



The Regional Municipality of Durham

Health & Social Services Committee Agenda

Council Chambers
Regional Headquarters Building
605 Rossland Road East, Whitby

Thursday, February 3, 2022

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 9, 2021

Pages 5 - 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, re: 2022 Health Department Business Plans and Budget (2022-MOH-1) [Item 7.2 A)]

- 6.2 Stella Danos-Papaconstantinou, Commissioner of Social Services, re:
2022 Social Services Department Business Plans and Budget (2022-SS-1)
[Item 8.2 A)]

7. Health

7.1 Correspondence

7.2 Reports

- A) 2022 Health Department Business Plans and Budgets (2022-MOH-1) 13 - 27

[Link to the 2022 Health Department Business Plans and Budgets – Public Health and Paramedic Services](#)

8. Social Services

8.1 Correspondence

8.2 Reports

- A) 2022 Social Services Department Business Plans and Budgets (2022-SS-1) 28 - 38

[Link to the 2022 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

- A) Downtown Oshawa Clean Up Motion

Councillors Carter and Pickles gave notice that the following motion will be presented at the February 3, 2022 meeting:

Whereas the City of Oshawa has experienced a large increase of unsheltered individuals in Oshawa's Downtown and the surrounding areas over the last few years;

And Whereas the issues with unsheltered individuals in Oshawa's Downtown and the surrounding area include the proliferation of waste including food packaging,

clothing, sleeping bags and camping equipment, shopping carts, human waste and drug paraphernalia, and other issues including an increase in unlawful behavior, as well as increased mental health and addiction issues;

And Whereas this activity and behavior makes Oshawa's Downtown and the surrounding area unsightly, generates negative feedback from downtown businesses, citizens, and visitors making it extremely difficult to attract new business and retain existing business;

And Whereas on August 30, 2021 the City of Oshawa added extra staff and commenced a program to perform additional cleaning to Oshawa's Downtown and surrounding area including private property, enhanced waste pickup, increased street and sidewalk cleaning and flushing;

And Whereas the City of Oshawa and the Region of Durham entered into a Memorandum of Understanding (MOU) to share the cost of this enhanced cleaning program including the cost of staffing and equipment for 2021, with the Region of Durham setting an upper limit for cost sharing at \$40,000 for 2021;

And Whereas the MOU between the City of Oshawa and the Region of Durham ended on December 31, 2021, and included the statement that "The Term of this MOU is subject to extension at the Region's sole discretion for any portion or the entirety of 2022";

And Whereas the City of Oshawa wishes to continue the enhanced cleaning program for Oshawa's Downtown and the surrounding area in 2022;

Now therefore be it resolved that the Region of Durham assist with the cost of the enhanced cleaning program for Oshawa's Downtown and the surrounding area and enter into an MOU with the City of Oshawa for fifty (50) percent of the cost of the program for the calendar year 2022;

And that the Region's Chief Administrative Officer be authorized to execute the MOU as deemed acceptable by the Region's Commissioner of Finance and the Regional Solicitor.

12. Date of Next Meeting

Thursday, March 3, 2022 at 9:30 AM

13. Adjournment

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Written information (either paper or electronic) that you send to Durham Regional Council or Committees, including home address, phone numbers and email addresses, will become part of the public record. This also includes oral submissions at meetings. If you have any

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The Regional Municipality of Durham

MINUTES

HEALTH & SOCIAL SERVICES COMMITTEE

Thursday, December 9, 2021

A regular meeting of the Health & Social Services Committee was held on Thursday, December 9, 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
Councillor Wotten
Regional Chair Henry
***all members of the Committee participated electronically**

Also

Present: Councillor Crawford
Councillor Highet
Councillor Smith

Staff

Present: E. Baxter-Trahair, Chief Administrative Officer
S. Danos-Papaconstantinou, Commissioner of Social Services
J. Gaskin, Manager, Wage Subsidy, Children's Services, Social Services
R. Inacio, Systems Support Specialist, Corporate Services – IT
R.J. Kyle, Commissioner and Medical Officer of Health
L. McIntosh, Director, Children's Services, Social Services
N. Prasad, Assistant Secretary to Council, Corporate Services – Legislative Services
K. Smith, Committee Clerk, Corporate Services – Legislative Services
***all staff except R. Inacio participated electronically**

2. Declarations of Interest

There were no declarations of interest.

3. Adoption of Minutes

Moved by Councillor Pickles, Seconded by Councillor Dies,
(48) That the minutes of the regular Health & Social Services Committee
meeting held on Thursday, November 4, 2021, be adopted.

CARRIED

4. Statutory Public Meetings

There were no statutory public meetings.

5. Delegations

5.1 Jim Kerr, Courtice Resident, re: Concerns of parents and grandparents in Courtice regarding the mandatory vaccine for children aged 5 – 12 years old

Jim Kerr, Courtice Resident, was not available by phone to provide his delegation.

