



The Regional Municipality of Durham

Health & Social Services Committee Agenda

Council Chambers
Regional Headquarters Building
605 Rossland Road East, Whitby

Thursday, November 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 – October 7, 2021 Pages 4 - 13

4. Statutory Public Meetings

There are no statutory public meetings

5. Delegations

There are no delegations

6. Presentations

6.1 R.J. Kyle, Commissioner and Medical Officer of Health, re: COVID-19 Update

- 6.2 Lisa McIntosh, Director, and Julie Gaskin, Manager, Early Learning, Children's Services Division, re: The Children's Services Division, Durham's Early Years and Child Care Service System Manager Update (2021-SS-12) [Item 8.2 A]

7. Health

- 7.1 Correspondence

- 7.2 Reports

There are no Health Reports to consider

8. Social Services

- 8.1 Correspondence

- 8.2 Reports

- A) The Children's Services Division, Durham's Early Years and Child Care Service System Manager Update (2021-SS-12) 14 - 18
- B) Sole Source Award to Arxium Innovation Pharmacy Solutions and Approval for Unbudgeted Capital to Purchase Automated Dispensing Cabinets for the Region of Durham's Long Term Care Homes (2021-SS-13) 19 - 22
- C) Unbudgeted Provincial funding from the Ministry of Long-Term Care for Increase in Staffing Hours and Supporting Professional Growth for the Four (4) Regional Municipality of Durham Long Term Care Homes (2021-SS-14) 23 - 39

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, December 9, 2021 at 9:30 AM

13. Adjournment

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The Regional Municipality of Durham

MINUTES

HEALTH & SOCIAL SERVICES COMMITTEE

Thursday, October 7, 2021

A regular meeting of the Health & Social Services Committee was held on Thursday, October 7, 2021 in the Council Chambers, Regional Headquarters Building, 605 Rossland Road East, Whitby, Ontario at 9:30 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 left the meeting at 11:10 AM
Councillor Wotten
Regional Chair Henry
***all members of the Committee participated electronically**

Also
Present: Councillor Highet
Councillor Smith

Staff
Present: E. Baxter-Trahair, Chief Administrative Officer
T. Cheseboro, Chief, Region of Durham Paramedic Services
S. Danos-Papaconstantinou, Commissioner of Social Services
T. Fraser, Committee Clerk, Corporate Services – Legislative Services
R. Inacio, Systems Support Specialist, Corporate Services – IT
R.J. Kyle, Commissioner and Medical Officer of Health
E. Valant, Program Manager, Housing Services
N. Prasad, Assistant Secretary to Council, Corporate Services – Legislative Services
***all staff except R. Inacio participated electronically**

2. Declarations of Interest

Councillor Anderson made a declaration of interest under the Municipal Conflict of Interest Act with respect to Items 6.1 and 7.2 A) Presentation from Erin Valant, Program Manager, Housing Services, regarding Durham's Homelessness Support and Coordinated Access System, and Report #2021-MOH-5 regarding Comprehensive Master Plan for Paramedic Services. He indicated that his daughter is a paramedic.

3. Adoption of Minutes

Moved by Councillor Carter, Seconded by Councillor Wotten,
(36) That the minutes of the regular Health & Social Services Committee meeting held on Thursday, September 9, 2021, be adopted.
CARRIED

4. Statutory Public Meetings

There were no statutory public meetings.

5. Delegations

5.1 Monika Warsinska, Homelessness Data Coordinator, Community Development Council Durham (CDCD) re: 2020 HIFIS Annual Demographics Report

Monika Warsinska, Homelessness Data Coordinator, Community Development Council Durham (CDCD) provided a delegation with regards to the 2020 HIFIS Annual Demographics Report. A copy of the presentation material was provided to members prior to the meeting.

Highlights of the Presentation included:

- Who We Are
- Introduction to HIFIS
- Key Report Findings
- Conclusions

M. Warsinska stated that CDCD is a multi-service organization and social planning council that supports regional community needs and intentional community planning. CDCD manages the Homeless Individuals and Families Information System (HIFIS) which is a secure, web-based database designed to assist communities by serving those experiencing homelessness and housing instability by providing reliable and real time data.

M. Warsinska stated that the HIFIS Annual Demographic Report provides important insight into homelessness and housing instability in Durham Region. According to self reporting data, while the majority of the homeless and at-risk population is concentrated in south Durham, homelessness exists all across Durham Region. She also stated that the data shows that certain populations are over-represented and the prevalence of financial need is evident.

M. Warsinska further stated that based on the HIFIS findings, community supports and services need to be localized as client needs vary throughout the Region and across municipalities; there is a need for more focused and targeted supports for both women and their dependents; and there is a need for research to gain a better understanding of the gap between the population's household income and shelter costs as well as strategies to bridge this gap.

W. Warsinska and H. Corbette, Executive Director, CDCD, responded to questions of the Committee.

6. Presentations

6.1 Andrew Greggan, Consultant, Operational Research in Health Limited (ORH), re: Comprehensive Master Plan for Paramedic Services (2021-MOH-5) [Item 7.2 A]

Andrew Greggan, Consultant, Operational Research in Health Limited (ORH), provided a PowerPoint Presentation with regards to the Comprehensive Master Plan for Paramedic Services. A copy of the presentation material was provided to members prior to the meeting.

Highlights of the presentation included:

- Objective
- ORH
- Historical Analysis of Region of Durham Paramedic Services (RDPS)
 - Demand by Year
 - P4 Performance by Month
 - Resourcing
- Demand Projections
 - Population-based Projection Method
 - Demand Rates
 - Demand Projection
- Base Position for Modelling
 - AmbSim
 - 2021 Base Position
- Station Location Optimization
 - Location Optimization
 - Recommended Station Configuration

- Identifying Future Resource Requirements
 - 'Do Nothing' Trajectory
 - Maintaining 2016 Performance by LTM
 - Mean Response Time Comparison
 - Front-line Staff Requirements
 - Support Staff Requirements
- Key Recommendations
 - Phasing
 - Alternate Phasing
- Sensitivity Modelling
 - Sensitivity Modelling Impacts
- Summary Slides
 - Objective
 - Key Messages from Analysis
 - Front-line Recommendations
 - Mean Response Time Comparison
 - Phasing
 - Support Staff Recommendations

A. Greggan stated that ORH's objective was to develop a Comprehensive Master Plan for the delivery of Paramedic Services encompassing a ten-year time period from 2021 to 2031 with the following key deliverables: ambulance call forecasts; response time targets; resource requirements; and facilities model. He provided a detailed overview of the various statistics reviewed in developing the plan.

A. Greggan also provided an overview of the key messages from the analysis and advised of the front-line recommendations as well as support staff recommendations.

A. Greggan responded to questions with regards to offload delays and the impact on paramedics and hospitals; concerns regarding staff morale; the locations for new facilities; and the operational issues affecting emergency departments.

Moved by Councillor Carter, Seconded by Councillor Roy,
(37) That the agenda be altered in order to consider Report #2021-MOH-5
[Item 7.2 A)] at this time.

CARRIED

7.2 Reports

A) Comprehensive Master Plan for Paramedic Services (2021-MOH-5)

Report #2021-MOH-5 from R.J. Kyle, Commissioner & Medical Officer of Health, was received.

