



The Regional Municipality of Durham

Health & Social Services Committee Agenda

Council Chambers
Regional Headquarters Building
605 Rossland Road East, Whitby

Thursday, February 4, 2021

9:30 AM

Please note: In an effort to help mitigate the spread of COVID-19, and to generally comply with the directions from the Government of Ontario, it is requested in the strongest terms that Members participate in the meeting electronically. Regional Headquarters is closed to the public, all members of the public may [view the Committee meeting](#) via live streaming, instead of attending the meeting in person. If you wish to register as a delegate regarding an agenda item, you may register in advance of the meeting by noon on the day prior to the meeting by emailing delegations@durham.ca and will be provided with the details to delegate electronically.

1. Roll Call

2. Declarations of Interest

3. Adoption of Minutes

- A) Health & Social Services Committee meeting –
December 3, 2020

Pages 4 - 12

4. Statutory Public Meetings

There are no statutory public meetings

5. Delegations

There are no delegations

6. Presentations

- 6.1 Dr. R.J. Kyle, Commissioner and Medical Officer of Health, regarding the 2021 Business Plans and Budget Report for the Health Department (2021-MOH-2) [Item 7.2 B]
- 6.2 S. Danos-Papaconstantinou, Commissioner of Social Services, regarding the 2021 Business Plans and Budget Report for the Social Services Department (2021-SS-1) [Item 8.2 A]

7. Health

7.1 Correspondence

- A) Correspondence to Dr. Robert Kyle, Medical Officer of Health from Peggy Sattler, MPP (London West) re: Bill 239 - Stay Home If You Are Sick Act

13

Recommendation: Receive for Information

7.2 Reports

- A) Product and Manufacture Standardization for Durham Region Health Department's Oral Health Clinic (2021-MOH-1) 14 - 19
- B) 2021 Health Department Business Plans and Budgets (2021-MOH-2) 20 - 36

[Link to the 2021 Health Department Business Plans and Budgets – Public Health and Paramedic Services](#)

8. Social Services

8.1 Correspondence

8.2 Reports

- A) 2021 Social Services Department Business Plans and Budgets (2021-SS-1)

37 - 50

[Link to the 2021 Social Services Department Business Plans and Budget](#)

9. Advisory Committee Resolutions

There are no advisory committee resolutions to be considered

10. Confidential Matters

There are no confidential matters to be considered

11. Other Business

12. Date of Next Meeting

Thursday, March 4, 2021 at 9:30 AM

13. Adjournment

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The Regional Municipality of Durham

MINUTES

HEALTH & SOCIAL SERVICES COMMITTEE

Thursday, December 3, 2020

A regular meeting of the Health & Social Services Committee was held on Thursday, December 3, 2020 in the Council Chambers, Regional Headquarters Building, 605 Rossland Road East, Whitby, Ontario at 9:31 AM. Electronic participation was offered for this meeting.

1. Roll Call

Present: Councillor Chapman, Chair
Councillor Pickles, Vice-Chair
Councillor Anderson
Councillor Carter
Councillor Dies
Councillor Roy
Councillor Wotten
Regional Chair Henry
***all members of the Committee except Councillor Chapman, Councillor Pickles and Regional Chair Henry participated electronically**

Also

Present: Councillor Crawford
Councillor Hight
Councillor Schummer
Councillor Smith

Staff

Present: E. Baxter-Trahair, Chief Administrative Officer
S. Danos-Papaconstantinou, Commissioner of Social Services
J. Dixon, Manager, Budgets and Finance
R. Inacio, Systems Support Specialist, Corporate Services – IT
R.J. Kyle, Commissioner and Medical Officer of Health
A. Robins, Director, Housing Services
N. Prasad, Committee Clerk, Corporate Services – Legislative Services

2. Declarations of Interest

There were no declarations of interest.

Councillor Chapman announced the passing of Mr. Richard (Rick) Armstrong, the former Director/Chief of Region of Durham Paramedic Services (RDPS).

3. Adoption of Minutes

Moved by Councillor Pickles, Seconded by Councillor Roy,
(42) That the minutes of the regular Health & Social Services Committee meeting held on Thursday, November 5, 2020, be adopted.
CARRIED

4. Statutory Public Meetings

There were no statutory public meetings.

5. Delegations

5.1 Lorraine Closs, Professor and Researcher, Durham College and Nora Landry, Policy Advisor, Social Services Department re: Results and Key Findings of a Research Study Partnership between Durham College and the Region of Durham Social Services Department related to trustee youth homelessness in the Region

Lorraine Closs, Professor and Researcher, Durham College and Nora Landry, Policy Advisor, Social Services, provided a PowerPoint presentation with regards to the Co-Design of a youth-led housing hub model and the recent findings of the research project. A copy of the PowerPoint was provided to members prior to the meeting.

Highlights of the presentation included:

- Co-Design of a youth-led housing hub model
- Research Plan and Goals
- Key Research Findings
- Implications for Policy and Practice
- Co-design Sessions
- NOW is the Time

L. Closs stated that the research partnership between Durham College and the Region's Social Services Department began in 2017 and was awarded funding in 2018 for a two-year project related to trustee youth in Durham. She stated that year one was spent collecting data and advised that the plan for the youth-led housing hub as follows: to generate new knowledge about how the social service system can best meet the needs of the unique population of youth; identify best practices for the engagement of youth in participatory action research; create an evidence-based and co-designed alternative housing hub model that can be used as a best practice model for supporting precariously housed youth; and deliver policy and practice recommendations for supporting youth living on their own. L. Closs provided an overview of the methodology used as well as key research findings.

N. Landry stated that the research done pointed to a number of implications for policy and practice and provided an overview of the following ten recommendations: bundle services for youth by creating school hubs; create drop-in style supports; intervene with landlords on behalf of youth; a consistent adult to help navigate system; flexibility around communication options; access to free transportation; affordable, safe, transitional housing options; process for changing schools without parental consent; change the mindset from youth housing to transition to independence; and include youth in the development of youth services.

Moved by Councillor Pickles, Seconded by Regional Chair Henry,
(43) That L. Closs and N. Landry be granted a one time, two-minute extension to finish their delegation.

CARRIED

L. Closs stated that year two was spent co-designing the housing hub model. She stated that the model is rooted in research and reflects the voice of the youth.

L. Closs responded to questions of the committee.

5.2 Nathan Gardner, Team Lead – Community Development, Community Development Council Durham (CDCD) re: the Chalmers Durham Application

Nathan Gardner, Team Lead – Community Development, Community Development Council Durham (CDCD) provided a PowerPoint presentation with regards to the Chalmers Durham Application. A copy of the PowerPoint was provided to members prior to the meeting.

N. Gardner stated that the Chalmers Durham Application (“App) will be launched on December 8, 2020. He stated that access to homelessness and immediate services is an immediate problem. He also stated that in North America, 94% of people experiencing homelessness own a mobile phone and 77% own a smartphone, but it takes between 20 minutes to 48 hours to find a critical service (meals, shelters, crisis support etc.). He stated that the App is a chatbot that features artificial intelligence that uses GPS technology to show immediate services in a specific location and time. He provided examples of case scenarios where the App has been able to assist those in need.

Moved by Regional Chair Henry, Seconded by Councillor Anderson,
(44) That N. Gardner be granted a one time, two-minute extension to finish his delegation.

CARRIED

N. Gardner stated that the Chalmers Durham Application is active in a few cities throughout Ontario. He advised that the City of Barrie has equipped all of their police officers with the App in their squad cars so they’re able to assist people with services immediately.

N. Gardner responded to questions of the committee.

5.3 David J. Douglas, Guelph Resident, re: Supportive Housing in Beaverton

David J. Douglas, Guelph Resident, provided a verbal presentation with regards to supportive housing in Beaverton. D. Douglas stated that the consultant report with regards to 133 Main Street, Beaverton Supportive Housing Suitability Study, commissioned by the Region does not make the case for the choice of Beaverton as the location for the proposed site for the following reasons: the research methodology used by the consultant; inadequate comparative analysis; inappropriate statistical inferences; and the absence of a formal locational analysis.

D. Douglas stated that the host community has a vital, legitimate and fundamental stake in the undertaking, and the ongoing development is an integral consideration in the proposed venture. He stated that a logical and professionally efficacious approach should have been informed by basic principles and practices of community development. He further stated that the process to date has been antithetical to a community development approach and there is no justification for a rational allocation of scarce public resources.

6. Presentations

Moved by Councillor Roy, Seconded by Councillor Wotten,

(45) That due to time constraints, the agenda be altered in order to hear the Presentation from Ian De Jong, President and CEO, Orgcode Consulting Inc. re: Suitability Study – 133 Main Street, Beaverton, Ontario next.

CARRIED

6.2 Iain De Jong, President and CEO, Orgcode Consulting Inc. re: Suitability Study – 133 Main Street, Beaverton, Ontario

Iain De Jong, President and CEO, Orgcode Consulting Inc. provided a PowerPoint presentation with regards to the Suitability Study – 133 Main Street, Beaverton.

Highlights of the presentation included:

- Scope of the Independent Review
- 3 Critical Success Factors
- Additional Success factors
- Supportive Housing – A Primer
- Supportive Housing in Smaller Communities
- Beaverton Community
- Resident Concerns Responded To
- Incorrect Perceptions of People that Experienced Homelessness

- Key Recommendations

I. De Jong stated that success is determined by the quality and effectiveness of supportive housing and not the size. He stated that the 3 critical success factors are: the professional expertise of the support service provider; the intake process using the By-Name List that identifies suitable tenants for the aim of the support services; and prospective tenants must make an active and informed choice that they desire to live in supportive housing and receive support services as well as they want to live in a small community. He stated that additional success factors include: 24/7 supports; meals; socio-recreational activities; access to telemedicine; and, access to income supports which are all available on-site. He also stated that supportive housing is appropriate and encouraged for urban, suburban and rural communities.

With respect to the Beaverton community, I. De Jong stated that residents expressed various concerns regarding lack of public consultation, research, studies, tender for design, priority for North Durham, and access to community services. He addressed these concerns and stated that there are incorrect perceptions with regards to people who experience homelessness.

I. De Jong further stated that key recommendations for supportive housing are as follows: ensure high quality supportive services; stagger the move-in; integrate with the community; have a quality grievance process; establish performance measures in advance; regular monitoring; maintain staff to resident ratios; do not proceed with 10 of the units sharing facilities; strong guest management policy; conduct an independent evaluation after one year of being fully occupied.