6. Presentations

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

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

Highlights from the presentation included:

- Current Status
- Variants of Concern (VOCs)
- COVID-19 Vaccination Administration
- COVID-19 Vaccination Coverage
- Weekly Epi Stats – Vaccination Rates in Durham Region
- Weekly Epi Stats – Percent Positivity
- Weekly Epi Stats – Effective Reproduction Number (Rt)
- Weekly Epi Stats – Vaccination Status
- Recent Provincial Announcements
- Instructions – Sports and Recreational Facilities
- Enforcement Activities
- Current COVID-19 Vaccine Plan

R.J. Kyle stated that we are currently in the fourth wave and that the Delta Variant continues to be driving the fourth wave. He also stated that the Omicron Variant is the newest variant of concern.

R.J. Kyle stated that the daily case counts have risen and provided an overview of the current cases and outbreaks. He stated that most COVID-19 infections are in younger age groups and Durham Region is reporting 4 hospitalizations and 2 ICU admissions.

R.J. Kyle advised that the current focus of local, provincial, and federal governments is on ascertainment and enhanced case and contact management. He also advised that the Durham Region data tracker now includes the Omicron Variant.

R.J. Kyle advised that Durham Region is set to administer 1.1 million COVID-19 vaccine doses by the end of December. He provided an overview of the vaccination coverage and noted that for those aged 12 and up, the Region is at 89.3% for first doses and 84.8% for second doses, and for those aged 5 to 11, the Region is at 24% for first doses.

R.J. Kyle advised that the Region's test positivity has gone up to 2.7%. He also advised that the preferred effective reproductive rate is to be below 1.0, however it is currently at 1.01 which is an indication that the pandemic is growing. He also provided an overview of the vaccination status of Durham Region COVID-19 cases.

R.J. Kyle provided an overview of the various provincial announcements regarding COVID-19 booster dose eligibility; vaccine eligibility for children aged 5 to 11; enhancement of testing by expanding testing locations; and the paused lifting capacity limits in remaining settings where proof of vaccination is required.

R.J. Kyle advised that he issued letter of instruction, after consultation with the office of the Chief Medical Officer of Health (CMOH), on December 8, 2021 to owners and operators of sports and recreation facilities regarding the implementation and enforcement of a vaccination policy for anyone attending the facility.

R.J. Kyle provided an overview of the enforcement activities under the Reopening Ontario Act (ROA) and stated that Durham Region Health Department works in collaboration with several local and provincial partners to enforce the ROA.

R.J. Kyle provided an overview of the current vaccine plan and advised that children 5 years of age and older are eligible to be vaccinated.

R.J. Kyle responded to questions regarding recommendations of which COVID-19 vaccination to get if a person has had a past infection of COVID-19.

7. Health

7.1 Correspondence

There were no communications to consider.

7.2 Reports

There were no Health Reports to consider.

Questions to Health

R.J. Kyle responded to questions regarding the percentage of Durham residents aged twelve and up that have had their first and second dose of the COVID-19 vaccine; and the ratio of people that are hospitalized and in the ICU that are unvaccinated versus vaccinated. R.J. Kyle advised members to view the Science Table COVID-19 projections that are available online for exact figures.

8. Social Services

8.1 Correspondence

- A) Correspondence from the Municipality of Chatham-Kent dated November 10, 2021 regarding: Support Resolution from the Council of Huron County passed October 20th re: Homelessness Task Force

Moved by Councillor Carter, Seconded by Councillor Roy,
(49) That the correspondence from the Municipality of Chatham-Kent dated November 10, 2021 regarding support resolution from the Council of Huron County passed October 20, 2021 re: Homelessness Task Force, be referred to Item 11. A) of Other Business.

CARRIED

8.2 Reports

- A) Naloxone Administration in Income and Employment Support Offices (2021-SS-15)

Report #2021-SS-15 from S. Danos-Papaconstantinou, Commissioner of Social Services, was received.

Moved by Councillor Roy, Seconded by Councillor Anderson,
(50) That we recommend to Council:

- A) That authorization be provided for naloxone nasal spray kits to be purchased and made available in each Income and Employment Support office for a one-year pilot to assess utilization and effectiveness in having access to these kits permanently at an estimated cost of \$2,200 to be funded from the approved Social Services Business Plans and Budget; and

- B) That authorization be provided to allow corporate Health and Safety training to be provided to First Aid certified personnel in Income and Employment Support Division (IESD) and Business Affairs and Financial Management (BAFM), on a voluntary basis, to administer naloxone to counteract the effects of an opioid overdose at an estimated cost of \$805 to be funded from the approved Social Services Business Plans and Budget.

CARRIED

- B) Authorization to Extend the Existing Laundry Management Services Standing Agreement (C002104) with K-BRO Linen Systems (Ontario) Limited (2021-SS-16)

Report #2021-SS-16 from S. Danos-Papaconstantinou, Commissioner of Social Services, was received.