Staff responded to questions with regards to the data used in the population projections.

Moved by Councillor Carter, Seconded by Councillor Dies,
(38) That we recommend to Council:

- A) That the Comprehensive Master Plan for Paramedic Services be referred to Regional staff for review by affected Regional departments and be used as a guiding document, along with evolving growth projections and operational considerations, for future Paramedic Services planning, Regional development charge background studies and future business plans and budgets; and
- B) That Regional staff report back on the status of the review of the recommendations in the Comprehensive Master Plan for Paramedic Services prior to presenting the proposed Public Health and Paramedic Services 2023 Business Plan and Budget.

CARRIED ON THE FOLLOWING
RECORDED VOTE

<u>Yes</u>	<u>No</u>
Councillor Carter	None
Councillor Dies	
Regional Chair Henry	
Councillor Pickles	
Councillor Roy	
Councillor Wotten	
Councillor Chapman	

Members Absent: None

Declarations of Interest: Councillor Anderson

6.2 R.J. Kyle, Commissioner and Medical Officer of Health, re: COVID-19 Update

R.J. Kyle, Commissioner and Medical Officer of Health provided a PowerPoint Presentation with regards to the COVID-19 Update. A copy of the PowerPoint was provided to members in advance of the meeting.

Highlights of the Presentation included:

- Current Status
- Variants of Concern
- COVID-19 Vaccination Administration
- COVID-19 Vaccination Coverage
- Weekly Epi Stats
- Weekly Epi Stats – Vaccination Status

- Proof of Vaccination in Select Settings
- COVID-19 Resource and Section 22 Class Order
- Provincial Announcements – COVID-19 Vaccine
- Current COVID-19 Vaccine Plan

R.J. Kyle stated that the Delta Variant is currently driving the fourth wave but Durham is experiencing high vaccination rates and successful containment. He advised that daily case counts are hovering between 20 to 30 cases per day. The number of doses administered in Durham is close to one million and there will be a News Release to celebrate the milestone.

R.J. Kyle advised that as of September 22, 2021, the province requires patrons to provide proof of vaccination in select settings. Requirements do not apply to some outdoor settings such as outdoor patios or where people receive medical care, food from grocery stores etc. He advised that there has been a new resource created to provide business owners/operators and patrons a summary of the proof of vaccination requirements. A new Section 22 Class Order was also issued to hosts of social gatherings requiring them to provide a list of attendees if a positive COVID-19 case is associated with the gathering.

R.J. Kyle provided an overview of provincial announcements with regards to the COVID-19 Vaccine. He stated that the current vaccine plan is still in effect and residents born in 2009 or earlier are eligible for vaccines at mass immunization, mobile and pop-up clinics. He also advised that a third dose is being offered to individuals at highest risk of a reduced or waning immune response to the vaccine.

R.J. Kyle responded to questions regarding the difference of a third dose and a booster dose; how the third dose will be administered to other age groups and whether supply is an issue; whether there are concerns that vaccines will become less effective over time; the jurisdiction of licenced long-term care and retirement homes with respect to responding to complaints.

6.3 Erin Valant, Program Manager, Housing Services, re: Durham's Homelessness Support and Coordinated Access System (2021-SS-10) [Item 8.2 A)]

Erin Valant, Program Manager, Housing Services, provided a PowerPoint Presentation with regards to Durham's Homelessness Support and Coordinated Access System (Report #2021-SS-10). A copy of the PowerPoint was provided to members in advance of the meeting.

Highlights of the Presentation included:

- What is a Point in Time Count
- Point in Time Counts & By-Name Lists

- By-Name List, Coordinated Access List and Priority List – What is the Difference?
- Durham’s Coordinated Access System
- Coordinated Access
- Coordinated Access Data
- Coordinated Access Data – Actively Homeless
- New Durham Region Monthly Report Card
- 2021 Initiatives and Strategies
 - Housing-Focused Commitment
 - Housing-Focused Strategies
 - Capital Housing-Focused Initiatives
- Homelessness Funding in Durham
 - Annual Funding Received & 2022 Planning

E. Valant stated that a Point in Time Count captures numbers and basic demographics of people experiencing homelessness over a 24-hour period by using three methodologies: a street count to identify all unsheltered residents; a sheltered count to identify all people staying in shelters; and a service count to identify people accessing services who have no fixed address. Durham’s Point in Time Count is scheduled for the week of October 18, 2021.

E. Valant stated that a By-Name List provides robust data points on all people experiencing homelessness and what their unique supports are; tracks progress towards ending homelessness in real time; and provides all of the information needed for Coordinated Access to prioritize people for housing resources based on need. She provided an overview of the differences of the Point in Time Count and the By-Name List.

E. Valant stated that the Coordinated Access System is the process by which people who are experiencing homelessness are directed to access points to service; supported through coordinated triage and assessment to access the right resources; and supported through a standardized and coordinated process to access specific housing resources that are centrally managed.

E. Valant advised that in order to promote transparency and information sharing regarding the scope of homelessness in Durham, a New Durham Region Monthly Report Card has been launched and will be updated monthly. She provided an overview of the 2021 Initiatives and Strategies and advised that the strategies were implemented in 2020 and 2021 to align with the housing focused commitment. She also provided an overview of the capital housing-focused initiatives as well as an overview of the homelessness funding received in Durham and how it is used.

E. Valant responded to questions regarding the redirection of base funding allocations and the effect on shelter programs; whether the audit on the modernization of shelter systems has been undertaken; the possibility of getting more specific information on the 25 to 59 year age group; reasons why males dominate the Point in Time count; whether there is an opportunity for a hub or shelter in the City of Pickering; how homeless families are housed; and the possibility of separating the number of the transitional population from the homeless population.

7. Health

7.1 Correspondence

There were no communications to consider.

7.2 Reports

A) Comprehensive Master Plan for Paramedic Services (2021-MOH-5)

Report #2021-MOH-5 from R.J. Kyle, Commissioner & Medical Officer of Health, was considered earlier in the meeting (see pages 4 and 5 of these minutes).

8. Social Services

8.1 Correspondence

A) Email correspondence from Paul Nelson, Beaverton Resident, re: Beaverton Supportive Housing

Moved by Councillor Pickles, Seconded by Regional Chair Henry,
(39) That the email correspondence sent on October 5, 2021 from Paul Nelson, Beaverton Resident regarding the Beaverton Supportive Housing, be received for information.

CARRIED

8.2 Reports

A) An Update on the Region of Durham's Homelessness Support and Coordinated Access System (2021-SS-10)

Report #2021-SS-10 from S. Danos-Papaconstantinou, Commissioner of Social Services, was received.

Moved by Councillor Carter, Seconded by Councillor Dies,
(40) That Report #2021-SS-10 of the Commissioner of Social Services be received for information.

CARRIED

9. Advisory Committee Resolutions

There were no advisory committee resolutions to be considered.

10. Confidential Matters

- A) Confidential Report of the Commissioner of Social Services – Closed Matter with respect to information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them, regarding Capital Projects Submitted under the Rapid Housing Initiative (RHI) Round 2 and the Social Services Relief Fund Phase 4 (SSRF Phase 4) Funding (2021-SS-11)
-

Confidential Report #2021-SS-11 from S. Danos-Papaconstantinou, Commissioner of Social Services, was received.

