



The Regional Municipality of Durham

Health & Social Services Committee Agenda

Council Chambers
Regional Headquarters Building
605 Rossland Road East, Whitby

Thursday, November 7, 2019

9:30 AM

1. Declarations of Interest

2. Adoption of Minutes

A) Health & Social Services Committee meeting – [October 3, 2019](#)

Pages 3 - 14

3. Statutory Public Meetings

There are no statutory public meetings

4. Delegations

There are no delegations

5. Presentations

There are no presentations

6. Health

6.1 Correspondence

6.2 Reports

A) Extension of Agreement with Intrahealth Canada Ltd. for Continued Use of Public Health Electronic Client Records and Registry Software ([2019-MOH-9](#))

15 - 16

- B) Region of Durham Paramedic Services (RDPS) –
Standardization and Sole Source of Teleflex Medical Canada
Inc.'s EZ-IO Intraosseous Vascular Access Equipment and
Supplies ([2019-MOH-10](#)) 17 - 20

7. Social Services

7.1 Correspondence

- A) [Information Report #2019-INFO-73: An Update on the
Financial Empowerment Framework/Poverty Reduction efforts
underway within the Social Service Department](#) 21 - 31

**Pulled from October 18, 2019 Council Information Package
by Councillor Chapman**

Recommendation: Receive for Information

7.2 Reports

- A) On Point Pilot Project ([2019-SS-18](#)) 32 - 34

8. Advisory Committee Resolutions

There are no advisory committee resolutions to be considered

9. Confidential Matters

There are no confidential matters to be considered

10. Other Business

11. Date of Next Meeting

Thursday, December 5, 2019 at 9:30 AM

12. Adjournment

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The Regional Municipality of Durham

MINUTES

HEALTH & SOCIAL SERVICES COMMITTEE

Thursday, October 3, 2019

A regular meeting of the Health & Social Services Committee was held on Thursday, October 3, 2019 in Council Chambers, Regional Headquarters Building, 605 Rossland Road East, Whitby, Ontario at 9:30 AM

Present: Councillor Chapman, Chair
Councillor Carter
Councillor Dies
Councillor Roy
Councillor Wotten
Regional Chair Henry attended the meeting at 9:33 AM

Absent: Councillor Pickles, Vice-Chair
Councillor Anderson

Staff

Present: P. Abbey, Director, Oral Health, Dental Health
E. Baxter-Trahair, Chief Administrative Officer attended the meeting at 9:32 AM
C. Boyd, Solicitor, Corporate Services – Legal Services
S. Danos-Papaconstantinou, Commissioner of Social Services
S. Howson, Administrative Assistant, Corporate Communications
M. Hutchinson, Manager, Population Health
R. Inacio, Systems Support Specialist, Corporate Services - IT
R.J. Kyle, Commissioner and Medical Officer of Health
L. MacDermaid, Director, Long Term Care and Services for Seniors
L. McIntosh, Director, Children's Services
N. Prasad, Committee Clerk, Corporate Services – Legislative Services
A. Robins, Director, Housing Services Division
M. Wilson, Administrator, Fairview Lodge, Social Services

1. Declarations of Interest

There were no declarations of interest.

2. Adoption of Minutes

Moved by Councillor Roy, Seconded by Councillor Wotten,
(47) That the minutes of the regular Health & Social Services Committee meeting held on Thursday, September 5, 2019, be adopted.

CARRIED

3. Statutory Public Meetings

There were no statutory public meetings.

4. Delegations

There were no delegations to be heard.

5. Presentations

5.1 Dr. Pat Abbey, Director, Oral Health, re: The New Ontario Seniors Dental Care Program

Dr. P. Abbey, Director, Oral Health, provided a PowerPoint presentation titled, "The New Ontario Seniors Dental Care Program", a copy of which was provided as a handout.