Moved by Councillor Roy, Seconded by Councillor Anderson
(51) That we recommend to Council:

- A) That a single source extension be authorized to extend the standing agreement (C002104) with K-BRO Linen Systems (Ontario) Limited on the same terms and conditions at an estimated cost of \$493,000, to be funded from the annual Social Services Business Plans and Budget, for a six (6) month term from November 1, 2021 to April 30, 2022 for the supply and delivery of laundry management services to the Region of Durham's four (4) Long-Term Care Homes in order to develop the necessary scope of work to facilitate a competitive bid process; and
- B) That the Commissioner of Finance be authorized to execute any related, required agreements and amendment agreements.

CARRIED

Questions to Social Services

There were no questions to Social Services.

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

- A) Correspondence from the Municipality of Chatham-Kent dated November 10, 2021 regarding: Support Resolution from the Council of Huron County passed October 20th re: Homelessness Task Force
-

Moved by Councillor Carter, Seconded by Chapman,

(52) WHEREAS on November 8, 2021 the Council for the Municipality of Chatham-Kent supported the following resolution:

“THAT the County of Huron, due to the substantial increase in chronic homelessness not only in Huron County but across Ontario and Canada, requests the Province of Ontario and the Government of Canada to identify Homelessness a “Provincial” and “National Crisis” across the Province of Ontario and Canada.

AND FURTHER THAT the Province of Ontario and Government of Canada acknowledge that lack of resources to support addiction and mental health programs to be a leading cause of homelessness.

AND FURTHER THAT the County of Huron requests the Province of Ontario and Government of Canada to provide further financial support for housing and homelessness programs as well as increase funding to mental health and addiction services.”;

And whereas the Region of Durham has seen a significant increase in the incidence of homelessness since 2020 which has been highlighted by the COVID-19 pandemic;

And whereas the increase of homelessness is impacting the entire community both socially and economically;

And whereas the Region is responding to urgent homelessness issues with a cross-sector task force of key stakeholders that includes: the health sector, social services, law enforcement, community partners, local municipalities, and business groups and those with lived experience;

Now therefore be it resolved that the Region of Durham supports and endorses the November 8, 2021 Chatham-Kent resolution;

And further that the Province of Ontario and Government of Canada expedite meaningful measures to appropriately support local Service Managers and District Social Services Administration Boards address the immediate homelessness crises;

And further that the Province of Ontario create a cross-ministerial task force which would include the Ministry of Housing, Ministry of Health,

Ministry of Children, Community and Social Services and Ministry of Finance in partnership with local Service Managers and District Social Services Administration Boards to create a fulsome strategy to address homelessness and the root cause of homelessness, mental health and addictions;

And further that the motion be forwarded to all Durham Region municipalities, Ministry of Housing, Ministry of Health, Ministry of Children, Community and Social Services, Ministry of Finance, Ontario Big City Mayors (OBCM), and Association of Municipalities Ontario (AMO).”

CARRIED UNANIMOUSLY ON THE
FOLLOWING RECORDED VOTE

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

Members Absent: None

Declarations of Interest: None

12. Date of Next Meeting

The next regularly scheduled Health & Social Services Committee meeting will be held on Thursday, January 13, 2022 at 9:30 AM in the Council Chambers, Regional Headquarters Building, 605 Rossland Road East, Whitby.

13. Adjournment

Moved by Councillor Dies, Seconded by Councillor Wotten,
(53) That the meeting be adjourned.

CARRIED

The meeting adjourned at 10:23 AM

Respectfully submitted,

B. Chapman, Chair

K. Smith, Committee Clerk



The Regional Municipality of Durham Report

To: Health & Social Services Committee
From: Commissioner & Medical Officer of Health
Report: #2022-MOH-1
Date: February 3, 2022

Subject:

2022 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 2022 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 2022 Business Plans and Budgets for the Health Department. The Health Department 2022 Business Plans and Budgets will be referred to the Finance & Administration Committee for consideration during deliberations of the 2022 Property Tax Supported Business Plans and Budgets.

2. Overview

2.1 The recommended 2022 Health Department Business Plans and Budgets meets the Council approved guideline for the 2022 Property Tax Supported Business Plans and Budgets.