Moved by Councillor Carter, Seconded by Councillor Wotten,
(41) That we recommend to Council:

That the recommendations contained in Confidential Report #2021-SS-11 of the Commissioner of Social Services be adopted.

CARRIED

11. Other Business

There was no other business to be considered.

12. Date of Next Meeting

The next regularly scheduled Health & Social Services Committee meeting will be held on Thursday, November 4, 2021 at 9:30 AM in the Council Chambers, Regional Headquarters Building, 605 Rossland Road East, Whitby.

13. Adjournment

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

CARRIED

The meeting adjourned at 11:54 AM

Respectfully submitted,

B. Chapman, Chair

N. Prasad, Assistant Secretary to Council

If this information is required in an accessible format, please contact 1-800-387-0642



The Regional Municipality of Durham Report

To: Health and Social Services Committee
From: Commissioner of Social Services
Report: #2021-SS-12
Date: November 4, 2021

Subject:

The Children's Services Division, Durham's Early Years and Child Care Service System Manager Update

Recommendation:

That the Health and Social Services Committee recommends:

That this report be received for information.

Report:

1. Purpose

- 1.1 The purpose of this report is to provide an update to the Health and Social Services Committee and Regional Council on the work accomplished by the Children's Services Division (CSD) in 2021 and the progress that has occurred related to Durham's Early Learning and Child Care Service Plan 2018 – 2022.
- 1.2 This report informs Committee and Regional Council of the Children's Services Division planning and involvement in the early learning and child care sector for the Region of Durham (Durham) as the Consolidated Municipal Service Manager (CMSM) and lead for the eight lower-tier municipalities. The Children's Services Division is committed to comprehensive consultation and planning with the community to develop Durham's 2023-2027 plan that will be titled Early Years and Child Care Plan to align with current sector language. The plan will allow for the ability to pivot and adapt to changing provincial and federal funding and direction. It will also include elements of the National Child Care Plan, announced by the Federal government in the 2021 Federal Budget, as agreements are formed and as information is received.
- 1.3 This report is to inform Committee & Regional Council that planning for an Early Years Workforce strategy has begun in 2021, for roll-out in 2022 and 2023. CSD

staff will consult and collaborate with community partners and service providers to inform this strategy.

2. Background

- 2.1 The Children's Services Division was designated by the Province of Ontario in 2000 as the CMSM for child care and early year's programs in Durham. The Division is required to plan, fund, and manage the system.
- 2.2 The Child Care and Early Years Act, 2014 includes clarification of the role and responsibilities for Consolidated Municipal Service Managers. It also outlines specific matters of Provincial Interest that should be included in the development of system plans. The plans are to be reviewed and updated at least every five years.
- 2.3 CSD staff work with community partners, service providers, and families to ensure that Divisional work plans are developed based on the priorities set out in the Early Learning Service Plan 2018-2022 and reflect the needs and ideas of Durham's Early Learning and Child Care system.
- 2.4 In April 2021, the Federal Government announced plans for a Canada-wide Early Learning and Child Care Plan. The five-year plan includes a plan for a 50 per cent average fee reduction for preschool care by the end of 2022 and an average fee of \$10 a day for regulated child care by 2026.

3. Previous Reports and Decisions

- 3.1 Report #2018-COW-91 Durham's Early Learning and Child Care Service Plan 2018 - 2022.

4. Durham's Child Care and Early Learning Service Plan 2018 – 2022

- 4.1 The plan provided outlines five key service priorities:
 - a. Maximize financial support available to licensed child care
 - b. Develop and implement a strategy to support children with special needs
 - c. Increase and attract and retain quality Registered Early Childhood Educators
 - d. Support and expand the licensed home child care sector, and
 - e. Reduce the waitlist for child care fee subsidy
- 4.2 The plan is also structured to align with the provincial priorities: Responsive, Affordable, Accessible, and High Quality.
- 4.3 For each of the key service priorities, CSD staff have developed measurement indicators, actions, and timelines. The report has been structured so that every year an annual report may be completed that outlines accomplishments. Should provincial direction change, or funding levels change, staff adjust the plan accordingly.

4.4 The Early Learning and Child Care sector has been active during the pandemic, with services and programs remaining in-person and virtual throughout. In 2021, most of the five-year work plan items have been completed and current accomplishments reflect the ability to pivot to meet sector needs. The following 2021 accomplishments remain in line with the key priorities outlined in the plan:

- a. Maximize financial supports available to licensed child care
 - \$2.3 million in provincial reinvestment funding and \$6.8 million in federal safe restart funding received through the province was rolled out to service providers to support COVID-19 pandemic spending.
 - Maximized province-permitted spending flexibility in 2021 budget to support service providers and families with financial support for child absenteeism and program/room closures due to COVID-19 outbreaks or Ministry-mandated closures.
- b. Develop and implement a strategy to support children with special needs
 - Special Needs Resourcing agencies continued offering services in-person and virtually to families and child care providers.
 - As partners of the Ontario Autism Program, Durham (OAP-D), Durham Behaviour Management Services began offering services through the PLAY Project in 2021. The PLAY Project is a parent-implemented program that supports the development of social interaction, communication, play, and pre-academic skills in children on the autism spectrum, appropriate for children up to 48 months of age who are communicating at a variety of levels.
- c. Increase, attract and retain quality Registered Early Childhood Educators
 - CSD continues to collaborate with Durham College and the child care community to support both students in the Early Childhood Education program and working professionals already in the field. From January to September 2021, 106 participants accessed the virtual, simulation-based training.
 - CSD staff are active members of Ontario Municipal Social Services Association's Children's Services Networking working group for a province-wide marketing strategy that includes the promotion of Early Childhood Education as a profession. Roll-out for a marketing campaign is targeted for the end of 2021.
 - 67 virtual workshops were offered by CSD in spring and summer 2021 with 2,337 registrants. An additional 46 virtual workshops were offered in the fall, with more to be offered in the winter.
 - Both an Indigenous Training Specialist and a French Training Specialist were hired to support Durham's early learning and child care community.
- d. Support and expand the licensed home child care sector
 - Durham's Best Start Network Home Child Care Sub-Committee was established. This is a space for creating resources, establishing partnerships, and sharing best practices within the home child care community.

- Virtual workshops designed for the home child care community have been offered throughout the year.
 - e. Reduce the waitlist for child care fee subsidy
 - For the first time in 15 years, there is no waitlist for fee subsidy. Clients receive fee subsidy based on the date care is required.
 - From January to August 2021, 4,392 children received fee subsidy for licensed child care.
 - From January to August 2021, 2,109 applications were reviewed, processed, and managed by CSD staff. Additionally, 2,335 Emergency Child Care applications were also received and managed by CSD staff.
- 4.5 CSD staff are developing and implementing a comprehensive consultation plan that will include gathering information from families, educators, service providers, and community partners using focus groups, surveys, and ongoing data collection to establish a 2023-2027 plan that supports a responsive, high-quality system for children and families in Durham.