Highlights of the presentation included:

- Ontario Budget 2019
- Burden of Illness
- Eligibility Criteria
- Eligible Services
- Rollout Plan
- Infrastructure
- Current Clinic Set-up
- Waiting Room

Dr. P. Abbey stated that in April 2019, the Province announced the creation of a new dental program to improve access to dental care for all low-income seniors in Ontario. She stated that 9,800 seniors in Durham Region will be eligible for treatment.

Dr. P. Abbey provided the following statistics with regards to dental health among seniors: 1/4 of seniors have not seen a dentist in 5 years; 96% of seniors have dental decay; 2/3 of seniors have no access to dental insurance; up to 36% of people have untreated decay; approximately \$31 million annually is spent on trips to the emergency room; patients attending emergency rooms are usually sent home with prescriptions for pain medication and antibiotics; and approximately 21% of Canadians over 60 have no teeth.

Dr. P. Abbey stated that the eligibility criteria for the program is as follows: 65 years of age or older; annual net income of less than \$19,300 for single individuals and less than \$32,300 for couples; and, no dental need criteria. She advised that there is also consideration of an emergency program.

Dr. P. Abbey advised that the program launch is scheduled for January 2020 and that a new site would be ideal to accommodate the required new staff as well as growth potential in the future. She advised that staff is exploring sites in Oshawa to maximize client access and leverage existing Regional infrastructure.

Dr. P. Abbey responded to questions with regards to possibly expanding the program to the northern municipalities; the likelihood of obtaining a new facility before the January launch; the possibility of a mobile program; whether dental care plays a role in other health complications in seniors; and whether there are emergency dental clinics available to those in need.

5.2 Melissa Hutchinson, Manager, Population Health, re: The Opioid Crisis: A Complex, Multifaceted Health and Social Issue

M. Hutchinson, Manager, Population Health, provided a PowerPoint presentation titled, "The Opioid Crisis: A Complex, Multifaceted Health and Social Issue", a copy of which was provided as a handout.

Highlights of the presentation included:

- The Opioid Crisis: A Complex, Multifaceted Health and Social Issue
 - Opioid Overdose Crisis
 - Prescription Opioids
 - The Root Cause of the Opioid Crisis
 - The Opioid Crisis...A Complex Multifaceted Issue
 - Durham Region 2018 Point-in-Time Count
 - Social and Genetic Factors
 - Public Health Mandate
 - Canadian Drugs & Substances Strategy Framework (Health Canada)
 - Durham Region Opioid Response Plan
 - DRHD Opioid Information & Data System (DROIS)
 - Needle Exchange Program (NEP)
 - Benefits of Needle Exchange Services
 - Best Practices for NEPs
 - Needle Exchange Program Return Rates
 - Needle Exchange Sites in Durham Region
 - Community Options for Needle Return
 - Risks Associated with Community Based Needlestick Exposure
 - HIV Rates (All Ages, All Sexes)
 - Public Health Services for Prevention and Early Intervention
 - FCM Recommendations of the Mayor's Task Force on the Opioid Crisis, 2017
 - Association of Municipalities of Ontario

M. Hutchinson stated that the Opioid Overdose Crisis is a complex health and social issue. She stated that trauma, adverse childhood experiences, overprescribing of prescription drugs, and use of illegal opioids greatly contribute to the opioid use. She stated that increased availability of prescription opioids fueled the overdose crisis but does not explain the situation or explore the source of the demand. Trends over the past 3 years show a decline in opioid prescribing rates yet opioid overdose rates have not declined and continue to rise. M. Hutchinson also stated that in addition to opioid prescribing for chronic pain, other factors such as reduced economic opportunity, poor working conditions and financial poverty are also root causes for the misuse of opioid and other substances.

M. Hutchinson stated that the Durham Region Opioid Response Plan includes the following:

- Coordination of surveillance activities and use of 'real-time' data from across sectors;
- Support ongoing knowledge exchange;
- Increase awareness of the connection between mental health, trauma and substance abuse;
- Increase treatment options;
- Develop a local evidence-based harm reduction strategy to foster coordination and access to services; and
- Continue addressing illicit drug production, supply & distribution.