2.2 The 2022 Health Department Business Plans and Budget supports the following five goals of the Region's Strategic Plan as well as responds to the ongoing demands and pressures on the Region's programs and services in response to the COVID-19 pandemic and the Region's continued recovery efforts:

- a. Environmental Sustainability
- b. Community Vitality
- c. Economic Prosperity

- d. Social Investment
 - e. Service Excellence.
- 2.3 The recommended 2022 Health Department Business Plans and Budget includes \$143.4 million in gross expenditures requiring \$56.3 million in property tax funding with the remaining funded by program fees, development charges, provincial subsidies, and reserves.
- 2.4 The recommended 2022 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
 - Commissioner & MOH Office & Administration
 - Facilities Management
 - Headquarters Shared Cost
 - b. Paramedic Services
 - Administration
 - Operations
 - Quality Development
 - Planning and Logistics
 - Facilities Management
 - Hospital Contract – Offload Delay
 - Primary Care Outreach Program
 - Community Paramedicine
- 3. 2021 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 Since early 2020, the Health Department’s main priority has been responding to COVID-19. Throughout 2021, COVID-19 continued to be a public health priority with COVID-19 response activities and vaccine administration being the focus.
- 3.3 In addition to administering COVID-19 vaccine to all eligible residents, ongoing response efforts included case and contact management, communications, inspections, investigations, monitoring and surveillance, testing support, and

implementation of modified programs and plans that can be quickly adapted to mitigate risks.

3.4 Throughout the year, COVID-19 response efforts required significant resources and have resulted in the ongoing suspension of many regular public health programs and services. As such, the Health Department's 2021 accomplishments mostly reflect customer service achievements in COVID-19 response activities:

- a. Response to 2,676 investigations and inquiries regarding priority population settings.
- b. 4,184 testing kits prepared by administrative support staff.
- c. 84,100 COVID-19 phone interactions with residents and community partners.
- d. 50,380 COVID-19 cases and contacts followed by public health nurses.
- e. 9,130 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. 100 outbreaks managed by public health inspectors in long-term care homes, retirement homes and hospitals.
- g. 719,556 clicks on the link to the Durham Region COVID-19 Data Tracker from durham.ca/novelcoronavirus.
- h. 130,795 test results received and distributed for follow-up.
- i. 83,602 calls to cases and contacts.
- j. 1,994 investigations completed by Health Department staff for confirmed positive cases and high-risk contacts not contacting Durham Health Connection Line for follow-up.
- k. 84 investigations conducted by public health inspectors for people failing to self-isolate under the Section 22 Class Order.
- l. 11,953 investigations initiated in facilities.
- m. 26,883 follow-ups with facilities completed by public health inspectors.
- n. 668,455 COVID-19 vaccine doses administered at Durham Region community immunization, mobile and pop-up clinics.
- o. Oral health services provided to 973 seniors, 683 children and youth (from birth to 14 years), and 136 clients aged 15 to 64.
- p. Region of Durham Paramedic Services (RDPS) responded to 90,167 calls for emergency paramedic services.

4. 2022 Strategic Highlights

4.1 The Ministry of Health has indicated that public health will continue to have a significant role in vaccinating children and providing third doses throughout 2022.

- 4.2 The Health Department anticipates that several regular programs will continue to be suspended going into 2022 due to the spread of the Omicron variant and ongoing vaccination efforts, with program restoration occurring when possible.
- 4.3 Despite the significant resource pressure that COVID-19 has caused, in 2022 the Health Department will aim to restore priority public health programs and services and focus on urgent recovery efforts including: catching up on childhood immunizations in accordance with the *Immunization of School Pupils Act* and *Child Care and Early Years Act, 2014*; proceeding with oral health screening for children under the Healthy Smiles Ontario program; and focusing on addressing mental health needs for residents and those living with addictions.
- 4.4 The pandemic has also resulted in new ongoing requirements for Public Health including an expanded scope with respect to infection prevention and control, monitoring and surveillance, and privacy and information security.
- 4.5 Ongoing COVID-19 response activities require \$16.1 million for temporary staffing, \$144k for personal protective equipment (PPE) and \$93k for storage costs for pandemic supplies. The Province has indicated there will be opportunities to request reimbursement of COVID-19 extraordinary costs including vaccine related expenses in 2022. It is anticipated that provincial one-time funding for COVID-19 extraordinary costs will cover 100 per cent of costs for temporary staff and PPE. Should the provincial and federal governments not extend additional funding support, the Region will need to consider further cost mitigation measures and the use of reserve funds.
- 4.6 Following is a summary of the significant capital and operating investments in the 2022 Public Health Business Plans and Budget.
 - a. One new full time permanent public health nurse (annualized cost of \$128k) to address the growing mental health needs across the region, including those resulting from the pandemic.
 - b. One new full time permanent public health nurse (annualized cost of \$128k) to address the increase in addictions, opioid use and visits to the ER resulting from opioid use.
 - c. One new full time permanent epidemiologist (annualized cost of \$141k) to address increased ongoing workload related to infectious diseases, opioids and public reporting.
 - d. One new full time permanent privacy analyst (annualized cost of \$109k) to address an increase in privacy and information security related requests.
 - e. One new full time climate change specialist (estimated annualized cost of \$141k) to address public health requirements related to climate change and support the Region's climate change initiatives.
 - f. One new full time clinical dentist (annualized cost of \$169k) and denturist (annualized cost of \$125k) to support increased needs related to the Ontario

Seniors Dental Care Program. These two positions are dependent on receiving 100 per cent provincial funding.