I. De Jong responded to questions with regards to the grievance process; evaluation of the facility; the use of a community liaison group; requirement for residents of the facility to participate in services and/or utilize the services provided; telemedicine being a service model; whether he could provide the committee with Canadian examples of similar sized supportive housing units; and, various reasons for failed supportive housing and how this can be corrected.

6.1 Jonathan Dixon, Manager, Budgets and Finance re: Community Social Investment Framework

Jonathan Dixon, Manager, Budgets and Finance provided a PowerPoint presentation with regards to Community Social Investment Framework. A copy of the presentation was provided prior to the meeting.

Highlights of the presentation included:

- Background
- Comparable Models
- New – Proposed Community Social Investment Framework

- Community Engagement Considerations
- Aligning to the Region's Principles and Goals
- Clear and Transparent Application Process
- Proposed Funding Streams
- Next Steps – Implementation
- Considerations

J. Dixon stated that the Regional Recovery Framework and Action Plan noted the development of a Community Social Investment Framework that supports the allocation of social services investments to community non-profits serving residents who are facing the greatest needs and barriers. He advised that a comprehensive overview, analysis and review of the current process surrounding the community investment allocations within the Social Services Department was conducted.

J. Dixon stated that a jurisdictional scan was done and identified three municipalities with similar models to the framework (Toronto, Peel and Ottawa). He provided an overview of how these municipalities approached the allocation of funding related to community investments.

J. Dixon provided an overview of the community engagement considerations as well as how the Framework will align to the Region's principles and goals. He stated that the application process must be clear and transparent as it is integral to the success of the program. He also provided a brief overview of the following proposed funding streams being looked at: Sustainability Fund; Emerging and Emergency Needs Fund; Capacity Building Fund as well as an overview of the next steps for implementation of the Framework.

6.2 Iain De Jong, President and CEO, Orgcode Consulting Inc. re: Suitability Study – 133 Main Street, Beaverton, Ontario

This Item was considered earlier in the meeting. See Item 6.2 on pages 4 and 5 of these minutes.

Questions to Health

Councillor Carter requested that Dr. Kyle provide an update regarding the breakouts at Sunnycrest Nursing Home and ThorntonView Long Term Care Home and provide clarification regarding where the cases originated.

Questions were raised regarding whether the Region of Durham will be able to justify to the Province that it should not be moved to a different stage due to the spikes in numbers being attributed to the number of cases at Sunnycrest and ThorntonView; the vaccination; whether there are concerns with regards to retail and commercial compliance with mask wearing, hand washing etc.; and, why breakouts are happening in privately run homes.

7. Health

7.1 Correspondence

There were no communications to consider.

7.2 Reports

There were no Health Reports to consider.

8. Social Services

8.1 Correspondence

A) Information Report #2020-INFO-103 of the Commissioner of Social Services re: Beaverton Supportive Housing – Update

Staff responded to questions with regards to high acuity residents; whether it is feasible for the facility to be smaller; the planned staffing level for the facility; the development of the health services plan; the financial plan to support services; sources of funding; sole sourcing of modular units; and the likelihood of not having shared facilities.

Staff also responded to questions regarding whether there will be a report outlining the recommendations put forward by OrgCode compared to what will be adopted; the timeline with respect to the service provider and what services will be provided at the facility; cost of the ongoing operation of the facility; and, how evictions will be handled.

At 11:58 AM Chair Chapman left the meeting and Councillor Pickles chaired the meeting in his absence.

Staff responded to further questions with regards to the recommendation in the OrgCode report regarding shared washroom facilities.

Chair Chapman returned to the meeting at 12:03 PM and assumed the Chair for the remainder of the meeting.

Moved by Regional Chair Henry, Seconded by Councillor Pickles,
(46) That Information Report #2020-INFO-103 of the Commissioner of Social Services be received for information.

CARRIED

- B) David Douglas, Guelph Resident re: Review of Report prepared by OrgCode Consulting Inc. re: 133 Main Street Beaverton Supportive Housing Suitability Study
-

Moved by Councillor Carter, Seconded by Councillor Pickles,
(47) That the review prepared by David Douglas, Guelph Resident, of the Report prepared by OrgCode Consulting Inc. re: 133 Main Street Beaverton Supportive Housing Suitability Study, be received for information.

CARRIED

8.2 Reports

- A) Community Social Investment Framework (CSIF) (2020-SS-16)
-

Report #2020-SS-16 from S. Danos-Papaconstantinou, Commissioner of Social Services, was received.

Moved by Councillor Anderson, Seconded by Councillor Pickles,
(48) That Report #2020-SS-16 of the Commissioner of Social Services be received for information.

CARRIED

- B) Federal Rapid Housing Initiative (RHI) (2020-SS-17)
-

Report #2020-SS-17 from S. Danos-Papaconstantinou, Commissioner of Social Services, was received.

Staff responded to questions regarding the timelines for the initiative; and, consideration to expedite building permits and site plan applications so that the deadline is met.

Moved by Councillor Anderson, Seconded by Councillor Pickles,
(49) That we recommend to Council:

- A) That funding previously approved by Regional Council to issue a Request for Proposal for affordable housing development be utilized to support local Rapid Housing Initiative (RHI) applications, through the provision of forgivable loans under the Region's Municipal Capital Facility By-law, under terms and conditions satisfactory to the Commissioner of Finance and the Commissioner of Social Services;
- B) That in order to support the ongoing affordability of units created under the Rapid Housing Initiative existing benefits such as rent supplements and/or portable housing benefits be utilized and that, if necessary, the Durham Portable Housing Benefit be expanded beyond the existing 35 non-service level subsidies to accommodate this program; and

- C) That in the event there is excess Regional funding available, the excess will be made available for affordable housing development under the original direction contained within the Master Housing Strategy.

CARRIED

9. Advisory Committee Resolutions

There were no advisory committee resolutions to be considered.

10. Confidential Matters

There were no confidential matters to be considered.

11. Other Business

There was no other business to consider.

12. Date of Next Meeting

The next regularly scheduled Health & Social Services Committee meeting will be held on Thursday, January 7, 2021 at 9:30 AM in the Council Chambers, Regional Headquarters Building, 605 Rossland Road East, Whitby.

13. Adjournment

Moved by Regional Chair Henry, Seconded by Councillor Pickles,
(50) That the meeting be adjourned.

CARRIED

The meeting adjourned at 12:11 PM

Respectfully submitted,

B. Chapman, Chair

N. Prasad, Committee Clerk

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Peggy Sattler MPP

London West

Dr. Robert Kyle, Medical Officer of Health
Mr. Bob Chapman, Chair
Durham Region Public Health Board of Health

January 25, 2021

Dear Dr. Kyle, Mr. Chapman and Members of the Board of Health:

Recent months have seen a growing chorus of calls from public health experts, municipal leaders and workers' advocates across Ontario for paid sick days to help limit the spread of COVID-19. As MPP for London West, I am writing to let you know about the Private Member's Bill I introduced in the Ontario Legislature on December 8, 2020, the *Stay Home If You Are Sick Act*, which will provide permanent paid sick days for Ontario workers during the pandemic and beyond. This legislation, Bill 239, can be accessed here: www.ola.org/en/legislative-business/bills/parliament-42/session-1/bill-239.

The pandemic has highlighted the urgent need for access to paid sick days for Ontario workers. Workplaces are now the second-most common site of COVID-19 transmission, but many workers, especially if they are low-wage, do not have the choice to miss work because they cannot afford to give up their pay. The workers who are least likely to have paid sick days often work in occupations or sectors that are at high risk of COVID-19. Without access to paid sick days, these workers are forced to choose between paying the bills and providing for their families, or losing their income to protect their co-workers, customers and communities.

Bill 239 prevents Ontario workers from having to risk their own financial security in order to follow public health advice. The bill amends the *Employments Standards Act* to provide up to 14 days of paid Infectious Disease Emergency Leave and up to seven days of paid Personal Emergency Leave for illness, injury, bereavement, or family care, and eliminates the requirement for a doctor's note. The bill also calls for the establishment of a financial support program to help employers experiencing hardship with the cost of delivering Infectious Disease Emergency Leave and to transition to the implementation of regular paid sick days. The bill will fill in some of the gaps of the temporary Canada Recovery Sickness Benefit, which excludes many workers and does not protect against the immediate loss of income that makes it impossible for so many workers to stay home if they are sick.

I respectfully request that the Durham Region Board of Health review this letter at your next Board meeting, and ask for your support in principle for Bill 239. The bill draws on the expertise and research of health care professionals from the Decent Work and Health Network, and has been endorsed by the Ontario Federation of Labour and the Ontario Chamber of Commerce. It will be debated at second reading after the Ontario Legislature resumes on February 16, 2021. Your endorsement would further demonstrate the breadth of support for paid sick days across Ontario, and help advance this important health equity measure and essential public health policy to reduce the spread of COVID-19 and other infectious diseases.

Thank you for your consideration. Please don't hesitate to let me know if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Peggy Sattler".

Peggy Sattler, MPP
London West

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 3111



The Regional Municipality of Durham Report

To: Health & Social Services Committee
From: Commissioner & Medical Officer of Health
Report: #2021-MOH-1
Date: February 4, 2021

Subject:

Product and Manufacture Standardization for Durham Region Health Department's Oral Health Clinic

Recommendation:

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

- A) That approval be granted to standardize the dental equipment and instruments, estimated at \$251,200 for Durham Region Health Department's Oral Health Clinic in advance of the relocation and expansion of the Oral Health Clinic from 1615 Dundas St. E., Whitby to 200 John St. W., Oshawa with the standardized dental equipment and instruments to be bid competitively to select manufacturers/distributors that carry the standardized equipment and financed through capital costs approved as part of the 2020 Public Health Business Plans and Budget.
-

Report:

1. Purpose

- 1.1 The purpose of this report is to obtain approval to standardize some of the dental equipment and instruments required for the Durham Region Health Department (DRHD) Oral Health Clinic (OHC) to be expanded and relocated from 1615 Dundas St. E. in Whitby to 200 John St. W. in Oshawa.

2. Background

- 2.1 DRHD currently operates an OHC on the second floor at 1615 Dundas St. E., in the Whitby Mall, which includes Oral Health Division staff office space.

On December 18, 2019, Regional Council approved the expansion and relocation of the OHC and office space to the Midtown Centre at 200 John St. W. in the City of Oshawa to meet the service demands of the Ontario Seniors Dental Care Program (OSDCP).