M. Hutchinson also provided statistical data on the Needle Exchange Program. She advised that the Needle Exchange Program is not designed to treat addictions but does provide an access point for other addiction, health and social services.

Moved by Councillor Carter, Seconded by Councillor Roy,
(48) That M. Hutchinson be granted additional time in order to finish her presentation.

CARRIED

M. Hutchinson stated that the Mayor's Task Force on the Opioid Crisis calls for a pan-Canadian action plan spanning all four pillars of the national drug strategy:

- Harm reduction
- Treatment
- Prevention
- Enforcement

M. Hutchinson stated that all orders of government need to work together to address roots of addiction, with supportive housing, action on homelessness and access to crucial social services. She further advised that the Association of Municipalities on Ontario (AMO) has adopted 22 recommendations to inform a provincial response. She advised that the link to the 22 recommendations is provided in the electronic copy of her PowerPoint Presentation.

M. Hutchinson responded to questions with regards to the success of AMO's initiative as well as FCM's direction; the HIV rates and awareness campaign and what has led to the strategy seeing a decrease in numbers; the process involved in obtaining a clean needle exchange kit; whether specific data is collected on the needle exchange kits (gender etc.); access to the Durham Region Health Department Opioid Information Data System; the opioid death rate for 2019; whether opioid admittance into emergency departments has increased or decreased and whether data is collected on those admittances; and how much money has been dedicated to the crisis from the provincial government. M. Hutchinson responded to further questions regarding comparisons between loss of jobs and opioid use; and the need to educate employers with regards to job creation.

With regards to the Needle Exchange Program Return Rates, it was requested that the committee be provided with a breakdown of the 85% within each local municipality.

6. Health

6.1 Correspondence

There were no communications to consider.

6.2 Reports

There were no Health Reports to consider.

7. Social Services

7.1 Correspondence

There were no communications to consider.

7.2 Reports

A) Additional Provincial Funding from the 2019 Community-Based EarlyON Child and Family Centre Capital Program (2019-SS-15)

Report #2019-SS-15 from S. Danos-Papaconstantinou, Commissioner of Social Services, was received.

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

- A) That additional unbudgeted 100 per cent one-time Provincial funding for capital costs associated with EarlyON services from the Ministry of Education in the amount of \$262,166 for the Regional Municipality of Durham Children's Services Division be received as supplementary to the 2019 Business Plans and Budgets and allocated to renovate and retrofit space for EarlyON programming within a current Early Learning and Child Care building; and
- B) That the Regional Chair and the Regional Clerk be authorized to execute the Amended Ontario Transfer Payment Agreement.

CARRIED

- B) Unbudgeted Provincial funding from the Ministry of Long-Term Care for a Designated Behavioural Support Transitional Unit for Fairview Lodge Long-Term Care Home in Whitby (2019-SS-16)

Report #2019-SS-16 from S. Danos-Papaconstantinou, Commissioner of Social Services, was received. Revised pages 1 to 5 of the Report were provided as a handout.

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

- A) That the following recommendations be adopted, pending approval by the Ministry of Long Term Care and, as such, will only be acted upon once formal approval is received by the Ministry;
- B) That the 2019 portion of unbudgeted ongoing Provincial funding from the Ministry of Long-Term Care (MOLTC) in the amount of \$475,800 for the period September 1, 2019 to December 31, 2019, be expended in accordance with the funding agreement which includes costs related to, but not limited to: staff wages and project costs associated with the operation of a Designated Behavioural Support Transition Unit;
- C) That approval be granted to increase the Long-Term Care and Services for Seniors staffing complement by eleven (11) new full-time positions effective November 1, 2019 and increase part time staffing costs to account for 24/7 operations coverage within the Unit;
- D) That the increases in 2019 will be funded entirely from the additional Provincial funding allocation as follows:
 - i. One (1) Registered Nurse at an estimated 2019 cost of \$20,158 (annualized cost of \$122,310);