- g. Temporary resources (\$129k) in infant and child development, funded through the 100 per cent provincially funded Ontario Autism Program, to provide play-based early intervention services to children who have a diagnosis of Autism, jointly implemented with the Social Services Department.
- h. One-time cost (\$20k) for the replacement of vision screening kits, which require replacement every two years.
- i. One-time cost (\$5k) for the replacement of data loggers in the immunization program, which require replacement every three years.
- j. Capital costs (\$14k) for new computers and monitors for new permanent staff positions.
- k. Capital costs (\$2k) for new monitors.
- l. Capital costs (\$411k) for regular replacement of computers.

4.7 Following is a summary of the significant capital and operating investments in the 2022 Paramedic Services Business Plans and Budget:

- a. 12 new full time paramedic positions (six Advanced Care Paramedics (ACPs) and six Primary Care Paramedics (PCPs)) to staff the new Seaton paramedic response station (\$1.7 million annualized) and one new ambulance and all associated equipment (\$290k).
- b. Conversion of two eight hour ambulances to one 12 hour ambulance and one 24 hour ambulance including the hiring of one new full time PCP, and the conversion of eight 40 hour PCPs to 42 hours (\$172k annualized). This will result in four additional hours of paramedic service each day.
- c. Expand the Primary Care Outreach Program (PCOP), effective July 1, 2022, with the addition of one new ACP (\$149k annualized), one new Family Counsellor 2 (\$126k annualized), program materials (\$41k) and a new vehicle and equipment (\$90k).
- d. Implement a new Community Paramedicine Program including five new PCPs, five new ACPs, one new Superintendent, temporary resources, program materials and various capital vehicles and equipment at an estimated 2022 cost of \$3.7 million. The costs of this program are fully funded by the Ministry of Long-term Care.
- e. Continue to deliver the original Ministry of Health funded High Intensity Supports at Home Community Paramedicine Program. The Ministry of Health has committed to fully fund this program until March 31, 2022 at an estimated cost of \$272k.
- f. One new payroll clerk to accommodate pressures from Workforce scheduling software (\$93k annualized).
- g. Replace 10 ambulances for emergency response with 50 per cent of these

vehicles being hybrid (\$2 million).

- h. Cyclical replacement of 26 stairchairs (\$104k) and 34 scoop stretchers (\$68k) to be funded from the equipment replacement reserve.
- i. Replacement of one emergency response vehicle (\$152k).
- j. Replacement of portable medical bags (\$40k).

5. 2022 Risks and Uncertainties

5.1 The draft 2022 Public Health Business Plans and Budget assumes that all temporary staffing costs and one-time costs for supplies related to COVID-19 response will be funded at a 100 per cent by the Province. Additional costs will also be incurred for operating vaccine clinics across the Region to administer third doses and vaccines to children ages five to 11. The Province has indicated there will be opportunities to request reimbursement of COVID-19 extraordinary costs including vaccine related expenses in 2022 and that there will be \$47 million in mitigation funding for local public health units through 2022. However, there is a risk that the 2022 provincial reimbursement allocated to the Health Department will not cover Health Department costs. Should this be the case, the Region will need to consider further cost mitigation measures and use of reserve funds.

5.2 Additional Health Department 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 COVID-19 response.
- d. 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.).
- e. 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.
- f. Public Health Modernization, which is currently on hold, to re-start, which may impact the mandate, structure and funding of public health units.
- g. Further reductions to the provincial investment for public health programs and services.
- h. Continued challenges with patient offload delays impacting ability to service 911 requests as call volumes increase.
- i. Inability to recruit new staff due to challenges with enrollment at community colleges.

6. Future Budget Pressures

- 6.1 All new full time staff positions included in the draft 2022 Health Department Business Plans and Budget will have annualization impacts in 2023 and beyond.
- 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.
- 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 in the Paramedic Services Master Plan, developed by a third-party consultant, which identified opportunities to improve service and enhance patient safety, that has been referred to staff.
 - 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 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. By responsibly managing the Region’s financial assets, the proposed 2022 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 2022 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 recommended 2022 Health Department Business Plans and Budget meets the Council approved guideline for the 2022 Property Tax Supported Business Plans and Budgets and supports the Department's role to protect and promote the health of Durham Region residents.