- 2.2 The expansion and relocation of the OHC and office space are currently in the detailed design phase and construction is expected to be completed by late 2021. The OHC expansion will include two additional operatory rooms, one new general anesthetic operatory and a new denturist lab.
- 2.3 As part of the design process, the condition of existing dental equipment and instruments was assessed to identify the equipment and instruments that can be relocated to the new clinic. To save costs, DRHD is relocating most of the existing dental equipment and instruments.
- 2.4 Additional equipment and instruments are required and will be purchased to meet resource needs of the OSDCP. Standardization of the additional equipment and instruments is required to maintain consistency throughout the clinic.

3. Previous Reports and Decisions

- 3.1 Report #2019-MOH-8, approved September 25, 2019, authorized the receipt of unbudgeted 100 per cent Provincial funding of \$1,614,700 to provide oral health services to eligible low-income seniors as part of the OSDCP and authorized DRHD to increase the public health staffing complement to be financed from the Provincial funding.
- 3.2 Report #2019-COW-34, approved December 18, 2019, authorized the Region to:
 - a. Proceed with a competitive process and award a contract to retain a consultant to determine the detailed capital costs to relocate and expand the current OHC from 1615 Dundas St. E in the Town of Whitby to the Midtown Centre at 200 John St. W. in the City of Oshawa to accommodate up to 4,000 new low-income senior clients;
 - b. Finance the cost of the consultant from within the 2019 approved 100 per cent Provincial operating funding for the OSDCP;
 - c. Negotiate a lease agreement to relocate the OHC to the Midtown Centre, conditional upon funding approval from the Province for capital costs; and
 - d. Begin the work to relocate and expand the OHC, subject to Provincial funding and Council approval.
- 3.3 Report #2020-COW-12, approved April 29, 2020, authorized Works Department staff to:

- a. Finalize a lease agreement for approximately 9,000 square feet of space at 200 John St. W. in the City of Oshawa to relocate the OHC and the Oral Health Division's staff office space prior to approval from the Province for funding the capital costs related to the OSDCP; and
- b. Begin the capital work to relocate and expand the OHC in advance of receiving Provincial funding approval.

4. Standardization of Dental Equipment

- 4.1 OHC staff is comfortable and familiar with fit and feel of the dental equipment and instruments used in the current OHC, which is essential when providing dental care services to children and seniors.
- 4.2 Consistency with the equipment and instruments used throughout the OHC will increase productivity by allowing interchangeability between operatories and providing sufficient availability when equipment requires servicing.
- 4.3 Standardized dental equipment will require only one set of tools for making adjustments, reducing storage needs to keep multiple types of tools on site.
- 4.4 Consistency with equipment, such as dental chairs, will reduce design costs as the consultant will be designing the space to accommodate one type of equipment, rather than varied equipment in each of the operatories.
- 4.5 Consistency with equipment will also offer a level of comfort and confidence for clients and staff by providing a uniform, professional look in the OHC.

5. Financial Implications

- 5.1 Standardizing the dental equipment and instruments may limit the manufacturers/suppliers that are able to bid on the tender.
- 5.2 The Region's Purchasing By-law #016-2020 permits standardization and allows sole source purchases above \$100,000 with Regional Council approval.
- 5.3 The estimated value of the dental equipment and instruments that will be standardized and bid through tendering is \$251,200. Please see the Attachment for a List of Standardized Dental Equipment and Instruments.
- 5.4 Capital costs for dental equipment totalling \$386,900 for the OSDCP were approved as part of the 2020 Public Health Business Plans & Budgets, to be financed with a combination of 100 per cent Provincial operating funding and Provincial capital funding.
- 5.5 Supply, delivery and installation costs of the standardized dental equipment and instruments listed in the Attachment will be included in the equipment tender, in

advance of the upcoming tender for relocation of the OHC from 1615 Dundas St. E. to 200 John St. W.

6. Relationship to Strategic Plan

6.1 This report aligns with/addresses the following strategic goals and priorities in the Durham Region Strategic Plan:

a. Goal 5: Service Excellence

- Optimize resources and partnerships to deliver exceptional quality services and value
- Collaborate for a seamless service experience

7. Conclusion

7.1 It is recommended that approval be granted to standardize the dental equipment and instruments on the attached List of Standardized Dental Equipment and Instruments needed for the expanded OHC to be relocated to 200 John St. W.

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

8. Attachment

List of Standardized Dental Equipment and Instruments

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

List of Standardized Dental Equipment and Instruments

Description	Simplified Description	QTY	Manufacturer	Estimated Unit Price	Estimated Total Price
Belmont Chair Quolis Package includes: Quolis chair with Quolis swing arm unit and light post, Quolis cuspidor/assistant, Halo LED light, Operator stool 106, Assistant stool 107	Chair Package – Fiber Optic Chairs	3	Belmont	\$34,000	\$102,000
Sirona Heliodent Plus X-ray	X-ray Unit	3	Dentsply	\$7,000	\$21,000
Wave One Endo system	Endo Rotary System	3	Dentsply	\$3,500	\$10,500
NSK X95L 1:5 Std Hpc F/O	Standard Handpiece Fiber Optic	7	NSK America Corp	\$2,000	\$14,000
NSK X65L Contra Angle FbrOpt	Handpiece Fiber Optic	7	NSK America Corp	\$2,000	\$14,000
NSK Ti-Max X450 Surgical Handpiece	Surgical Handpiece	4	NSK America Corp	\$1,500	\$6,000
Dexis Platinum Digital X-ray sensor	Digital X-ray Sensor	6	Kavo	\$7,000	\$42,000
Demi Plus Curing Light+ Battery	Curing Light	3	Kerr	\$2,300	\$6,900
Signature Series - Collection Total	Complete hand instrument kit	6	Hu-Friedy	\$1,300	\$7,800

Description	Simplified Description	QTY	Manufacturer	Estimated Unit Price	Estimated Total Price
Air Tech AirStar 50 AS50	Dental Compressor	1	Air Techniques	\$12,000	\$12,000
Air Tech Dry Vac Mojave V5	Dry vac high volume suction	1	Air Techniques	\$15,000	\$15,000



The Regional Municipality of Durham Report

To: Health & Social Services Committee
From: Commissioner & Medical Officer of Health
Report: #2021-MOH-2
Date: February 4, 2021

Subject:

2021 Health Department Business Plans and Budgets

Recommendation:

That the Health & Social Services Committee recommends to the Finance & Administration Committee for subsequent recommendation to Regional Council that the 2021 Business Plans and Budgets of the Health Department be approved.

Report:

1. Purpose

1.1 The purpose of this report is to obtain Health & Social Services Committee concurrence of the 2021 Business Plans and Budgets for the Health Department. The Health Department 2021 Business Plans and Budgets will be referred to the Finance & Administration Committee for consideration during deliberations of the 2021 Property Tax Supported Business Plans and Budgets.

2. Overview

2.1 The 2021 Health Department Business Plans and Budgets presented below meets the Council approved guideline for the 2021 Property Tax Supported Business Plans and Budgets.

2.2 The 2021 Health Department Business Plans and Budget supports the following goals of the Region's Strategic Plan as well as responds to the demands and pressures the COVID-19 pandemic has placed on many Regional programs and services and provides for the implementation of the Region's COVID-19 Recovery Plan:

- a. Environmental Sustainability
- b. Community Vitality
- c. Social Investment

- d. Service Excellence.

2.3 The 2021 Health Department Business Plans and Budget includes:

- a. \$62.1 million in gross expenditures for Public Health requiring \$22.1 million in property tax funding with the remaining funded by program fees, provincial subsidies, grant funding, reserves and reserve funds.
- b. \$57.2 million in gross expenditures for Paramedic Services requiring \$30.4 million in property tax funding with the remaining funded by program fees, provincial subsidies, grant funding, reserves and reserve funds.

2.4 The 2021 Health Department Business Plans and Budget provides operating and capital funding for the following divisions

a. Public Health

- Healthy Living
- Healthy Families
- Infectious Diseases
- Health Protection
- Office of the Commissioner & Medical Officer of Health & Administration
- Facilities Management
- Headquarters Shared Cost – Public Health Portion

b. Paramedic Services

- Administration
- Operations
- Quality Development
- Planning and Logistics
- Facilities Management
- Hospital Contract – Offload Delay
- Primary Care Outreach Program

3. 2020 Accomplishments

3.1 As one of the Health Department's critical public health functions under the [Ontario Public Health Standards: Requirements for Programs, Services, and Accountability](#) (OPHS), it has had to use all available resources to respond to the COVID-19 pandemic.

3.2 Early in 2020, Health Department staffs across most Divisions were redeployed to respond to COVID-19 and most regular programs and services were suspended. As such, the Health Department's 2020 accomplishments reflect customer service achievements in COVID-19 response activities:

- a. Response to 2,638 investigations and inquiries regarding priority population settlements.

- b. 11,087 testing kits prepared by administrative support staff.
- c. 135,492 COVID-19 phone interactions with residents and community partners.
- d. 15,121 COVID-19 cases and contacts followed by public health nurses.
- e. 13,323 nasal swabs obtained by paramedic services from area residents, school staff and students, clients and staff in childcare centres, long-term care homes and retirement homes, shelters and other congregate living settings.
- f. 44,442 nursing assessments completed to determine if further medical intervention is required.
- g. 81 outbreaks managed by public health inspectors in long-term care homes, retirement homes and hospitals.
- h. 1,336,869 clicks on the link to the Durham Region COVID-19 Data Tracker from durham.ca/novelcoronavirus.
- i. 128,560 test results received and distributed for follow-up.
- j. 62,452 calls to cases and contacts.
- k. 331 investigations completed by public health inspectors for confirmed positive cases not contacting Durham Health Connection Line for follow-up.
- l. 96 investigations conducted by public health inspectors for people failing to self-isolate under the Section 22 Class Order.
- m. 11,328 investigations initiated in facilities.
- n. 23,217 follow-ups with facilities completed by public health inspectors.

4. 2021 Priorities and Highlights

- 4.1 In 2021, COVID-19 continues to be a public health priority. Local daily new case counts hit record highs in January. Response efforts in 2021 will include case and contact management, communications, inspections and investigations, ongoing monitoring and surveillance, testing support, implementation of modified programs to ensure public and staff safety and plans that can be quickly adapted to mitigate risks.
- 4.2 The Health Department is provincially mandated to distribute COVID-19 vaccine and implement mass immunization clinics to administer COVID-19 vaccine to identified groups.
- 4.3 COVID-19 response, vaccine distribution and administration will be the Health Department's focus in 2021. The significant resource pressure that COVID-19 has caused will result in an ongoing suspension of most regular public health programs and services for most of 2021 and the Health Department will not be able to meet all its responsibilities as required in the OPHS.