5. Workforce Strategy

- 5.1 As part of the Canada and Ontario bilateral Early Childhood Workforce Funding Agreement, in October 2021, the Ministry of Education provided information for CSD, as the system lead, to develop a Workforce Planning Strategy to support retaining and recruiting high-quality child care and early years workforce with implementation for 2022 and 2023.
- 5.2 The Early Years and Child Care sector in Durham and across the province is struggling to recruit and retain Registered Early Childhood Educators and support staff. CSD staff work with Durham's Best Start Network Workforce Subcommittee, post-secondary institutions, school boards, other community partners, as well as Provincial networks to build capacity within the sector.

6. National Child Care Plan

- 6.1 CSD staff continue to actively participate on provincial tables and in the child care and early years community while awaiting announcements and information related to an Ontario bilateral agreement that will secure funding and offer direction to plan and implement system changes.

7. Relationship to Strategic Plan

- 7.1 This report aligns with/addresses the following strategic goals 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.

- b. Goal 3: Economic Prosperity – To build a strong and resilient economy that maximizes opportunities for business and employment growth, innovation, and partnership.
- c. 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.
- d. Goal 5: Community Vitality – To provide exceptional value to Durham taxpayers through responsive, effective, and fiscally sustainable service delivery.

The Children's Services Division recognizes the economic, social, and educational importance of high-quality early learning and child care to the well-being of children, families, and the community.

8. Conclusion

- 8.1 As the CMSM, the Children's Services Division is committed to ensuring a system that is responsive, affordable, accessible, and high quality for the children and families in Durham. As such, the Children's Service Division will continue its work to produce a comprehensive Early Years and Child Care Plan that is driven by consultation and active engagement with the early years and child care community, families, and the province. CSD will monitor federal and provincial developments of the Canada-wide Early Learning and Child Care Plan and pivot planning and work strategies as needed to optimize support for the early learning and child care sector and Durham's children and families.

Prepared by: Lisa McIntosh, Director, at 905-668-7711, extension 2754.

Respectfully submitted,

Original signed by

Stella Danos-Papaconstantinou
Commissioner of Social Services

Recommended for Presentation to Committee

Original signed by

Elaine C. Baxter-Trahair
Chief Administrative Officer



The Regional Municipality of Durham Report

To: Health and Social Services Committee
From: Commissioner of Social Services
Report: #2021-SS-13
Date: November 4, 2021

Subject:

Sole Source Award to Arxium Innovation Pharmacy Solutions and Approval for Unbudgeted Capital to Purchase Automated Dispensing Cabinets for the Region of Durham's Long Term Care Homes

Recommendations:

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

- A) That unbudgeted capital purchases for 2021 in the amount of \$190,048 for the purchase of Automated Dispensing Cabinets at each of the four (4) Long Term Care Homes be approved;
- B) That a sole source agreement with Arxium Innovation Pharmacy Solutions for the provision and maintenance of Automated Dispensing Cabinets at the Region of Durham's four (4) Long Term Care Homes be awarded at an estimated cost of \$190,048;
- C) That financing in the amount of \$190,048 for the purchase of the Automated Dispensing Cabinets be provided as follows:

Medication Safety Technology Program Funding	\$183,402
Available surplus from Long-term care operations	\$ <u>6,646</u>
Total Financing	<u>\$190,048</u>

- D) That the Commissioner of Finance be authorized to execute the necessary agreements.

Report:**1. Purpose**

- 1.1 The purpose of this report is to provide details about unbudgeted revenue of \$183,402 provided to the four (4) Regional long-term care homes (LTC) through the Medication Safety Technology Program Funding and to seek approval to award a sole source purchase of four (4) Automated Dispensing Cabinets (ADC) from Arxium Innovation Pharmacy Solutions (Arxium) at an approximate cost of \$190,048.

2. Background

- 2.1 In the final report on the Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System (<https://longtermcareinquiry.ca/en/final-report>), the Honourable Eileen E. Gillese, Commissioner of the Public Inquiry, emphasized the importance of medication management in LTC homes in keeping resident safe.
- 2.2 Included in these recommendations were recommendations about how technology can be used to strengthen medication safety.
- 2.3 In response to these recommendations, the Ministry of Long-Term Care launched a Medication Safety Technology (MST) Program to provide supplementary funding to LTC homes over a three (3) year period to support the adoption of technologies to strengthen LTC medication safety.
- 2.4 The four (4) Regional Municipality of Durham LTC homes wish to purchase one (1) ADC per home from Arxium.

3. Standardization and Justification for Sole Source

- 3.1 Although there are other suppliers of ADCs, the ADC supplied by Arxium is the only ADC that provides real time integration with our current electronic medication administration record and Point Click Care, our electronic health record.

4. Financial Implications

- 4.1 Section 14.2.2 of the Region's Budget Management Policy requires the approval of Regional Council for unbudgeted capital purchases in excess of \$50,000, or those to be financed from other sources, require the approval of the Treasurer and C.A.O. and the applicable Standing Committee and Regional Council.
- 4.2 Section 7.2 of the Region's Purchasing By-Law #16-2020, permits the acquisition of goods and services through sole source negotiations under specific circumstances outlined in Appendix "C" of the by-law. Section 1.1 of Appendix "C" permits negotiations for goods or services that can be supplied only by a particular supplier where no reasonable alternative or substitute goods or services exist to ensure

compatibility with existing good or to maintain specialized goods that must be maintained by the manufacturer of those goods or its representative. The by-law also requires approval by the appropriate standing committee and Council for the award of sole source contracts that exceed \$100,000 in value.

- 4.3 Financing for the purchase of ADC's at the Region's Long Term Care Homes can be financed as follows:

Medication Safety Technology Program Funding	\$183,402
Available surplus from Long-term care operations	<u>\$ 6,646</u>
Total Financing	<u>\$190,048</u>

5. Relationship to Strategic Plan

- 5.1 This report aligns with/addresses the following strategic goals and priorities in the Durham Region Strategic Plan
- 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.
 - Goal 5: Service Excellence – To provide exceptional value to Durham taxpayers through responsive, effective, and fiscally sustainable service delivery.

6. Conclusion

- 6.1 It is recommended that a sole source agreement be awarded to Arxium Innovative Pharmacy Solutions for the supply and maintenance of ADCs for the Region's four (4) long-term care homes, financed primarily from the new Medication Technology Program Funding from the Ministry of Long-Term Care.
- 6.2 This report has been reviewed by the Finance Department and the Commissioner of Finance concurs with the financial recommendations.
- 6.3 For additional information, contact: Laura MacDermaid, Director, Long Term Care and Services for Seniors, at 905-668-7711, extension 2704.

Respectfully submitted,

Original signed by

Stella Danos-Papaconstantinou
Commissioner of Social Services

Recommended for Presentation to Committee

Original signed by

Elaine C. Baxter-Trahair
Chief Administrative Officer



The Regional Municipality of Durham Report

To: Health and Social Services Committee
From: Commissioner of Social Services
Report: #2021-SS-14
Date: November 4, 2021

Subject:

Unbudgeted Provincial funding from the Ministry of Long-Term Care for Increase in Staffing Hours and Supporting Professional Growth for the Four (4) Regional Municipality of Durham Long Term Care Homes.