8.2 It is recommended that the Health & Social Services Committee approve the 2022 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 2022 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 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 2022 Business Plans and Budgets for the Health Department are available on-line through the link provided on the February 3, 2022 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



MEMORANDUM

The Regional Municipality of Durham

TO: Regional Council (Durham Regional Board of Health)

FROM: Dr. Robert Kyle

DATE: February 3, 2022

HEALTH DEPARTMENT

RE: Duties of Boards of Health under the [Health Protection and Promotion Act](#) (HPPA)

Street Address
605 Rossland Rd.E.
Whitby ON
Canada

Background

Mailing Address
P.O. Box 730
Whitby ON
Canada L1N 0B2

1. Further to the 2022 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.

Tel: 905-668-7711
Fax: 905-666-6214
1-800-841-2729

www.durham.ca

An Accredited Public Health Agency

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: #2022-SS-1
Date: February 3, 2022

Subject:

2022 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 2022 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 2022 Business Plans and Budgets for the Social Services Department. The Social Services Department 2022 Business Plans and Budgets will be referred to the Finance and Administration Committee for consideration during deliberations of the 2022 Property Tax Supported Business Plans and Budgets.

2. Overview

2.1 The recommended 2022 Social Services Business Plans and Budgets meets the Council approved guideline for the 2022 Property Tax Supported Business Plans and Budgets.

2.2 The 2022 Social Services Business Plans and Budgets supports the following five goals of the Region's Strategic Plan as well as responds to the ongoing demands and pressures on the Region's programs and services in response to the COVID-19 pandemic and the Region's continued recovery efforts:

- a. Environmental Sustainability
- b. Community Vitality
- c. Economic Prosperity

- d. Social Investment
 - e. Service Excellence.
- 2.3 The recommended 2022 Social Services Department Business Plans and Budget includes \$416.6 million in gross expenditures requiring \$131.5 million in property tax funding with the remaining funded by program fees, provincial and federal subsidies, reserves and reserve funds.
- 2.4 The recommended 2022 Social Services Department Business Plans and Budget provides operating and capital funding for the following divisions:
- 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. 2021 Accomplishments**
- 3.1 Human service provisions within Social Services included responding to diverse community needs through 2021.
- a. The Ontario Works (OW) 2021 average monthly caseload was 6,749 (families and singles) amounting to 11,567 people receiving social assistance.
 - b. Responded to support displaced residents stemming from 2 residential fires in the City of Oshawa and coordinated the opening and operations of an evacuation centre per event.
 - c. 1,900 Primary Care Outreach Program (PCOP) client interactions in addition to pandemic-related activities including vaccines and test swabbing to at risk and/or homeless populations.
 - d. Provided 428 outreach, safety planning, and support to partners of individuals attending the Partner Assault Response program addressing and preventing intimate partner violence.
 - e. Delivered services and support to 306 individuals with developmental disabilities living independently in the community.
 - f. Completed 10-unit Oshawa Micro-Housing Pilot Project offering temporary transitional housing, with supports, with occupancy scheduled for February 2022.
 - g. Advanced the Beaverton Supportive Housing Project; ensuring site plan approval and necessary building permits that allow the project to move forward.
 - h. Employment Services held 421 multi-session virtual workshops to 3,012 Ontario Works participants. A total of 625 clients working with Employment Supports obtained employment, including 332 clients who exited Ontario Works for full or part-time employment.
 - i. Long-Term Care (LTC) staff continued to provide much needed care for 847

- senior and disabled residents with complex conditions and multiple medical needs, in the face of COVID-19 outbreaks and resource constraints.
- j. The Seniors Safety Unit is a collaborative partnership with Durham Region Social Services and Durham Regional Police Services to provide support and assistance to seniors who are experiencing safety related issues. The unit received 936 crisis calls through the Seniors' Safety Office in 2021, 48% increase from 2020.
 - k. Booked 14,000 counselling sessions delivering supports to improve mental health, employability, stability and safety of individuals, couples, and families.
 - l. Delivered 107 mental health and wellness workshops to over 1,800 participants with a majority focussing on pandemic-related mental health concerns and included delivery to frontline Health, Long Term Care, Children's Services and childcare centre employees.
 - m. Hosted 1,033 participants in Income and Employment Support Division (IESD) workshops focused on life stabilization and supporting self-sufficiency. Additionally, 11,303 wellness checks were completed by IESD staff in 2021.
 - n. Electronic Document Management (EDM) was implemented to allow greater flexibility for client document submission. Documents are now accepted electronically reducing the need for people to physically attend the office.
 - o. Enhanced funding to the Trusteed Youth program, provided laptops to graduates attending post secondary school. There were 30 graduates in total. 18 will continue to post-secondary education, 4 are university bound, 1 accepted an apprenticeship, and 13 accepted college offers. The remaining 12 graduates are either already working with plans of post-secondary after COVID, upgrading for a year, or have moved onto ODSP with support.
 - p. CASA (Case Activity Support Application) is an application designed with collaboration between IESD and the Region's Corporate IT. This system improvement provides new streamlined ways for identifying and addressing client life stabilization needs, collects data for program planning, and enhances access for client/caseworker communication.

3.2 Social Services instituted measures for responding and supporting the community throughout the Covid-19 pandemic;

- a. Hosted emergency child care from January to February 2021 for 703 school-aged children at 56 locations; and in April-June 2021 for 1,279 school-aged children at 43 sites.
- b. Supported approximately 89 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 co-horting and both scheduling and operational changes, while also providing responsive care to families.