- 4.4 COVID-19 has not only significantly impacted the need for staff resources, but Health Department staff has had to change the way it works and there are increased needs to ensure client and staff safety. Costs have increased with respect to personal protective equipment (PPE), the need for mobile phones, and new technologies to support virtual client interactions and meetings.
- 4.5 Due to the temporary nature of funding available, a limited number of permanent staff positions (five new FTEs) are identified in the 2021 Health Department Business Plans and Budget. As a result, there must be a focus on identifying strategies to attract and retain the additional eight temporary staff positions and two student public health inspectors provided for in the 2021 Public Health budget. In addition to these Regionally funded positions, the provincial government has provided 100 per cent funding for the hiring of 32 temporary nurses under the School Focused Nurses Initiative.
- 4.6 Throughout 2020, the Health Department had ongoing challenges with recruiting and retaining temporary public health nurses and public health inspectors urgently needed to support COVID-19 response activities. Public health units across the province are competing for a small pool of public health professionals with specialized skills who will seek permanent positions offering a competitive wage, security and benefits. In 2021, as a result of insufficient permanent staff positions, the Health Department must work to attract and retain qualified temporary staff.
- 4.7 To assist in attracting and retaining qualified temporary staff, the Region is proposing to offer successful candidates two-year contracts with provision for benefits through a health care spending account subject to union concurrence. The outcomes of this will be closely monitored and should these measures not be successful in attracting and retaining sufficient temporary resources, Committee and Council are advised that the Region's Budget Management Policy will be utilized to provide staff with the flexibility to convert some of these temporary resources to permanent positions in-year. An information report would follow and we would look to mitigate this in future years based on determining future service level requirements. The Health Department will have to address the significant backlog in core service delivery requirements once the COVID-19 crisis has subsided.
- 4.8 Even when most residents have been vaccinated, it is anticipated that the pandemic will result in new ongoing requirements for Public Health including an expanded scope with respect to infection prevention and control and monitoring and surveillance, which will result in further budget pressures.
- 4.9 The Health Department must continue to engage with local and provincial partners to monitor risks of COVID-19 and implement provincial recommendations and directives.
- 4.10 The following is a summary of the significant capital and operating investments in the 2021 Public Health Business Plans and Budget presented, however, it should be noted that the new staff positions below are not even one third of the permanent

staff positions projected to be needed to manage COVID-19 response and priority requirements as discussed above:

- a. One-time investment (\$25k) and annual investments (\$31k) for software fees, licenses and upgrades to improve security of client information in Intrahealth and adopt new technologies for a public facing portal for online bookings and to support the remote delivery of public health services using telecommunications technology.
- b. Capital costs (\$52k) for new computers and monitors to support surges in staffing needs in the Infectious Diseases program.
- c. One-time costs (\$12k) for the replacement of a large vaccine fridge, contingent on one-time 100% provincial funding.
- d. Increase in larviciding costs (\$30k) to support economic increases related to vector-borne diseases.
- e. Increase in postage costs (\$34k) in the Immunization program for mailing notices to Durham Region residents.
- f. One-time investment (\$98k) for personal protective equipment (PPE) in the School Health, Infectious Diseases – HP, and Immunization programs to protect staff from the risks of COVID-19.
- g. Increase in operational costs (\$16k) associated with an increased need for cell phones across Dental Screening, Durham Health Connection Line, Immunization and Administration programs.
- h. One-time costs (\$50k) for contracted services for a Pharmacy Technician to support vaccine distribution in the Immunization program.
- i. A net increase in facilities operating costs (\$117k) for the new Oral Health Division space at 200 John Street in Oshawa. The new space will be designed to accommodate all staff with clinic space for seven operatories, consult rooms, meeting space and an expanded client waiting area.
- j. Two new full time permanent senior public health inspectors (annualized cost of \$275k) and three new full time permanent public health inspectors (annualized cost of \$366k) to address a substantial increase in workload due to COVID-19 and increased workload related to outbreaks of infectious diseases and infection prevention and control (IPAC) lapses. The 2021 proposed budget also provides for temporary resources for these five new positions until full time permanent staff can be recruited into these positions (three public health inspectors (\$182k); and two senior public health inspectors (\$137k)).
- k. One-time costs for two public health inspector students (\$20k) to support COVID-19 response needs.
- l. One-time costs for two temporary public health inspectors (\$243k) and one temporary senior public health inspector (\$137k) to address increased workload due to COVID-19, enhanced inspection requirements, and

- population growth in the Food Safety program.
- m. One-time costs (\$612k) for five temporary public health nurses to address additional capacity needs for ongoing COVID-19 response.
 - n. Capital costs (\$25k) for new computers and monitors for new and temporary public health nurse, public health inspector and senior public health inspector positions.
 - o. The 2021 budget proposes to fund the \$1.4 million in one-time COVID related costs identified above from available senior government funding and as required from the Operating Impact Stabilization Reserve Fund.
 - p. The Region has submitted a grant application under the COVID-19 Resilience Infrastructure program for \$27k in provincial and federal funding for touchless retrofits at other Health Department locations.
- 4.11 The following is a summary of the significant capital and operating investments in the 2021 Paramedic Services Business Plans and Budget:
- a. Annualization of the 13 FTEs approved in the 2020 budget (six Primary Care Paramedics, six Advanced Care Paramedics; and one Superintendent (\$501k)).
 - b. Increase in medical supplies costs (\$200k) in response to increased supplier costs.
 - c. Operational investment to secure a contract for improved maintenance and overall reduction of repair costs for stretchers (\$140k).
 - d. One-time costs (\$42k) for a temporary general maintenance and repair person due to increased workload related to equipment certifications and inventory needs.
 - e. One new part-time scheduler (\$22k) to respond to increased needs in scheduling and back-up support.
 - f. One-time start-up costs (\$91k) for CadLink software to enhance dispatch systems, improve documentation and enhance paramedic response.
 - g. Pilot Community Paramedicine Program (\$381k) which will provide support to: high intensity needs clients requiring supplemental community paramedicine services, beyond home and community care; and seniors/others with similar needs at high-risk of hospital admission and becoming designated as Alternate Levels of Care (ALC) patients, including individuals experiencing frequent hospital re-admissions, and those recently discharged who are at risk of hospital re-admission. The Central East Local Health Integration Network (CE-LHIN) has committed funding (\$381k) for this pilot program until March 31, 2021.
 - h. One-time costs (\$240k) for the replacement of safety helmets; current safety helmets cannot be used with glasses when using the eye protection with the helmet. It is proposed that this expense be funded from the Paramedic Services Equipment Reserve. The budget also includes an increase in the

annual contribution to this reserve (\$34k) to ensure sufficient funding is available for the replacement of these helmets at the end of their useful life.

- i. One-time maintenance requirements for Paramedic Response Stations including interior painting at Pickering (\$12k), Ajax (\$6k), Whitby (\$16k), North Oshawa (\$11k), South Oshawa (\$9k); exterior painting at Pickering (\$31k); interior painting and garage door replacement at Uxbridge (\$12k); concrete repair at Ajax vehicle bay (\$6k); and replacement AED unit at Whitby (\$2k).
- j. The 2021 capital plan for Paramedic Services includes a new generator to provide back-up power at the Ajax Paramedic Station (\$130k), new scoop stretchers, and computers along with regular cyclical replacement of scoop chairs, stair chairs, computers for vehicles, station furniture and ambulances.
- k. Pending provincial and federal government approval of the Region's funding application for COVID-19 Resilience Infrastructure funding, two of the 10 planned ambulance replacements will be hybrid vehicles as part of a green initiative. The use of hybrid vehicles will be evaluated to determine ongoing benefits. This initiative supports the Region's climate change initiatives. The Region has also applied for \$7k in federal and provincial grant funding under this same program for touchless features at the Whitby Paramedic Station.

5. 2021 Risks and Uncertainties

- 5.1 The draft 2021 Public Health Business Plans and Budget presents a significant risk to the Health Department as it may result in insufficient capacity to manage COVID-19 response, vaccine requirements, and priority program requirements in 2021. The following risks are identified so that Regional Council, sitting as the Durham Regional Board of Health, can make informed decisions regarding the Public Health budget. Please refer to Attachment #1 – Duties of Boards of Health under the [Health Protection and Promotion Act](#) (HPPA).
- 5.2 In the draft 2021 Public Health Business Plans and Budget, a large part of the staffing needs is to be addressed through temporary positions. Temporary positions lead to challenges with recruitment and significant turnover, which not only results in insufficient staff to do the work, but also puts immense pressure on management that must continuously focus efforts on recruitment and training as opposed to pandemic response.
- 5.3 If the Health Department experiences ongoing challenges with recruitment and retention of temporary staff, it will have to consider in-year opportunities to convert these positions to permanent positions as described in section 4.5 above.
- 5.4 Additional Health Department's risks and uncertainties include:
 - a. The anticipated expanded scope for public health with respect to inspections, monitoring and surveillance, likely to be mandated through new provincial guidelines and protocols.
 - b. Provincial changes regarding expectations for public health and paramedics

- in the distribution and administration of COVID-19 vaccine.
- c. Ongoing support required by public health and paramedics for congregate living settings, such as long-term care and retirement homes.
 - d. Uncertainty with respect to provincial and federal funding to support ongoing COVID-19 response budget pressures including costs for vaccine distribution and administration. The Region, along with its municipal partners is working with the provincial and federal government to secure senior government funding for projected 2021 incremental costs to the Region of responding to and recovering from the COVID-19 pandemic. The Health Department has received a letter from the Deputy Premier and Minister of Health confirming that, for the 2021 funding year, public health units are expected to take all necessary measures to continue to respond to COVID-19, support the provincial roll-out of COVID-19 vaccine and continue to maintain critical public health programs and services as identified in pandemic plans. The Ministry of Health has assured that there will be a process for public health units to request reimbursement of COVID-19 extraordinary costs incurred in 2021. Should sufficient funding not be available the Region will need to consider further cost mitigation measures across the corporation or use of funding from stabilization reserve funds.
 - e. Changing population needs in Durham Region due to population growth and due to the pandemic (e.g., greater supports for vulnerable populations, increased health inequities, etc.).
 - f. Increased need for technology and increased resources to ensure privacy and security of clients and staff for systems and solutions that support improved virtual client interactions.
 - g. Public Health Modernization, which is currently on hold, to re-start, which may impact the mandate, structure and funding of public health units.
 - h. Further reductions to the provincial investment for public health programs and services.

