4. Fee Subsidy Update and Second Quarter Statistical Report

- 4.1 The Children's Services Division statistics for the second quarter (April, May and June 2019) identify that there were 4,096 children receiving fee subsidy assistance and that the number of children on the wait list was 5,436 as of June 30, 2019. This total includes 137 children awaiting a move to Durham Region (see Attachment #2).
- 4.2 As of August 6, 2019, 5,738 children were waiting for Fee Subsidy services and the length of time on the waitlist is more than 20 months. A Fee subsidy waitlist release of 285 children was completed in July 2019 based on updated service data and funding information.

5. Financial Implications

- 5.1 The Region's Budget Management Policy section 15.2 requires the approval of the applicable Department Head, Treasurer, CAO, applicable Standing Committee, Finance and Administration Committee and Regional Council to expend unanticipated revenues.
- 5.2 On June 7, 2019, the Province notified the Region that its 2019 revised child care funding allocation would be \$67,476,359 (see Attachment #1). This is an increase of \$2,114,812 over the 2018 allocation of \$65,361,547 included in the 2019 Children's Services Business Plans and Budget. The following table provides details for the allocation of this incremental provincial funding:

Table 1
Proposed Allocation of Unbudgeted Provincial Childcare Funding

Program	Expenditure	Amount \$
Purchased Fee Subsidy Spaces	Fee Subsidy	200,000
General Operating Program – Licensed Home Child Care	Provider Payments	141,450
Special Purpose - Projects	Provider Payments	544,931
Wage Enhancement	Provider Payments Provider Payments – Fee Stabilization (discontinued effective March 31, 2019)	1,051,157 (1,976,485)
Child Care Expansion	Provider Payments Tangible Capital Assets: • Laptops (\$48k); Tablets (\$39k); Desktops (\$3k); Monitors (\$1k); Office Furniture (\$9k).	2,053,759 100,000
Total		<u>2,114,812</u>

5.3 As always, there are risks to the Region with respect to increases in Provincial funding. In the event that the level of 100 per cent provincial funding provided to the Region does not increase to accommodate inflationary and contractual increases or provide sufficient funding to cover the Region's administrative costs to deliver the increased level of service, the Region's costs would need to increase to maintain the same level of services to the community.

6. Conclusion

6.1 Accessible, affordable, licensed quality child care supports work force participation, leads to better education and well-being outcomes and strengthens the economy. Therefore, addressing Durham's Fee Subsidy waitlist continues to be a focus for planning and budgeting.

6.2 Continued review may provide options that use current municipal funding flexibly to offset the provincial cutbacks, but it appears that doing so could reduce services to families. Until we have 2020 funding allocation documents from the Ministry, the Region is unable to commit to meeting the needs of our children and families and must continue to freeze and only make small waitlist releases based on monthly service and funding reviews.

- 6.3 During the preparation of the 2020 Regional Business Plans and Budgets, staff will consider risks of reductions in provincial funding for Social Services. As Regional Council was advised during the 2019 Regional Budget process, reductions in provincial funding will have a significant impact on the Region's ability to continue to deliver the same level of programs and services.
- 6.4 It is recommended that additional unbudgeted Provincial funding for child care services from the Ministry of Education in the amount of \$2,114,812 for the Regional Municipality of Durham Children's Services Division be received as supplementary to the 2019 Business Plans and Budgets and allocated as outlined in Section 5 of this report.
- 6.5 This report has been reviewed by the Finance Department and the Commissioner of Finance concurs with the financial recommendations.