- c. 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.
- d. Close adherence to evolving Ministry directives and policy changes, as well as guidance from Public Health has been accomplished in our LTC Homes.
- e. Expansion of programs across Durham Region targeted at reducing and preventing homelessness as well as addressing the health and safety concerns of both unsheltered residents and those supporting Durham's homeless support system. One-time capital and operating funding from both the Federal and Provincial government for pandemic relief was strategically allocated to provide both long-term benefits through new and/or improved facilities and investments to address the immediate needs of the homeless support system.

4. 2022 Strategic Highlights

4.1 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. 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 2022 budget, provincial subsidy for administration has been reduced by \$1.4 million; however, on December 14, 2021, the Ministry provided a one-time transitional grant of \$3.2 million to offset funding reductions and to assist with the new required 50/50 cost share for provincial child care administration. The 2022 budget reflects the reduction of \$1.4 million in provincial funding for administration and an increased investment of \$3.2 million in fee subsidy (\$1.1 million), and funding for childcare providers (\$2.1 million).
- c. Children's Services was successful in a joint application which included Grandview Children's Centre (lead applicant), Lakeridge Community Support Services, The Regional Municipality of Durham (Infant and Child Development and Durham Behaviour Management Services) and Resources for Exceptional Children and Youth to provide an Ontario Autism Program (OAP) Caregiver Mediated program that provides time-limited services for young children based on their individual needs. The evidence-based programs will help young children learn new skills and meet individualized goals in the areas of social communication and play and build the capacity of caregivers to support their children. \$0.5 million in Provincial subsidy, and related expenses, including supports for Durham Region Health Department is proposed in the 2022 budget.
- d. \$0.9 million in Provincial subsidy, and related outflows, related to an increased investment received for the delivery of Early Learning and Child Care programs.

- e. \$0.3 million in Provincial subsidy, and related outflows, related to an increased investment received for the delivery of EarlyON and Child Care programs.
- f. \$4.4 million in Federal subsidy, and related outflows, related to a one-time federal investment in the Child Care and Early Years Workforce funding.
- g. \$0.2 million is proposed in the 2022 budget to replace the electrical distribution and fire alarm systems at Ajax, Lakewoods, Pickering and Whitby Early Learning Child Care centres.
- h. \$0.1 million is proposed in the 2022 budget to replace the roof at Whitby Early Learning Child Care centre.

4.2 Emergency Management and Program Support Services

- a. Participation in a three-day event to validate the interoperability of current emergency management procedures, plans and protocols of Ontario Power Generation and organizations and agencies at all levels of government to respond to a simulated nuclear event.

4.3 Housing Services

- a. \$1.5 million is proposed in the Community Housing Provider, Commercial Rent Supplement, and Durham Region Rent Supplement programs for changes in provider payments (\$0.8 million) and a decrease in federal funding (\$0.7 million).

Homelessness Investments

- b. Regional contribution increase of \$1.3 million is proposed in the Regional Investment in Homelessness Supports budget to enhance programs for people experiencing, or at risk of becoming homeless, partially funded by a \$0.7 million contribution from the Operating Impact Stabilization Reserve Fund as approved by Council (#2021-F-31) and a reallocation of \$0.2 million from the Social Investment Fund in the Social Assistance Budget and a base increase in property tax funding of \$0.4 million.
- c. Continued Provincial investment of \$9.1 million through the Community Homelessness Prevention Initiative (CHPI).
- d. Increase of \$1.1 million in Federal subsidy totaling \$2 million, and related outflows, related to a one-time increased investment in the Reaching Home program for 2021 / 2022.

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, equitable 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. \$0.3 million is proposed in the 2022 budget to provide increases for equipment maintenance & repairs, security, program materials & medical equipment.
- c. The 2022 budget proposes an investment of \$1.1 million, partially funded by a \$0.8 million contribution from the Operating Impact Stabilization Reserve Fund as approved by Council (#2021-F-31), to replace aging equipment such as ceiling lifts, floor lifts, kitchen appliances and equipment, shower chairs, and furniture to help care for LTC residents.