6. Future Budget Pressures

- 6.1 The three new Public Health Inspectors and two new Senior Public Health Inspectors will have annualization impacts in 2021 (\$303k).
- 6.2 Significant future Public Health budget pressures over the next four years include:
 - a. Changes to the scope of work for Public Health and changes to provincial legislation and standards which lead to a need for increases in staff and training to support compliance with program changes.
 - b. Changing population needs due to the pandemic leading to a need to expand programs, impacting communications, education, equipment, staff and training costs.
 - c. Population growth and an increased need for services leading to increases in

staff and equipment to support growth.

- d. Significant catch-up required for programs and services that have been impacted or suspended due to the pandemic (e.g., oral health screenings, vision screening, school-based immunizations, etc.).

6.3 Significant future Paramedic Services budget pressures over the next four years include:

- a. Changes to provincial legislation and standards that may require increases in staff and training to support compliance with program changes.
- b. Impacts of the Durham Live project on call volumes within Durham Region.
- c. Population growth and increases in call volumes leading to a need for increases in front-line operations and support staff, as well as a replacement Paramedic Response Station in Clarington.
- d. Implementation of key initiatives as outlined by the third-party consultant currently developing a Paramedic Master Plan which will identify opportunities to improve service and enhance patient safety.
- e. Improvement of mental health resources and support initiatives within the service.

7. Relationship to Strategic Plan

7.1 This report aligns with/addresses the following strategic goal and priorities in the Durham Region Strategic Plan.

- a. Goal 5 Service Excellence – to provide exceptional value to Durham taxpayers through responsive, effective and fiscally sustainable service delivery. By responsibly managing the Region’s financial assets, the proposed 2021 Health Department Business Plans and Budget looks to optimize resources to deliver critical infrastructure and services for current and future generations.

7.2 The Strategic Priorities section of the 2021 Health Department Business Plans and Budget document further highlights planned activities for the current budget year which will contribute to the achievement of the Region’s priorities outlined in the Region’s Strategic Plan.

8. Conclusion

8.1 The 2021 Health Department Business Plans and Budget presented meets the Council approved guideline for the 2021 Property Tax Supported Business Plans and Budgets.

8.2 With ongoing COVID-19 response obligations and new expectations for COVID-19 vaccine distribution and administration, a suspension of most regular public health programs and services will continue for most of 2021.

- 8.3 There are risks with proceeding with 2021 Health Department Business Plans and Budget, as presented. While the role of the Health Department continues to be to protect and promote the health of Durham residents, reduce health inequities and deliver quality paramedic services that are responsive to clients' needs, the ongoing pandemic and staffing needs limit the Health Department's ability to fulfill its role. Given the staffing pressures and difficulties with recruitment of temporary staff, it will be challenging for the Health Department to even fulfill its role to provide an ongoing comprehensive response to the COVID-19 pandemic and fulfill its obligations related to COVID-19 vaccine roll-out. Mitigating measures will be attempted but as noted above, staff may have to pivot quickly to respond.
- 8.4 Recognizing the risks, it is recommended that the Health & Social Services Committee approve the 2021 Business Plans and Budgets for the Health Department and forward this report to the Finance & Administration Committee for consideration during the budget deliberations of the 2021 Property Tax Supported Business Plans and Budget.
- 8.5 This report has been reviewed by the Finance Department and the Commissioner of Finance concurs with the recommendation.

9. Attachments

- 9.1 Attachment #1 – Memorandum to Regional Council (Durham Regional Board of Health) re: duties of boards of health under the *Health Protection and Promotion Act* (HPPA)
- 9.2 Detailed 2021 Business Plans and Budgets for the Health Department are available on-line through the link provided on the February 4, 2021 Health & Social Services Committee agenda or in hard copy by contacting the Finance Department, at (905) 668-7711 ext. 2304.

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 Baxter-Trahair
Chief Administrative Officer



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Public Health Agency

MEMORANDUM

TO: Regional Council (Durham Regional Board of Health)
FROM: Dr. Robert Kyle
DATE: February 4, 2021
RE: Duties of Boards of Health under the [Health Protection and Promotion Act \(HPPA\)](#)

Background

1. Further to the 2021 Health Department Business Plans and Budgets transmittal report, the purpose of this memorandum is to summarize: the duties of boards of health and medical officers of health regarding the provision of public health programs and services; the payment of boards of health and medical officers of health expenses; and provisions within the HPPA that may be used by the Minister of Health or the Chief Medical Officer of Health to address issues and concerns related to compliance with the HPPA, regulations and guidelines by boards of health.

Purpose of the HPPA

2. The HPPA is the statutory regime that “provides for the organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the health of the people of Ontario” (section 2).

Duties of a Board of Health

3. As regards the general provision of public health programs and services, section 61 of the HPPA requires every board of health to “superintend and ensure the carrying out of Parts II [Health Programs and Services], III [Community Health Protection] and IV [Communicable Disease Control] and the regulations relating to those Parts [Communicable Diseases – General, Control of West Nile Virus, Designation of Diseases, Food Premises,

4. Personal Service Settings, Public Pools, Qualification of Board of Health Staff, Rabies Immunization, Reports, School Health Programs and Services, Small Drinking Water Systems] in the health unit served by the board of health.”
5. With respect to health programs and services, section 4 states that “every board of health,
 - a) shall superintend, provide or ensure the provision of the health programs and services required by this Act and the regulations to the persons who reside in the health unit served by the board; and
 - b) shall perform such other functions as are required by or under this or any other Act.”

Mandatory Health Programs and Services

6. Section 5 requires every board of health to superintend, provide or ensure the provision of health programs and services in the following areas:
 - a) “Community sanitation, to ensure the maintenance of sanitary conditions and the prevention or elimination of health hazards.
 - b) The provision of safe drinking water by small drinking water systems.
 - c) Control of infectious diseases and diseases of public health significance, including provision of immunization services to children and adults.
 - d) Health promotion, health protection and disease and injury prevention, including the prevention and control of cardiovascular disease, cancer, AIDS and other diseases.
 - e) Family health, including,
 - I. Counselling services,
 - II. Family planning services,
 - III. Health services to infants, pregnant women in high risk health categories and the elderly,
 - IV. Preschool and school health services, including dental services,
 - V. Screening programs to reduce the morbidity and mortality of disease,
 - VI. Tobacco use prevention programs, and
 - VII. Nutrition services.
 - f) Collection and analysis of epidemiological data.
 - g) Such additional health programs and services as are prescribed by the regulations.”

School Pupils

7. Section 6 (1) requires every board of health to provide such of the health programs and services as are prescribed by the regulations [School Health Programs and Services] for the purposes of this section to the pupils attending schools within the health unit served by the board of health.

Optional Health Programs and Services

8. Section 9 permits a board of health to “provide any other health program or service in any area in the health unit served by the board of health if:
 - a) The board of health is of the opinion that the health program or service is necessary or desirable, having regard to the needs of persons in the area; and
 - b) The councils of the municipalities in the area approve of the provision of the health program or service.”

Guidelines

9. Section 7 (1) permits the Minister of Health to “publish public health standards for the provision of mandatory health programs and services and every board of health shall comply with them.” In terms of the extent of programs and services, section 8 states that “a board of health is not required by this Part to provide or ensure the provision of a mandatory health program or service referred to in this Part except to the extent and under the conditions prescribed by the regulations and the public health standards.”
10. The current public health standards were published as the [Ontario Public Health Standards: Requirements for Programs, Services, and Accountability](#) (OPHS) by the Minister of Health and Long-Term Care who transmitted them to all boards of health in January 2018. The OPHS establish requirements for fundamental public health programs and services, and are informed by the core public health functions which include assessment and surveillance, health promotion and policy development, health protection, disease prevention, and emergency management. The OPHS outline the expectations of boards of health, which are responsible for providing public health programs and services that contribute to the physical, mental, and emotional health and well-being of all Ontarians. Boards of health are responsible for the assessment, planning, delivery, management, and evaluation of a variety of public health programs and services that address multiple health needs, as well as the context in which these needs occur.
11. The OPHS is organized as follows:

Foundational Standards

- The Foundational Standards articulate specific requirements that underlie and support all Program Standards.
- The Foundational Standards include:
 - Population Health Assessment;
 - Health Equity;
 - Effective Public Health Practice, which is divided into three sections:
 - Program Planning, Evaluation, and Evidence-Informed Decision-Making;

- Research, Knowledge Exchange, and Communication;
- Quality and Transparency; and
- Emergency Management.

Program Standards

- Program Standards (grouped thematically) address Chronic Disease Prevention and Well-Being, Food Safety, Healthy Environments, Healthy Growth and Development, Immunization, Infectious and Communicable Diseases Prevention and Control, Safe Water, School Health, and Substance Use and Injury Prevention. Specific requirements are articulated for each of the Program Standards. Boards of health shall assess, plan, deliver, manage, and evaluate programs and services in each of those Program Standards and coordinate across the Program Standards.

Annual Service Planning and Budgeting

12. As part of the Ministry of Health’s Public Health Accountability Framework, boards of health are required to submit an Annual Service Plan and Budget Submission, Standards Activity Reports, and an Annual Report and Attestation.
13. The Annual Service Plan and Budget Submission: describes the complete picture of programs and services being delivered by boards of health, within the context of the OPHS; demonstrates that board of health programs and services align with the priorities of their communities, as identified in their population assessment; demonstrates accountability for planning; and demonstrates the use of funding per program and service.
14. Quarterly, boards of health are required to complete Standards Activity Reports that provide interim information on program achievement and finances and identify risks, emerging issues, changes in local context, and programmatic and financial adjustments in program plans.
15. At year-end, boards of health are required to submit an Annual Report and Attestation to: provide a year-end summary report on program achievements and finances; identify any major changes in planned activities due to local events; and demonstrate board of health compliance with programmatic and financial requirements.

Duties of Associate/Medical Officers of Health

16. Section 67 (1) states that every “medical officer of health of a board of health reports directly to the board of health on issues relating to public health concerns and to public health programs and services under this or any other Act.” Section 67 (2) states that “the employees of and the persons whose services are engaged by a board of health are subject to the direction of and are responsible to the medical officer of health of the board if their duties relate to the delivery of public health programs or services under this or any other Act.” Section 67 (3) states that “the

medical officer of health of a board of health is responsible to the board for the management of the public health programs and services under this or any other Act.” Section 68 (1) states that the “associate medical officer of health of a board of health, under the direction of the medical officer of health of the board, shall assist in the performance of the duties of the medical officer of health and, for the purpose, has all the powers of the medical officer of health.” Finally, section 42 (1) states that “no person shall hinder or obstruct a medical officer of health...lawfully carrying out a power, duty or direction under this Act.”