Recommendation:

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

- A) That the 2021 portion of unbudgeted ongoing Provincial funding from the Ministry of Long-Term Care (MLTC) in the amount of \$1,206,856 for the period of November 1, 2021, to December 31, 2021, be expended in accordance with the Long-Term Care Staffing Increase Funding Policy;
- B) That the 2021 portion of unbudgeted ongoing Provincial funding from the Ministry of Long-Term Care (MLTC) in the amount of \$45,433 for the period of November 1, 2021, to December 31, 2021, be expended in accordance with the Supporting Professional Growth Funding Policy;
- C) That approval be granted to increase the Long-Term Care and Services for Seniors Staffing Complement by sixty (60) new full-time positions effective November 1, 2021, and increase part time staffing costs to account for 24/7 operations coverage within the four (4) long-term care homes;
- D) That the increases in 2021 will be funded entirely from the additional Provincial base funding allocation as follows:
 - a. Four (4) Registered Nurses at an estimated 2021 cost of \$94,844 (annualized cost of \$569,066)
 - b. Fourteen (14) Registered Practical Nurses at an estimated 2021 cost of \$219,387 (annualized cost of \$1,316,323)

- c. Thirty-two (32) Personal Support Workers at an estimated 2021 cost of \$418,582 (annualized cost of \$2,511,490)
 - d. One (1) Occupational Therapist at an estimated 2021 cost of \$22,221 (annualized cost of \$133,327)
 - e. Eight (8) Recreation Programmers at an estimated 2021 cost of \$104,646 (annualized cost of \$627,874)
 - f. One (1) Registered Dietitian at an estimated 2021 cost of \$21,636 (annualized cost of \$129,814)
 - g. Increase in part-time hours for Nursing and Personal Care of \$282,722 to account for 24/7 operations and coverage (annualized cost of \$1,696,337)
 - h. Increase in part-time hours for Recreation Programmer of \$42,818 to account for 7 day per week programming (annualized cost of \$256,908).
- E) That the unbudgeted base funding in the amount of \$45,433 to be used for the purpose of eligible staff training costs as outlined in the Provincial Supporting Professional Growth Fund Funding Policy.
-

Report:

1. Purpose

- 1.1 The purpose of this report is to provide details and seek Regional Municipality of Durham (Region) Council approval to expend unbudgeted revenue provided to the four (4) Regional long-term care homes through the Long-Term Care Staffing Increase Funding Policy (Attachment #1) and the Supporting Professional Growth Funding Policy (Attachment #2).

2. Background

- 2.1 The government released “A better place to live, a better place to work: Ontario’s long-term care staffing plan”¹ in December 2020 with commitments to improve Ontario’s long-term care (LTC) sector by increasing staffing levels.
- 2.2 The system-level average of direct nursing care is two hours and 45 minutes. The government is committed to increasing the average hours of daily direct nursing

¹ <https://www.ontario.ca/page/better-place-live-better-place-work-ontarios-long-term-care-staffing-plan>

care to four hours over four years in accordance with the Long-Term Care Staffing Funding Policy and applicable agreements.

- 2.3 The system-level average of Allied Health Care Professionals is 30 minutes. The government is committed to increasing this to 36 minutes over the next two (2) years in accordance with the Long-Term Care Staffing Funding Policy and applicable agreements.
- 2.4 Funding will be allocated on a per bed per month basis based on the number of operational beds at the start of the program, subject to terms and conditions set out in the Funding Policies.

3. Financial Implications

3.1 As per section 11.1 of the Region's Budget Management Policy, Unanticipated revenues in excess of \$1,000,000, and the proposed expenditure plan, require approval of the appropriate Standing Committee and Regional Council prior to the expenditure of funding.

3.2 The unbudgeted base provincial funding in the amount of \$1,206,856 will be expended in accordance with the provincial funding policy for the following sixty (60) new positions:

a. Fairview Lodge

- One (1) Registered Nurse at an estimated 2021 cost of \$23,711 (annualized cost of \$142,267)
- Three (3) Registered Practical Nurses at an estimated 2021 cost of \$47,012 (annualized cost of \$282,070)
- Seven (7) Personal Support Workers at an estimated 2021 cost of \$91,565 (annualized cost of \$549,389)
- Three (3) Recreation Programmers at an estimated 2021 cost of \$39,242 (annualized cost of \$235,452)
- Increase in part-time hours for Nursing and Personal Care staff of \$75,110 to account for 24/7 operations and coverage (annualized cost of \$450,662)
- Increase in part-time hours for Allied Health staff of \$5,482 to account for 7 day per week programming (annualized cost of \$32,894)

b. Hillsdale Estates

- Two (2) Registered Nurses at an estimated 2021 cost of \$47,422 (annualized cost of \$284,532)
- Four (4) Registered Practical Nurses at an estimated 2021 cost of \$62,682 (annualized cost of \$376,092)
- Twelve (12) Personal Support Workers at an estimated 2021 cost of \$156,968 (annualized cost of \$941,808)

- One (1) Occupational Therapist at an estimated 2021 cost of \$22,221 (annualized cost of \$133,327)
 - One (1) Recreation Programmer at an estimated 2021 cost of \$13,081 (annualized cost of \$78,485)
 - One (1) Registered Dietitian at an estimated 2021 cost of \$21,636 (annualized cost of \$129,814)
 - Increase in part-time hours for Nursing and Personal Care staff of \$92,622 to account for 24/7 operations and coverage (annualized cost of \$555,732)
 - Increase in part-time hours for Allied Health staff of \$10,826 to account for 7 day per week programming (annualized cost of \$64,958)
- c. Hillsdale Terraces
- One (1) Registered Nurse at an estimated 2021 cost of \$23,711 (annualized cost of \$142,267)
 - Six (6) Registered Practical Nurses at an estimated 2021 cost of \$94,023 (annualized cost of \$564,139)
 - Five (5) Personal Support Workers at an estimated 2021 cost of \$65,403 (annualized cost of \$392,419)
 - Three (3) Recreation Programmers at an estimated 2021 cost of \$39,242 (annualized cost of \$235,452)
 - Increase in part-time hours for Nursing and Personal Care staff of \$56,658 to account for 24/7 operations and coverage (annualized cost of \$339,950)
 - Increase in part-time hours for Allied Health staff of \$5,934 to account for 7 day per week programming (annualized cost of \$35,604)
- d. Lakeview Manor
- One (1) Registered Practical Nurse at an estimated 2021 cost of \$15,670 (annualized cost of \$94,022)
 - Eight (8) Personal Support Workers at an estimated 2021 cost of \$104,646 (annualized cost of \$627,874)
 - One (1) Recreation Programmer at an estimated 2021 cost of \$13,081 (annualized cost of \$78,485)
 - Increase in part-time hours for Nursing and Personal Care staff of \$58,332 to account for 24/7 operations and coverage (annualized cost of \$349,992)
 - Increase in part-time hours for Allied Health staff of \$20,575 to account for 7 day per week programming (annualized cost of \$123,451)
- 3.3 The unbudgeted base funding in the amount of \$45,433 to be used for the purpose of eligible staff training costs as outlined in the Provincial Supporting Professional Growth Fund Funding Policy.
- 3.4 There are risks to the Region with Provincial funding. In the event that the Province decreases the funding or does not adjust the level of funding provided to the Region to accommodate inflationary and contractual increases, then the

Region's costs will need to be increased to maintain the same level of service to the community.