7. Attachments

Attachment #1: 2019 Amended Ontario Transfer Agreement – Schedule "D"
Budget

Attachment #2: Children's Services Division 2nd Quarter Fee Subsidy Statistics
Report

Respectfully submitted,

Original signed by

Stella Danos-Papaconstantinou
Commissioner of Social Services

Recommended for Presentation to Committee

Original signed by

Elaine C. Baxter-Trahair
Chief Administrative Officer

**SCHEDULE "D"
BUDGET**

**2019 Calendar Year Allocation
The Regional Municipality of Durham**

2019 Child Care Allocation Summary	2019 Allocation
Core Services Delivery Operating Allocation	
Core Services Delivery - 100/0	16,087,998
Core Services Delivery - Cost Share Requirement 80/20	17,752,820
Core Services Delivery - Cost Share Requirement 50/50 - Administration	717,163
Core Services Delivery	34,557,981
Special Purpose Operating Allocation	
Language	950,059
Indigenous	207,317
Cost of Living	1,395,987
Rural	12,808
Capacity Building	329,374
Repairs and Maintenance	119,973
Utilization Adjustment	3,124,635
Capping Adjustment	(595,830)
Total Special Purpose	5,544,323
Total Operating Allocation	40,102,304
Other Allocations	
Small Water Works	28,063
Territory Without Municipal Organization (TWOMO) - Child Care	-
Wage Enhancement/Home Child Care Enhancement Grant (HCCEG) ¹	11,384,624
Wage Enhancement/HCCEG Administration	412,006
Fee Stabilization Support	658,632
Expansion Plan	10,767,897
ELCC	3,557,033
Base Funding for Licensed Home Child Care (LHCC)	565,800
Total Other Allocations	27,374,055
Total Child Care Allocation	67,476,359

¹ Notional allocation pending submission in Interim Report (previously Revised Estimates).

2019 Early Learning and Child Care Agreement (ELCC) Details

ELCC Allocation for children aged 0-6 years old - can be spent on operating and capital	\$2,842,377
ELCC Allocation for children aged 0-12 years old - can be spent on operating	\$714,656

Total 2019 Calendar Year Allocation **\$ 67,476,359**

*Totals may not add due to rounding.

**For the purpose of section A4.2(c) and Article A14, the Funds allocated for a Funding Year are the Funds allocated in the Budget in the Calendar Year Allocation prorated monthly for the months that fall within the Funding Year.



Children's Services Division - Fee Subsidy 2nd Quarter Statistics

City of Ajax

Months	Number of Active Sites	Number of Subsidized Children Placed
April	49	1103
May	49	1077
June	49	1069

The total number of children on the wait list in Ajax at end of this quarter is 1583.

Brock Township

Months	Number of Active Sites	Number of Subsidized Children Placed
April	4	79
May	4	79
June	4	79

The total number of children on the wait list in Brock at end of this quarter is 45.

Municipality of Clarington

Months	Number of Active Sites	Number of Subsidized Children Placed
April	34	288
May	34	287
June	34	283

The total number of children on the wait list in Clarington at end of this quarter is 513.

City of Oshawa

Months	Number of Active Sites	Number of Subsidized Children Placed
April	52	1186
May	52	1144
June	52	1126

The total number of children on the wait list in Oshawa at end of this quarter is 1482.

City of Pickering

Months	Number of Active Sites	Number of Subsidized Children Placed
April	41	675
May	41	653
June	41	647

The total number of children on the wait list in Pickering at end of this quarter is 723.

Township of Scugog

Months	Number of Active Sites	Number of Subsidized Children Placed
April	9	43
May	9	43
June	9	40

The total number of children on the wait list in Scugog at end of this quarter is 70.

Township of Uxbridge

Months	Number of Active Sites	Number of Subsidized Children Placed
April	11	51
May	11	48
June	11	49

The total number of children on the wait list in Uxbridge at end of this quarter is 50.

Town of Whitby

Months	Number of Active Sites	Number of Subsidized Children Placed
April	58	834
May	58	820
June	58	803

The total number of children on the wait list in Whitby at end of this quarter is 833.

Quarter totals

Months	Number of Active Sites	Number of Subsidized Children Placed
April	258	4259
May	258	4151
June	258	4096

The total number of children on the wait list at end of this quarter is 5436. This total includes 137 children awaiting move to Durham Region.

Original signed by

Lisa McIntosh
Director, Children's Services Division