Staff

17. In addition to appointing, as required or permitted respectively under section 62 (1), a full-time medical officer of health and one or more associate medical officers of health, section 71 (1) requires every board of health to “engage the services of such persons, including public health nurses, as are considered necessary to carry out the functions of the board of health, including the duties of the board of health in respect of mandatory health programs and services”, subject to section 71 (3) respecting public health nurses, the *Qualifications of Board of Health Staff Regulation*.

Payment by Obligated Municipalities

18. Section 72 (1) requires the obligated municipalities in a health unit to pay the expenses incurred by or on behalf of the board of health and medical officer of health of the health unit in the performance of their functions and duties under the HPPA or any other Act. Section 72 (2) states that the obligated municipalities shall ensure that the amount paid is sufficient to enable the board of health,

- a) “to provide or ensure the provision of health programs and services in accordance with sections 5, 6, and 7, the regulations and the public health standards; and
- b) to comply in all other respects with this Act and the regulations.”

Grants

19. Section 76 permits the Minister to make grants “for the purposes of this Act on such conditions as he or she considers appropriate.” To this end, the Organizational Requirements of the OPHS include Fiduciary Requirements to hold boards of health accountable for using ministry funding efficiently for its intended purpose. The Fiduciary Requirements state that the “board of health shall use the grant only for the purposes of the *Health Protection and Promotion Act* and to provide or ensure provision of programs and services in accordance with the *Health Protection and Promotion Act*, Foundational and Program Standards, and Ministry-Board of Health Accountability Agreement.”

Financial Records

20. Section 59 requires boards of health to keep “books, records and accounts of its financial affairs” and to prepare “statements of its financial affairs in each year.”

Agreements

21. Section 81.2 permits the Minister to enter into “an agreement with a board of health of any health unit for the purpose of setting out the requirements for the accountability of the board of health and management of the health unit.”

22. In 2014, a new evergreen Public Health Funding and Accountability Agreement (PHFAA) was executed by all boards of health and the ministry. PHFAAs set out the obligations of boards of health and the ministry. They incorporate financial reporting requirements.

Inspectors

23. Section 80 permits the Minister to appoint one or more ministry employees as inspectors who shall make inspections of health units to ascertain the “extent of compliance with the Act and the regulations and the carrying out of the purposes of this Act.”

Assessors

24. Section 82 requires the Minister to appoint assessors who may carry out an assessment of a board of health for the purpose of,

- a) “ascertaining whether the board of health is providing or ensuring the provision of health programs and services in accordance with sections 5, 6 and 7, the regulations and the public health standards;
- b) ascertaining whether the board of health is complying in all the other respects with this Act and the regulations; or
- c) assessing the quality of the management and administration of the affairs of the board of health.”

Direction to Board of Health

25. If an assessment reveals non-compliance with the HPPA, regulations or public health standards and/or inadequacies in the management or administration of a board of health’s affairs, section 83 permits the Minister to give a board of health written direction,

- a) “to do anything that the Minister considers necessary or advisable to correct the failure identified in the direction; or
- b) to cease to do anything that the Minister believes may have caused or contributed to the failure identified in the direction.”

If a board of health fails to comply with the direction, it is guilty of an offence under sections 100 (3) and 101 (2). In addition, section 84 permits the Minister to do whatever is necessary to ensure that the direction is carried out. Section 85 entitles a board of health that receives a notice of failure to comply to a hearing by the Health Services Appeal and Review Board. The Board's decision under this section is final and binding on the board of health.

Conclusion

This memorandum has summarized the relevant sections of the HPPA related to the provision and funding of public health programs and services, including compliance with the HPPA, regulations and guidelines.

Respectfully submitted,

Original signed by

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



The Regional Municipality of Durham Report

To: Health and Social Services Committee
From: Commissioner of Social Services
Report: #2021-SS-1
Date: February 4, 2021

Subject:

2021 Social Services Department Business Plans and Budgets

Recommendation:

That the Health and Social Services Committee recommends to the Finance and Administration Committee for subsequent recommendation to Regional Council that the 2021 Business Plans and Budgets of the Social Services Department be approved.

Report:

1. Purpose

1.1 The purpose of this report is to obtain Health and Social Services Committee concurrence of the 2021 Business Plans and Budgets for the Social Services Department. The Social Services Department 2021 Business Plans and Budgets will be referred to the Finance and Administration Committee for consideration during deliberations of the 2021 Property Tax Supported Business Plans and Budgets.

2. Overview

2.1 The recommended 2021 Social Services Business Plans and Budgets meets the Council approved guideline for the 2021 Property Tax Supported Business Plans and Budgets.

2.2 The 2021 Social Services Business Plans and Budget supports the following five goals of the Region's Strategic Plan as well as responds to the demands and pressures the COVID-19 pandemic has placed on many Regional programs and services and provides for the implementation of the Region's COVID-19 Recovery Plan:

- a. Environmental Sustainability
- b. Community Vitality

- c. Economic Prosperity
 - d. Social Investment
 - e. Service Excellence.
- 2.3 The recommended 2021 Social Services Department Business Plans and Budget includes \$416.5 million in gross expenditures requiring \$123.2 million in property tax funding with the remaining funded by program fees, provincial and federal subsidies, reserves and reserves funds.
- 2.4 The recommended 2021 Social Services Department Business Plans and Budget provides operating and capital funding for the following program areas:
- a. Emergency Management and Program Support Services
 - b. Social Assistance
 - c. Children's Services
 - d. Family Services
 - e. Housing Services
 - f. Long-Term Care and Services for Seniors

3. 2020 Accomplishments

- 3.1 Approval of a new Master Housing Strategy that aims to improve affordability and access to housing across Durham Region, while highlighting priorities in At Home in Durham, the Durham Housing Plan 2014-2024, including providing affordable rent, greater housing choice, strong and vibrant neighbourhoods, and ending homelessness.
- 3.2 Partnered with local agencies to create the In and Out of the Crisis program at Camp Samac, where vulnerable residents without a home were provided with shelter, mental health supports and medical care. The Durham Region Isolation and Recovery Program provided space for unsheltered residents, or those staying in shelters or warming centres, to be voluntarily isolated either while waiting for COVID-19 test results or while recovering.
- 3.3 Initiated the Beaverton Supportive Housing Project for the expedited development of 50 housing units which will expand housing options for those experiencing homelessness in Durham, especially in the north, and to improve access to a range of health and social services for the local community.
- 3.4 A "Microhome Pilot" project is under development to provide temporary supportive housing on Regionally owned lands,
- 3.5 Joined the Built for Zero Canada (BFZ-C) campaign in July 2019 - a Canada-wide effort working towards ending chronic homelessness. Key components are a robust Coordinated Access System, a By-Name List and the establishment of a baseline for chronic homelessness to measure progress.
- 3.6 The Homelessness Support System pivoted to become housing-focused to connect

people experiencing homelessness to housing opportunities as quickly as possible. This change in approach resulted in 80 chronically homeless people being permanently housed since April.

- 3.7 The Community Development Council Durham augmented the Housing Stability Program with the Temporary Housing Supports Program, a homelessness prevention initiative to assist low income Durham residents with rent and utility payments, especially during the COVID-19 restrictions.
- 3.8 Long-Term Care (LTC) staff continued to provide much needed care for senior and disabled residents with complex conditions and multiple medical needs, in the face of COVID-19 outbreaks and resource constraints.
- 3.9 Close adherence to evolving Ministry directives and policy changes as well as guidance from Public Health has been accomplished in our LTC Homes.
- 3.10 Increased use of Personal Protective Equipment (PPE) has been put in place as have enhanced surveillance, testing for COVID-19 and communication and support for LTC staff.
- 3.11 A Nurse Practitioner and a trained Behavioural Supports Team is now in each of our four LTC Homes.
- 3.12 Creating LEAN processes for LTC admissions, documentation, etc., enhancing our mandatory and other training for staff and continuing to address workplace violence.
- 3.13 Recognizing the importance of the unpaid caregiver as part of the care team, especially in a pandemic and increasing communication and support to families, particularly in light of restrictions on visitors to our Homes.
- 3.14 Infection Prevention and Control (IPAC) Audits and IPAC Action Plans are in place as are IPAC staff at each of our four Homes.
- 3.15 Enhanced Infection Prevention and Control actions in Children's Services and Housing Services to limit the transmission of COVID-19 to vulnerable residents and children.
- 3.16 Hired and trained approximately 400 additional temporary staff for our four Long Term Care Homes to provide more and safer care for residents.
- 3.17 The Seniors' Safety Office's goal is to improve support to vulnerable seniors who are experiencing a situation where their safety is compromised. The Senior Safety Advisor (a Registered Social Worker) in Long-Term Care works in consultation with a Durham Regional Police Inspector. In 2020 there were approximately 500 intake calls/referrals (twice the 2019 amount) a third of which involved wellness checks.
- 3.18 Emergency child care was provided from March to June at no cost to front-line and essential workers. Approximately 300 children received care through licensed

home child care agencies and at eight child care sites operating 24 hours a day, seven days a week.

- 3.19 Supported licensed child care operators through the pandemic with advice, technical and financial support and supply of Personal Protective Equipment (PPE). The mandatory child care closures and subsequent reopening has led to new operational guidelines, which mandate enhanced infection prevention and control requirements, adaptations to curriculum and programming, and the implementation of new procedures that may align with school board protocols but not necessarily early learning legislation. The sector has experienced low enrollment, high demand for educators to adapt to cohorting and both scheduling and operational changes, while also providing responsive care to families.
- 3.20 A child care Fee Subsidy waitlist modernization was successfully implemented to ensure fee subsidy waitlist data is current and relevant to support a smooth and efficient intake process for children and families.
- 3.21 Implementing the findings of the Rebuilding the Village Project. The project was completed by the Children's Services Division and Fairy Glen Day Care with the assistance of federal funding. It addresses the need to support children exhibiting at-risk (angry, aggressive, running away) behaviours to support inclusion and maintain successful child care placements.
- 3.22 To support the Durham Community in responding to COVID-19, Social Services developed the COVID-19 Community Resources and the COVID-19 Community Funding Opportunities web pages to keep residents and local not-for-profits informed. Together these webpages now average over 4,000 visits per month.
- 3.23 Community leaders and local funders were brought together to create the Durham Region COVID-19 Funders Table to better coordinate community funding efforts. The Funders Table has 14 active members. Over \$5.5 million in COVID-19 funding has been allocated in the community by local funders.
- 3.24 Social Services connected with community agencies and partners to create the Durham Region COVID-19 Seniors and Isolated Populations Services and Supports Table to coordinate and support services for seniors during the pandemic. Up to an estimated 35,000 monthly wellness checks are being done with seniors by agencies throughout Durham Region.
- 3.25 Developed the Canada Learning Bond (CLB) virtual sign-up page on durham.ca with videos, resources and FAQs about the Canada Learning Bond, how to apply and how the CLB can assist families to save for their children's post-secondary education.
- 3.26 Supported the tax filing Community of Practice to find alternative and virtual options for tax filing, assisting residents with low income during the pandemic to receive approximately \$8.5 million in refunds and benefits.