4. Relationship to Strategic Plan

- 4.1 This report aligns with/addresses the following strategic goals 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.
 - b. Goal 5: Service Excellence – To provide exceptional value to Durham taxpayers through responsive, effective, and fiscally sustainable service delivery.

5. Conclusion

- 5.1 It is recommended that the Regional Municipality of Durham receive the additional unbudgeted ongoing Provincial funding from the MLTC in the amount of up to \$1,252,289 and allocate to the eligible costs as outlined above.
- 5.2 This report was reviewed by the Finance Department and the Commissioner of Finance concurs with the financial recommendations.
- 5.3 For additional information, contact: Laura MacDermaid, Director, Long Term Care and Services for Seniors, at 905-668-7711, extension 2704.

6. Attachments

Attachment #1: Long-Term Care Staffing Increase Funding Policy (NEW)

Attachment #2: Supporting Professional Growth Fund Funding Policy (NEW)

Respectfully submitted,

Original signed by

Stella Danos-Papaconstantinou
Commissioner of Social Services

Recommended for Presentation to Committee

Original signed by

Elaine C. Baxter-Trahair
Chief Administrative Officer



Long-Term Care Staffing Increase Funding Policy This policy is applicable to the RN, RPN, and PSW Staffing Supplement and the Allied Health Professionals Staffing Supplement.	Original Publish Date	October 15, 2021
	Updated	October 15, 2021

1.0 Introduction

The government released “[A better place to live, a better place to work: Ontario’s long-term care staffing plan](#)” (Staffing Plan) in December 2020 with commitments to improve Ontario’s long-term care (LTC) sector by increasing staffing levels. The LTC Staffing Increase Funding Policy outlines the terms and conditions of the funding provided to LTC home licensees effective November 2021, up to the end of this fiscal year (March 31, 2021).

The goal of this funding is to support LTC home licensees to enable the hiring of more staff to increase direct hours of care provided to residents. This funding includes:

- Up to **\$227,187,500** for year one to increasing direct care provided by registered nurses (RNs), registered practical nurses (RPNs), and personal support workers (PSWs) from a daily average of two hours and 45 minutes worked per resident, per day (based on 2018 data), to a provincial daily average of three hours per resident, per day by the end of this fiscal year; and
- Up to **\$42,802,600** for year one to increasing direct care provided by allied health professionals (AHPs) from a daily average of 30 minutes per resident, per day (based on 2018 data), to a provincial daily average of 33 minutes per resident, per day, by the end of this fiscal year.

Public targets committed to in the Staffing Plan for increased staffing levels

Current Levels (2018 data)	2021-22 (to be achieved by Q4) Average	2022-23 (to be achieved by Q4) Average	2023-24 (to be achieved by Q4) Average	2024-25 (to be achieved by Q4) Average
2 hours and 45 minutes	3 hrs	3 hrs 15 min	3 hrs 42 min	4 hrs
30 minutes	33 min	36 min	36 min	36 min

2.0 Out-Year-Notional Allocations

2.1 The charts below depict the projected out-year allocations. LTC home licensees are requested to use these to inform planning. These are subject to change based on many factors including multi-year budgetary approvals, bed capacity and staffing, staffing data and other unforeseen events. The Ministry of Long-Term Care (“the Ministry”) will communicate the precise funding amount each year.

RN, RPN, and PSW Staffing Supplement			
	2022-23	2023-24	2024-25
Annual Funding	\$566.7053M	\$1,114.5942M	\$1,673.0035M
Notional Monthly Allocation Range per bed, per month	\$570.33 - \$642.13	\$1,007.88 - \$1,213.87	\$1,304.95 - \$1,753.70

Allied Health Professionals Staffing Supplement			
	2022-23	2023-24	2024-25
Annual Funding	\$106.7686M	\$135.5925M	\$148.1602M
Notional Monthly Allocation Range per bed, per month	\$107.45 - \$120.98	\$122.61 - \$148.07	\$115.51 - \$155.31

3.0 Recipient Eligibility Criteria

3.1 Existing non-profit, for-profit, and municipal LTC operators licensed or approved to operate a LTC Home under the *Long-Term Care Homes Act, 2007* (“Act”) and Ontario Regulation 79/10 (“Regulation”) and is a party to a Letter of Agreement for Minister Direct Funding to Long-Term Care Homes (DFA) with the Ministry are eligible to receive this funding.

4.0 Funding Methodology and Payment

- 4.1 Funding will be administered in accordance with this Policy and/or the applicable agreement between the Ministry and the Licensee/Approved Operator.
- 4.2 For the funding period of April 1, 2021 – March 31, 2022, funding will be allocated on a per bed per month basis based on the number of operational beds at the start of this program, subject to terms and conditions set out in this Policy. The following types of beds are excluded from this funding:
- The Elder Care Capital Assistance Program (EldCap) beds;
 - Convalescent care beds that are funded by Ontario Health (**Note:** Convalescent care beds funded in full or partial by the Ministry are eligible for this funding);
 - Beds that are issued a Temporary Licence under Section 111(1)(b) of the *Act* operated only as interim beds as defined in *Ontario Regulation 79/10* made under *the Act*, where Ontario Health provides all related funding to the LTC Licensee for the beds under this Temporary Licences in accordance with applicable Ministry-LHIN Accountability Agreement;
 - Beds in abeyance; and,
 - Beds classified as 3rd or above beds in ward rooms that are not occupied as reported by the LTC licensees as of September 2021.
- 4.3 Funding will not be adjusted for occupancy throughout the year or at the time of reconciliation.
- 4.4 The Ministry will conduct periodic capacity assessments to determine funding mechanisms for new and/or redeveloped beds as they become operational, as appropriate.
- 4.5 Funding provided for this program shall solely be used for the purpose of increasing direct care hours in accordance with this Policy. As such, the new funding will flow through two new distinct protected funding lines as follows:

Funding line	RN, RPN, and PSW Staffing Supplement	Allied Health Professionals Staffing Supplement
Per bed, per month allocation (2021-2022)	<p>\$599.49 for every operational bed in the home, subject to conditions set out in this Policy.</p> <p>(Applicable for 5 months: November 1, 2021 to March 31, 2022 period)</p>	<p>\$112.94 for every operational bed in the home, subject to conditions set out in this Policy.</p> <p>(Applicable for 5 months: November 1, 2021 to March 31, 2022 period)</p>

- 4.6 Given that the beginning of the year one fiscal funding period has elapsed, the funding for the entire fiscal period will flow to the LTC home licensees starting November 1, 2021 through fixed monthly installments, paid through the regular monthly payment schedule. The entire amount for this funding period will be evenly distributed over the remainder of the fiscal period from November 1, 2021 – March 31, 2022.
- 4.7 **Exception for fund recovery for 2021-2022:** As a one-time exception, the LTC home licensees will be permitted to carry forward any unused funds provided for the November 2021 - December 2021 period for use in the following January 2022 - March 2022 period.