4.6 Staffing

- a. An increase of one Family Counsellor 2 position in Family Services to expand the Primary Care Outreach Program (PCOP) and 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. (Note: position cost is recovered from the Health Department budget)
- b. An increase of one Program Assistant in Housing Services to provide additional administrative support with the implementation of the Enterprise Maintenance Management System and tenant management assistance for residents of Durham Regional Local Housing Corporation (DRLHC) properties. (Note: position cost is recovered from the DRLHC budget)
- c. An increase of one Facilities Maintenance Mechanic in Housing Services to provide support for the delivery of maintenance repairs and monitoring of operational building systems for the DRLHC. (Note: position cost is recovered from the DRLHC budget)
- d. An increase of one Senior Project Coordinator in Housing Services to provide support for the delivery of maintenance projects for the DRLHC. (Note: position cost is recovered from the DRLHC budget)

- e. To ensure that infection control best practices are maintained, one new full time Infection Control Nurse at Hillsdale Estates, effective March 1, 2022.
- f. An increase of two Assistant Chef positions, effective July 1, 2022, to allow for more in-house cooking to increase resident satisfaction with meal delivery, partially offset by a reduction in food costs.
- g. An increase of one Administrative Services Coordinator at Lakeview Manor, effective January 1, 2022, to provide administrative assistance to the nursing leadership team, partially offset by a reduction in temporary staffing.
- h. An increase of one Supervisor position, effective January 1, 2022, to oversee the Beaverton and Port Perry Adult Day Programs (ADP), partially offset by a reduction in temporary staffing.
- i. The Seniors' Safety Office is proposing the addition of one Seniors Safety Advisor Assistant, effective July 1, 2022 to assist the community in dealing with Senior Safety issues.
- j. The transfer and reclassification of an Administrative Assistant 1 from Emergency Management and Program Support Services to Long Term Care Administration to a Manager, Centralized Scheduling and Scheduling Applications that will provide strategic and operational oversight of the Divisional Scheduling Office.
- k. The transfer of a Clerk 2 from Social Assistance to Long Term Care Administration to provide administrative assistance to the Long Term Care leadership team.
- l. An increase of sixty (60) new permanent positions for Long Term Care (#2021-SS-14) and an associated increase in part-time staff to increase Nursing and Personal Care and Allied Health levels per resident per day, offset by an increase in Provincial subsidy. This investment has led to an increase in Nursing and Personal Care hours from an average of 3.4 hours / resident / day to 3.8 hours / resident / day at each of the Region's Long Term Care homes.

4.7 COVID 19 Impacts and Pressures

- 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 2022 budget proposes a total of \$2.9 million for temporary screeners, surveillance testing clinic staff and other temporary positions 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 2022 budget proposes to fund the \$3.4 million in one-time COVID related costs from senior government funding. Should the provincial and federal

governments not extend additional funding support, the Region will need to consider further cost mitigation measures and use of reserve funds.

5. 2022 Risks and Uncertainties

- 5.1 The most significant risk in Social Services is the uncertainty of provincial investment. The 2022 budget submission includes provincial funding based on current funding levels and information available from the Province. During the past few years, 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, children's services 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 continued 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 2022 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 stabilization reserve funds.
- 5.3 The Provincial Government is implement 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, 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 programing 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 is committed to increasing the average hours of daily direct nursing care to four hours over four years and to increasing allied care hours to 36 minutes over the next two years. The impact on Durham is not fully known, however, there is a risk that any new provincially mandated standards of care will not be fully funded. The *Fixing Long-Term Care Act, 2021* which is expected to

come into force in the spring of 2022, may impact on operations of the homes through changes to regulations and inspection protocols. Regional staff, in partnership with long-term care partners, will continue to advocate for a provincial funding and regulatory changes that meets the needs of our long-term care residents.

- 5.5 To prepare for the challenges ahead, the Social Services Department, in partnership with the Internal Audit Division of the Finance Department, will continue to 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 10 new positions proposed in the 2022 budget is estimated at \$0.4 million. Of the 10 positions identified, there are 8 impacted by future annualized costs and 2 are budgeted for a full year in 2022.
- 6.2 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, Long-Term Care, and community housing will become longer.
- 6.3 The aging Durham Region Local Housing Corporation (DRLHC) portfolio and the buildings of social housing providers require significant capital investments to maintain housing units.
- 6.4 There is a need for additional provincial funding to better address infection prevention and control 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.
- 6.5 Continued and sustained resources and supports are required to prevent and end chronic homelessness in Durham Region. Innovative approaches for supportive, transitional and affordable housing are required across Durham Region to meet growing need within the homelessness support system.
- 6.6 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.
- 6.7 Uncertainty regarding pending provincial changes to the OW program design and funding model complicates business and budget planning.
- 6.8 A new LTC home in Seaton, if approved, will require a significant regional investment in terms of both capital construction and operating costs as noted in

report 2021-COW-30.

- 6.9 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.
- 6.10 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.
- 6.11 Children's Services 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 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 2022 Social Services Business Plans and Budget will support a high quality of life for all through human services delivery including enhanced homelessness funding, expanded PCOP program and increased direct patient hours of care in our LTC homes.
 - 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 2022 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 2022 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 2022 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 2022 Social Services Department Business Plans and Budget meets the Council approved guideline for the 2022 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.
- 8.2 It is recommended that the Health and Social Services Committee approve the 2022 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 2022 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 2022 Business Plans and Budgets for the Social Services Department are available on-line through the link provided on the February 3, 2022 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

Elaine Baxter-Trahair
Chief Administrative Officer