- 3.27 As a component of the Primary Care Outreach Program (PCOP), social work services are provided which include trauma and addictions counselling; support to victims of abuse, human trafficking and sexual abuse; and, service navigation and coordination. Over 3,000 client contacts have taken place since the onset of the COVID-19 pandemic.
- 3.28 Family Services has developed and implemented virtual services to deliver mental health supports and counselling to individuals, couples and families; programs that address domestic and intimate partner violence; and case management and service navigation to individuals with developmental disabilities and their families. Durham Region and Municipal employees and their families have access to counselling and other mental health and wellness supports that have been provided virtually during the pandemic through the Family Services Employee Assistance Program (EAP). Quick response services have been implemented by the Family Services EAP program to provide immediate onsite and virtual mental health and counselling support to frontline Long-Term Care employees.
- 3.29 Approximately 2 per cent of the population of Durham is in receipt of Ontario Works (OW) benefits with an average 2020 monthly caseload of 8,377 (families and singles) amounting to 15,100 people. In 2020 in-person client service was almost fully halted due to pandemic restrictions and new ways of helping clients virtually were developed. Service delivery was expanded in the community with staff joining multidisciplinary teams in HUB settings. Ontario Works Caseworkers are working on site at the Backdoor Mission in Oshawa, the Ajax Hub and the Cannington Hub assessing and supporting the needs of both Ontario works recipients and local residents. Reloadable payment cards were introduced. These eliminate the need for clients without a fixed mailing address to pick up cheques at our offices.
- 3.30 Emergency Financial Assistance and enhanced OW Discretionary Benefits were provided to Ontario Works clients to help offset the financial hardships resulting from the COVID-19 pandemic. (These supports were separate from those provided directly by the federal or provincial government.)
- 3.31 Virtual Workshops have been developed during the COVID-19 pandemic to provide the needed life stabilization and employment support to our OW clients. From July to December 2020, 138 multi-session virtual workshops were provided to 838 employment program clients. Other life stabilization activities include frequent telephone checks with clients; linkages to food banks, medical care, housing, mental health and addictions services, legal assistance and other community resources; and, specialized, sensitive service to clients who are impacted by Human Trafficking. At the end of 2020, a total of 1,160 clients working with Employment Supports obtained employment, including 367 clients who exited Ontario Works for full or part-time employment.
- 3.32 Employment Support staff provided case management for 179 young parents (16-25) receiving OW and working towards completing their Ontario Secondary School Diploma and for 391 young adults (18-24) to plan for their education, volunteering,

and obtaining employment. In partnership with local school boards, staff also supported 82 additional OW clients to graduate secondary school with 70 of those graduates employed and 47 exiting OW.

- 3.33 A total of 27,628 Wellness checks were completed by OW staff from May to December 2020. During this period our OW central intake received 7,516 calls and 4,025 applications.
- 3.34 A Community Social Investment Framework has been developed that will support the allocation of social services investments to community non-profits serving residents who are facing the greatest needs and barriers.

4. 2021 Priorities and Highlights

- 4.1 The Social Services 2021 Business Plans and Budget include a number of federal and provincial funding programs designed to support vulnerable populations during the pandemic, assist with the additional costs of delivering social services due to COVID-19 and invest in social infrastructure. In summary these are:
- a. \$4.7 million in Provincial subsidy, and related outflows, related to Social Services Relief Fund (SSRF) Phase 2 Holdback. Further details are provided in Report #2021-INFO-2.
 - b. \$0.1 million in Provincial subsidy, and related outflows, related to the recently announced SSRF – Mental Health and Addictions Funding. Further details are provided in Report #2021-INFO-4.
 - c. \$3.5 million in Provincial subsidy, and related outflows, related to the Ontario Isolation Centres Initiative (OICI) which provides the ability for individuals to access publicly funded isolation facilities, and where needed, wraparound services following testing. The situation is particularly acute in high-priority communities that have been significantly impacted by COVID-19. These communities have been identified in the Ministry of Health's High Priority Communities Strategy and are characterized as having current and historically persistent high positivity and low testing rates for COVID-19, and larger numbers of low-income households. Further details are provided in Report #2021-INFO-4.
 - d. \$2.2 million In Federal Reaching Home subsidy, and related outflows, for the Canada's COVID-19 Economic Response Plan in Support of People Experiencing and at Risk of Homelessness.
 - e. \$0.5 million in potential federal and provincial funding under the COVID-19 Resilience Infrastructure Fund for capital costs to replace the playgrounds at Whitby, Ajax, Pickering and Lakewoods Early Learning and Child Care Centres (ELCC). The Region's share of this project is \$80,000 for design costs and is proposed to be funded from the tax levy. The Region is awaiting confirmation from the provincial and federal governments on the status of its application. The Region has also applied for \$18,200 in federal and provincial grant funding under this same program for touchless features at the Directly

Operated Child Care Centres.

- f. \$1.0 million in potential federal and provincial funding under the COVID-19 Resilience Infrastructure Fund – Long Term Care Home Stream for capital costs to provide Accessibility upgrades at the Region’s four LTC homes. This project will advance upon confirmation of funding from the provincial and federal governments.
- g. \$0.7 million in provincial funding for pandemic pay between January 1, 2021 and March 31, 2021 for LTC Personal Support Workers (PSWs).

4.2 Housing

- a. Expansion of the Durham Portable Housing Benefit and a shift from Rent Geared to Income units to facilitate more immediate and flexible assistance to low-income people on the Durham Access to Social Housing (DASH) wait list and maintain provincially mandated Service Level Standards.
- b. Construction of 50 modular affordable supportive housing rental units to provide a combination of support services and congregate living at an estimated cost of \$13.6 million is to be funded from the reallocation of the proposed \$5.6 million in Ontario Priorities Housing Initiative (OPHI) and \$8.0 million from the Social Housing Reserve Fund as approved by Council through Report 2020-SS-9. Annualized operating costs including property taxes for the supportive housing development are estimated at \$0.3 million which in part is funded from annual rental revenue estimated at \$0.2 million.
- c. Construction of temporary supportive housing units under the Region’s Microhome Pilot Project. The development of temporary supportive housing in the form of “micro-homes” at an estimated cost of \$0.9 million is to be funded from the Social Housing Reserve Fund as approved by Council through Report 2020-SS-9.
- d. As referenced in the Master Housing Strategy (Report #2020-COW-27), a recommended approach for the potential redevelopment, intensification and regeneration of four Durham Region Local Housing Corporation (DRLHC) sites in Oshawa is to be presented to Regional Council later in 2021 along with a review of the feasibility of land banking to help meet affordable housing targets and the establishment of partnerships and incentives to provide new affordable housing units and rental assistance.
- e. The potential of a Community Housing Sustainability Revolving Loan Fund and the use of community housing providers’ surplus to bolster their capital reserves to help maintain community housing will be validated for implementation as per Report #2020-COW-27 (Master Housing Strategy).
- f. A pilot of the Community Social Investment Framework will be undertaken in 2021 in the area of homelessness funding. A comprehensive Community Engagement Plan will be devised and implemented in 2021 to help inform the development of this framework. Council will be advised of the results and any proposed revisions.

4.3 Children's Services

- a. Children's Services staff continue to investigate flexible licensed child care options to support families working shifts or in rural industries.
- b. Emergency child care is being provided at no cost to front-line and essential workers as directed by the Ontario government.
- c. The Ministry of Education had previously announced proposed reductions in cost-sharing for early learning and child care administration in 2021. The planned reductions lower the threshold for allowable administration funding that municipalities could spend on child care from 10% to 5%, with the 50/50 cost share still in effect. For the 2021 budget, provincial subsidy for administration has been reduced by \$0.4 million the cost sharing impacts are \$0.2 million in Expansion and, \$0.2 million in Wage Enhancement; however, on December 14, 2020, the Ministry provided an update to exclude EarlyON and ELCC from this cost sharing requirement and to provide a one-time transitional grant of \$1.9 million to offset funding reductions and to assist with the new required 50/50 cost share for provincial child care administration.

4.4 Social Assistance

- a. Participation as a prototype site for the Ontario Works Intake and Benefit Administration Unit with Ministry of Children, Community and Social Services will be ongoing. This is a centralized intake process, with automated risk-based eligibility verification, that reduces paperwork and gives front-line caseworkers more time to support OW clients through crisis and to return to the workforce. There are also new digital tools and service modernization initiatives, such as expansion of the MyBenefits digital platform, to help create systems that are faster, fairer and more accountable with more staff time for case management.
- b. The ongoing partnership with the Ministry of Children, Community and Social Services to modernize social assistance will support clients towards success by creating a more person-centred approach with an overall shift to life stabilization, individualized help and system navigation including better connections to Employment Ontario. Further centralization and automation of administrative systems will allow front-line staff more time to focus on life stabilization activities for clients. Implementing a renewed service delivery vision is a significant change management initiative that will impact staff work, resources and organizational culture.

4.5 Long-Term Care and Services for Seniors

- a. Development and implementation of a "Future State of Nursing" Model and work on a virtual medicine model for LTC will be pursued.
- b. The 2021 budget proposes an investment of \$0.6 million to replace aging equipment such as ceiling lifts, floor lifts, kitchen appliances and equipment, shower chairs, and furniture to help care for LTC residents. Replacement of the flooring in the main kitchen at Lakeview Manor LTC Home is also

- proposed in the 2021 Budget at a cost of \$0.1 million.
- c. The Ministry of Long-Term Care ended the High Wage Transition funding effective Dec. 31, 2020 resulting in a loss of \$0.1 million in provincial funding for 2021.