5.0 Expenses under the “RN, RPN, and PSW Staffing Supplement” funding line

- 5.1 The new funding will be restricted for the purpose of retaining and/or recruiting of RNs, RPNs, and PSWs to accomplish the increase in “direct resident care” time outlined in the Staffing Plan.
- 5.2 *The Guideline for Eligible Expenditures for Long-Term Care Homes, 2017* defines “direct resident care” as hands-on care provided to residents of LTC homes and includes, but is not limited to, assessments, feeding, bathing, toileting, dressing, lifting, moving residents, medical/therapeutic treatments, and medication administration.
- 5.3 Eligible expenditures shall fall into one or more of the following:
- a. Salaries, wages, and benefits of RNs, RPNs and PSWs to accomplish the increase in direct resident care time.
 - b. Salaries and wages, to top up hours for increase wages for existing staff (RNs, RPNs, PSWs), convert PT to FT positions or hire new RNs, RPNs, and PSWs to accomplish the increase in direct resident care time.
 - c. Salaries, wages, and benefits for RNs, RPNs and PSWs recruited from an Agency to accomplish the increase in direct resident care time.
- 5.4 Ineligible expenditures include the following:
- a. Any retroactive expenses related to recruitment cost and salaries for the period prior to November 1, 2021.
 - b. Salaries, wages and benefits of LTC Home staff who do not provide direct resident care in their capacity as a RN, RPN or PSW as part of their regular tasks.

- c. Operating and administrative costs related to recruitment of RN, RPN, and PSW hired for this initiative.
- d. Education and training related benefits, including education allowances, education fund, and education leave.
- e. Supplies and equipment.
- f. Administrative supplies and office equipment (e.g., paper, toner, fax, phones, printer, photocopier, etc.).

6.0 Expenses under the “Allied Health Professionals Staffing Supplement” funding line

- 6.1 The new funding shall be restricted for the purpose of retaining and/or recruiting of Allied Health Professionals to accomplish the increase in “direct resident care” time outlined in the Staffing Plan. (See s.5.2 for definition of “direct resident care” time.)
- 6.2 In order to be eligible for the use of Allied Health Professional Staffing Supplement fund, resident tasks and other direct care responsibilities shall be performed by staff with the following job titles:
 - a. Physiotherapist
 - b. Restorative aids/leads (Rehab/Therapy Aides) for supporting the Restorative Care Program
 - c. Social Workers / Social Service Workers
 - d. Occupational Therapist
 - e. Speech-Language Therapist
 - f. Activity Director/Activity Assistants and designated staff who provide assistance and support to participate in the Recreational and Social Programs
 - g. Health Care Attendants / Aides
 - h. Dietician (Dietitian time in accordance with the Ministry’s current directives under the Personal Support Services (PSS) envelope and any additional increase may be expensed under the “Allied Health Professionals Staffing Supplement” as deemed appropriate by the LTC Home.)
 - i. Religious and Spiritual Practice related positions (e.g., Chaplain, Pastoral Care)
 - j. Assistant Director of Care / Nurse Manager
 - k. Attending Nurse Practitioner
 - l. Clinical Manager
 - m. Clinical Nurse Specialist / Nurse Clinician
 - n. Director of Care
 - o. Infection Control Practitioner
 - p. Other applicable PSS and Nursing and Personal Care funded roles/positions designated to help residents improve or maintain their ability to perform activities of daily living.

Note: This list is subject to change based on data collected through the quarterly and annual Staffing Data Collection, in the sole discretion of the Ministry.

6.3 Eligible expenditures shall fall into one or more of the following:

- a. Salaries, wages, and benefits including overtime of Allied Health Professionals who provide direct care to residents.
- b. Salaries and wages to top up hours for existing Allied Health Professionals, convert PT to FT positions or hire new Allied Health Professionals to accomplish the increase in direct resident care time.
- c. Salaries and wages related to the purpose of increasing wages for existing Allied Health Professionals, convert PT to FT positions or hire new Allied Health Professionals to accomplish the increase in direct resident care time.
- d. Salaries, wages, and benefits for Allied Health Professionals recruited from an Agency for accomplishing the increase in direct resident care time.

6.4 Ineligible expenditures include the following:

- a. Any retroactive expenses related to recruitment cost and salaries for the period prior to November 1, 2021.
- b. Salaries, wages, and benefits of LTC Home staff who do not provide direct resident care in their capacity as an Allied Health Professional (see list above).
- c. Operating and administrative costs related to recruitment that are eligible under the “Other Accommodation” envelope.
- d. Supplies, equipment, and services.
- e. Education and training related benefits, including education allowances, education fund, and education leave.

7.0 Mandatory Reporting and Accountability Requirements

7.1 The LTC home licensees shall only use this fund for the defined purposes outlined in sections 5.3 and 6.3.

7.2 The LTC home licensees shall report expenditures pertaining to the “**RN, RPN, and PSW Staffing Supplement**” on a separate line in **Section I, Part A** of the licensee’s Long-Term Care Home Annual Report (Annual Report) for a defined 12-month period, in accordance with the form and manner set

out in the *Long-Term Care Home Annual Report Technical Instructions and Guidelines*.

- 7.3 For the 2021 calendar year, LTC homes licensees shall report the “**RN, RPN, and PSW Staffing Supplement**” expenditures for period of November to December 2021 in the 2021 Annual Report. For the 2022 calendar year, LTC homes licensees shall report expenditures for period of January to March 2022 in the 2022 Annual Report. In the 2022 Reconciliation, the Ministry will match the funding provided to the LTC home licensees for period of November 2021 to March 2022 against the November 2021 to March 2022 expenditure reported in the 2021 and 2022 Annual Report.
- 7.4 The LTC home licensees shall report expenditures pertaining to the “**Allied Health Professionals Staffing Supplement**” on a separate line in **Section I, Part A** of the licensee’s Annual Report for a defined 12-month period, in accordance with the form and manner set out in the *Long-Term Care Home Annual Report Technical Instructions and Guidelines*.
- 7.5 For the 2021 calendar year, LTC homes licensees shall report the “**Allied Health Professionals Staffing Supplement**” expenditures for period of November to December 2021 in the 2021 Annual Report. For the 2022 calendar year, LTC homes licensees shall report expenditures for period of January to March 2022 in the 2022 Annual Report. In the 2022 Reconciliation, the Ministry will match the funding provided to the LTC home licensees for the period of November 2021 to March 2022 against the November 2021 to March 2022 expenditure reported in the 2021 and 2022 Annual Report.
- 7.6 The LTC home licensees shall create and maintain records, for the period from November 1, 2021 to March 31, 2022 and report to the ministry on the use of funds in accordance with the requirements set out in this Policy.
- 7.7 The LTC home licensees shall not redirect unused funds to any of the level-of-care envelopes. Unused funds shall be returned to the Ministry.
- 7.8 The LTC home licensees shall provide program status updates upon request from the Ministry from time to time, in form and content as directed by the Ministry, including information about the use of funds related to the recruitment/retainment of eligible staff for the purpose of meeting direct care time targets for year one.
- 7.9 The LTC home licensees shall comply with the quarterly/annual reporting requirements of staffing data as communicated by the Ministry on July 22, 2021, including specific quarterly and annual reports on:
 - Nursing (RNs and RPNs) and PSW staffing data.