4.6 Staffing

- a. An addition of two Housing Coordinators and one Housing Supervisor to enhance administration of the Regional oversight and funding of social housing providers. This was funded by a reallocation of existing social housing funding as part of the reconfiguring of the social housing component of the corporate non-departmental budget in conjunction with the Finance Department.
- b. An increase in Provincial subsidy for the Consolidated Homelessness Prevention Initiative (CHPI) program (\$0.3 million) allows for investment in an additional housing program coordinator, starting July 1, 2021, to administer the CHPI program. The balance of this increased funding is proposed to flow to community agencies to support homelessness prevention in Durham.
- c. The COVID-19 Pandemic has heightened the need for increased LTC resident quality of life initiatives. This includes moving to a minimum 4 hours of direct care per resident per day with commensurate provincial funding. As part of a three-year implementation plan, the 2021 recommended budget includes 11 new Personal Support Workers and one new Registered Practical Nurse plus additional part-time hours to provide 7 days a week coverage. The cost for these 12 new positions, based on a July 1, 2021 start date, is \$0.4 million in 2021.
- d. To ensure that infection control best practices are always maintained, two new full time Infection Control Nurses, effective April 1, 2021, are proposed in the budget at an additional cost of \$0.2 million. With this investment each of the Region's four homes will have its own Infection Control Nurse.
- e. The transfer and reclassification of a Senior Social Services Clerk from Social Assistance to Long Term Care to an Administrative Services Coordinator (\$0.1 million) that will provide administrative assistance to the nursing leadership team.
- f. An increase of one Social Worker at Hillsdale Estates and one Clerk-Typist at Hillsdale Terraces, effective July 12, 2021, is proposed in the 2021 budget to provide residents with more focused and individualized care, to enhance coordination of nursing staffing needs, and to fully meet the needs of residents and families is required at a cost of \$0.1 million, partially offset by a reduction in part-time hours.
- g. The LTC Divisional Office requires a permanent Training Specialist, effective July 1, 2021, to increase the resources for orientation and training, including mandatory training under the LTC Homes Act as well as enhanced infection prevention and control and safety training. The Seniors' Safety Office is also proposing the addition of one Program Assistant, effective July 1, 2021 to triage calls from the community and provide program support with a combined cost of \$0.1 million. The proposed additional Seniors' Safety Office staffing for

2021 will help reduce the current wait times for response to intake calls from three days to one day.

- h. Creation of a new Family Counsellor 2 position in Family Services to provide social work outreach services to vulnerable populations, including those who are unsheltered and under-housed, and who may have mental health and addiction challenges. This will complement work of the Primary Care Outreach Program. Substantial supports to address chronic homelessness have been provided as a result of the COVID-19 pandemic response. Further review of the PCOP program expansion will be forthcoming after the COVID-19 crisis has subsided and the long-term effects of the enhanced supports is assessed.

4.7 COVID-19 Projected Impacts

- a. In addition to the pressure for new regular full-time positions in the Region's long-term care homes, the COVID-19 pandemic is projected to continue to have significant temporary impacts for long-term care and other Social Services' program areas including:
 - Mandated active screening at all long-term care homes for all staff, contractors and visitors entering the building. To meet this requirement, the 2021 budget proposes a total of \$0.6 million for temporary screeners at each of the Region's four homes; and
 - Cleaning supplies, personal protective equipment and infection control supplies totaling \$0.5 million for the Region's long-term care homes.
- b. The 2021 budget proposes to fund the \$1.1 million in one-time COVID related costs from available senior government funding and as required from the Operating Impact Stabilization Reserve Fund.

5. 2021 Risks and Uncertainties

- 5.1 The most significant risk in Social Services is the uncertainty of provincial investment. The 2021 budget submission includes provincial funding based on current funding levels and information available from the Province. During 2019 the Region was subjected to considerable uncertainty as the new Provincial government unilaterally announced changes to funding levels, cost-sharing formulas and program design. Following the onset of the pandemic many of these reductions did not take place and instead substantial one-time increases in provincial funding were provided for the Region's housing and homelessness activities, social assistance and long-term care programs. However, the sustainability of these provincial funding increases is uncertain which affects Social Services' ability to plan and deliver services benefitting the Durham community. Reductions in provincial investment have a significant impact on the Region's own resources and its ability to address community needs identified in the Region's Strategic Plan.

- 5.2 There is increased uncertainty with respect to provincial and federal funding to support ongoing COVID-19 response. The Region, along with its municipal partners, is working with the provincial and federal government to secure senior government funding for projected 2021 incremental costs to the Region for responding to and recovering from the COVID-19 pandemic. Should sufficient funding not be available, the Region will need to consider further cost mitigation measures across the corporation or use of funding from stabilization reserve funds.
- 5.3 The Provincial Government is implementing changes to the delivery of employment services in the Province of Ontario. Since April 2020, new non-municipal Service System Managers in three prototype areas in Ontario (Durham is not one) have been responsible for managing Employment Ontario programs and Ontario Disability Support Program (ODSP) Employment Supports and, as of January 1, 2021, will also be integrating the Ontario Works Employment Assistance delivered by the nine municipalities in these prototype areas. The Service System Managers will be responsible for the planning, design and delivery of integrated employment services for OW clients. Funding for municipal OW employment programming in the prototype areas will be phased out once the integration is completed. The timing and the scope of the impact on the remaining municipal partners, including Durham, is not yet fully known but the transformation is expected to reduce Durham's resources to assist OW clients.
- 5.4 The province established a commission to investigate the spread of COVID-19 in the long-term care sector. The initial recommendations were to increase staffing, improve infection control, and collaborate with hospitals. The commission's work is continuing, and a final report is expected later in 2021. The provincial government has announced a goal of establishing a standard of 4 hours of care per resident per day in LTC homes and the federal government has announced its intention to take action, such as minimal standards of care, in the LTC sector. The impact on Durham is not yet known, however, there is a risk that any new provincially mandated standards of care will not be fully funded or will be at a lower standard than Social Services determines necessary and safe for our highly vulnerable residents. There may also be increased regulations and inspections of LTC facilities. Regional staff, in partnership with long-term care partners, will continue to advocate for a provincial funding and staffing model that meets the needs of our long-term care residents.
- 5.5 It remains unclear what the impact will be of the Ontario Health Teams (OHT) on the funding and operations of Long-Term Care, its Adult Day Program and the mental health and addictions services provided to Family Services clients.
- 5.6 A potential delay in the 50 unit modular affordable and supportive housing project, should an appeal of the Brock Township interim control by-law be required, could result in a significant loss of provincial and federal investment and increasing risk to vulnerable populations in North Durham that require housing and supports.
- 5.7 To prepare for the challenges ahead, the Social Services Department, in

partnership with the Internal Audit Division of the Finance Department, will undertake a review of key processes, systems, data, budgets and best practices to integrate services for improved client outcomes and resource utilization and to construct a more client-focussed organization.

6. Future Budget Pressures

- 6.1 Annualization of 23 new positions within the Department at an estimated incremental 2021 cost of \$0.8 million.
- 6.2 Continued phase-in of cost sharing requirements, imposed by the Province, related to the Children's Services division.
- 6.3 Continued pressure to address and reduce the wait list across several program areas. With population growth and funding constraints, wait times for services, such as Family Counselling services, Child Care Fee Subsidy, Long-Term Care and community housing will become longer.
- 6.4 The aging Durham Region Local Housing Corporation (DRLHC) portfolio and the buildings of social housing providers require significant capital investments to maintain housing units.
- 6.5 There is a need for additional provincial funding to better address infection control and prevention measures, new staffing models and resources that fully address the increasingly complex medical acuity levels of residents, population diversity and regulatory requirements in Long-Term Care.
- 6.6 Continued and sustained resources and supports are required to end chronic homelessness in Durham Region.
- 6.7 The Ontario Works (OW) and Social Housing client population continues to see an increase in complex mental health and addiction issues with one third of adults receiving OW being unable to work due to medical issues. Provincial supports for those with mental health and addiction issues and their families need to be augmented to achieve improved outcomes.
- 6.8 Uncertainty regarding pending provincial changes to the OW program design and funding model complicates business and budget planning.
- 6.9 A new LTC home in Seaton, if approved, will require a significant regional investment. There are also discussions ongoing with Lakeridge Health about the potential for Social Services involvement in a new LTC facility in the Ajax area.
- 6.10 As precarious and intermittent employment becomes more common in the labour market, it is anticipated that Durham residents will increasingly turn to the social services sector for help with different forms of income stabilization and other support services. The impact of COVID-19 on employment in the retail and service sector adds to this pressure.

6.11 The Family Services Division will continue to address mental health and wellbeing supports. However, referrals for new individual, couple or family counselling cases are continuing to grow putting pressure on waitlists and system capacity.

7. Relationship to Strategic Plan

7.1 This report aligns with/addresses the following strategic goal and priorities in the Durham Region Strategic Plan.

- a. Goal 2: Community Vitality - to foster an exceptional quality of life with services that contribute to strong neighbourhoods, vibrant and diverse communities, and influence our safety and well-being. Implementation of the 2021 Social Services Business Plans and Budget will support a high quality of life for all through human services delivery.
- b. Goal 4: Social Investment - to ensure a range of programs, services and supports are available and accessible to those in need, so that no individual is left behind. Implementation of the 2021 Social Services Business Plans and Budgets will revitalize community housing and improve housing choice, affordability, build awareness and community capacity to address poverty, demonstrate leadership in poverty prevention expand access to existing life stabilization programs.
- c. Goal 5: Service Excellence – to provide exceptional value to Durham taxpayers through responsive, effective and fiscally sustainable service delivery. By responsibly managing the Region’s financial assets, the proposed 2021 Social Services Department Business Plans and Budget looks to optimize resources to deliver critical infrastructure and services for current and future generations.

7.2 The Strategic Priorities section of the 2021 Social Services Department Business Plans and Budget document further highlights planned activities for the current budget year which will contribute to the achievement of the Region’s priorities outlined in the Region’s Strategic Plan.

8. Conclusion

8.1 The recommended 2021 Social Services Department Business Plans and Budget meets the Council approved guideline for the 2021 Property Tax Supported Business Plans and Budgets and supports the Department’s role to ensure a range of programs, services and supports are available and accessible to those in need, so that no individual is left behind.

8.2 It is recommended that the Health and Social Services Committee approve the 2021 Business Plans and Budgets for the Social Services Department and forward this report to the Finance and Administration Committee for consideration during the budget deliberations of the 2021 Property Tax Supported Business Plans and Budget.

8.3 This report has been reviewed by the Finance Department and the Commissioner of Finance concurs with the recommendation.

9. Attachments

9.1 Detailed 2021 Business Plans and Budgets for the Social Services Department are available on-line through the link provided on the February 4, 2021 Health and Social Services Committee agenda or in hard copy by contacting the Finance Department, at (905) 668-7711 ext. 2304.

Respectfully submitted,

Original signed by

Stella Danos-Papaconstantinou
Commissioner of Social Services

Recommended for Presentation to Committee

Original signed by

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