- Allied Health Professionals staffing data.
- 7.10 The LTC home licensees shall comply with any further reporting instructions provided by the Ministry relating to the format and content of the reports, and/or evaluation of the program.
- 7.11 The LTC home licensees shall comply with the requirements under the *Act* and the Regulation, and any other applicable agreements, policies, procedures, and laws.

Supporting Professional Growth Fund Funding Policy	Original Publish Date	October 15, 2021
	Updated	October 15, 2021

1.0 Introduction

The government released [“A better place to live, a better place to work: Ontario’s long-term care staffing plan”](#) (“Staffing Plan”) in December 2020 with commitments to improve Ontario’s long-term care sector. To support this plan, the Ministry of Long-Term Care (“the Ministry”) will provide up to **\$10,000,000** in annual base funding through the **Supporting Professional Growth Fund** to support ongoing education and training in Long-Term Care (LTC) homes.

The Supporting Professional Growth Fund will supplement current funding eligible to be spent on education and training of staff members, including backfilling of staff on training, as outlined in the *Long-Term Care Homes Level-of-Care Per Diem, Occupancy and Acuity Adjustment Funding Policy*.

Funding will flow through a new, distinct, protected line outside the level-of-care (LOC) envelopes entitled, “Supporting Professional Growth Fund” to ensure that the funding is used for the purpose of supporting education and training of staff that have a direct impact on LTC home residents.

2.0 Recipient and Program Eligibility Criteria

- 2.1 Eligible homes are existing non-profit, for-profit and municipal long-term care operators licensed or approved to operate a long-term care home under the *Long-Term Care Homes Act, 2007* (“Act”) and *Regulation 79/10* (“Regulation”) and whose licensee is party to a Letter of Agreement for Ministry Direct Funding to Long-Term Care Homes (DFA) with the Ministry.
- 2.2 Eligible funding criteria are aligned with the eligibility for training and education expenditures outlined in the *Long-Term Care Homes Funding Policy, Eligible Expenditures for Long-Term Care Homes*.

Additionally, eligible LTC home licensees shall use this funding to support expenses related to education and training for, and backfilling of, staff that are regular employees of the home and fall into one of the following categories:

- Personal Support Staff, including but not limited to, personal support workers, resident aides, and supportive care workers.
- Nurses, including but not limited to registered practical nurses, registered nurses, nurse practitioners, and nurse assistants
- Allied Health Professionals, including but not limited to, physiotherapists, recreational therapists, and social workers.
- Other Employees who have direct impact on resident's experience in homes, such as housekeeping and cooking staff.
- Leaders, including but not limited to, medical directors, attending physicians and attending nurse practitioners, and director of nursing.

LTC home licensees shall not use this funding for education and training of:

- Individuals who are not employees of the LTC home (e.g. agency staff).
- Employees who do not have direct impact on the resident's experience.

Note: Continuing education and graduate/post-graduate degrees such as a B.Sc., or a Master's for any staff must always be charged to Other Accommodation LOC envelope.

2.3 Education and training expenses are eligible if:

- They are applied to the education and training of eligible LTC home staff,
- The education or training would improve the staff's ability to perform their primary function, and
- They fall into one of the following categories:
 - Backfilling staff members who are participating in training.
 - Reasonable learner costs, such as travel and accommodation, and course fees.
- Expenses are not eligible if education or training was initiated before employment began with the LTC home, or if they include equipment, such as computer hardware.

3.0 Funding Methodology and Payment

- 3.1 Funding will be administered in accordance with this Policy and/or the applicable agreement between the Ministry and the Licensee/Approved Operator.

- 3.2 For the fiscal funding period of April 1, 2021 to March 31, 2022 funding will be disbursed based on total number of operational beds as of the start of the program (e.g., October 2021). The following types of beds are excluded from this funding:
- The Elder Care Capital Assistance Program (EldCap) beds;
 - Convalescent care beds that are funded by Ontario Health (Note: Convalescent care beds funded in full or partial by the Ministry are eligible for this funding);
 - Beds that are issued a Temporary Licence under Section 111(1)(b) of the *Act* operated only as interim beds as defined in *Ontario Regulation 79/10* made under *the Act*, where Ontario Health provides all related funding to the LTC Licensee for the beds under this Temporary Licences in accordance with applicable Ministry-LHIN Accountability Agreement;
 - Beds in abeyance; and,
 - Beds classified as 3rd or above beds in ward rooms that are not occupied as reported by the LTC licensees as of September 2021.
- 3.3 Funding will not be adjusted for occupancy throughout the year or at the time of reconciliation.
- 3.4 The annual prorated funding for fiscal year 2021-22 will be disbursed evenly in monthly installments over a compressed period of five months, rather than a full calendar year. Accounting for this compression, the prorated per bed per month value between November 1, 2021 and March 31, 2022, is as follows:

Funding line	Supporting Professional Growth Fund
Per bed, per month allocation (2021-2022)	\$26.82 (Applicable for 5 months: November 1, 2021 to March 31, 2022 period)

- 3.5 **Exception for fund recovery for 2021-2022:** As a one-time exception, LTC home licensees will be permitted to carry forward any unused funds provided for the November 2021 to December 2021 period for use in the following January 2022 to March 2022 period.
- 3.6 Funding provided for this program shall solely be used for the purpose of the Supporting Professional Growth Fund in accordance with this Policy.

4.0 Reporting Requirements and Accountability for Funding

- 4.1 The LTC home licensees shall report expenditures pertaining to the “Supporting Professional Growth Fund” on a separate line in Section I,

Part A of the licensee's Long-Term Care Home Annual Report for a defined 12-month period, in accordance with the form and manner set out in the "Long-Term Care Home Annual Report Technical Instructions and Guidelines".

- 4.2 For the 2021 calendar year, LTC home licensees shall report expenditures pertaining to "Supporting Professional Growth Fund" for the period of November to December 2021 in the licensee's 2021 Long-Term Care Home Annual Report. For the 2022 calendar year, LTC home licensees shall report the expenditures for the period of January to March 2022 in the 2022 Long-Term Care Home Annual Report. In the 2022 Reconciliation, the Ministry will match the funding provided for the period of November 2021 to March 2022 against the November 2021 to March 2022 expenditure reported in the 2021 and 2022 Annual Reports.
- 4.3 Funding is intended to supplement funds currently available for training through the LOC envelopes. The LTC home licensees shall not redirect unused funds to any of the I LOC envelopes. Unused funds shall be returned to the Ministry in accordance with the [LTCH Reconciliation and Recovery Policy](#).
- 4.4 LTC homes licensees shall maintain records and report to the Ministry on the use of funds in accordance with the requirements set out below.
- 4.5 The LTC home licensees shall comply with the quarterly/annual reporting requirements of staffing data as communicated by the Ministry on July 22, 2021.
- 4.6 The LTC home licensees shall provide program status updates upon request from the Ministry from time to time in form and content as directed by the Ministry.
- 4.7 The LTC home licensees shall comply with any further reporting instructions provided by the Ministry relating to the format and content of the reports, and/or evaluation of the program.
- 4.8 The LTC home licensees shall comply with the requirements under the Act and the Regulation, and any other applicable agreements, policies, procedures and laws.