- ii. Eight (8) Registered Practical Nurses at an estimated cost of \$115,039 (annualized cost of \$694,976);
 - iii. One (1) Personal Support Worker at an estimated 2019 cost of \$12,017 (annualized cost of \$72,615);
 - iv. One (1) Social Worker at an estimated 2019 cost of \$19,884 (annualized cost of \$120,127);
 - v. Increase Part-time hours for Recreation Programmer of \$4,549 to support the Unit (annualized cost is \$27,505);
 - vi. Increase Part-time hours for Nursing and Personal Care \$59,252 to account for 24/7 operations and coverage within the Unit (annualized cost is \$358,269);
 - vii. The annualized costs for incremental staffing costs noted of \$1,423,500 to be funded from the increased Provincial per diem funding;
- E) That unbudgeted one-time provincial funding in the amount of \$230,748 be used for the purpose of staff training and minor equipment purchases; and
- F) That the Regional Chair and Regional Clerk be authorized to execute any required agreements related to the additional funding.

CARRIED

C) Project Update and Adoption of Terms of Reference: Durham Region Community Safety and Well-Being Plan (CSWP) (2019-SS-17)

Report #2019-SS-17 from S. Danos-Papaconstantinou, Commissioner of Social Services, was received.

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

- A) That the Terms of Reference for the CSWP Steering Committee (Attachment #2 to Report #2019-SS-17 of the Commissioner of Social Services) be adopted;
- B) That Councillor Carter be appointed to the Steering Committee in accordance with the CSWP Terms of Reference (Section 3.2);
- C) That Regional Chair Henry be appointed as the alternate to the Steering Committee in accordance with the CSWP Terms of Reference (Section 3.2) and

- D) That a copy of Report #2019-SS-17 be sent to the area municipalities, Durham Regional Police Service (DRPS), and CSWP Steering Committee Members.

CARRIED

8. Advisory Committee Resolutions

There were no advisory committee resolutions to be considered.

9. Confidential Matters

There were no confidential matters to be considered.

10. Other Business

10.1 Notice of Motion re: Opioid Overdose Emergency Resolution

Revised pages 4 and 5 to the Agenda with regards to the Notice of Motion were provided as a handout. Detailed discussion ensued with regards to the importance of acknowledging that the opioid overdose emergency is a national health crisis.

Moved by Councillor Carter, Seconded by Councillor Chapman,
(52) That we recommend to Council:

Whereas the opioid overdose emergency is affecting communities across Ontario, including Durham Region; and

Whereas the prevalence of addiction and the incidence of emergency department visits and deaths associated with opioid use disorder have increased in recent years; and

Whereas addiction to prescription and illegal opioids is negatively affecting individuals, families and entire communities; and

Whereas on September 12, 2019, the Government of Ontario announced its plan to establish the Mental Health and Addictions Division (MHAD) under the leadership of Karen Glass, Assistant Deputy Ministry; and

Whereas the MHAD will lead the development and implementation of Ontario's Mental Health and Addictions Strategy; and

Whereas the Government of Ontario will be consulting key stakeholders and the public on modernizing public health and land ambulance services; and

Whereas public health programs and services demonstrate superior value for money and return on investment; and

Whereas the Federation of Canadian Municipalities (FCM) has identified a need for federal and provincial strategies that are comprehensive, coordinated and address the root causes of the opioid crisis; and

Whereas FCM has recommended an intergovernmental action plan that aligns federal, provincial/territorial and local strategies, responds to specific needs of indigenous communities and rapidly expand all aspects of the collective response; and

Whereas FCM has echoed the recommendations of the Mayor's Task Force on the Opioid Crisis; and

Whereas the Association of Municipalities Ontario (AMO) has identified the following recommendations for a provincial response to addressing the opioid overdose emergency in Ontario:

- i. That the Province publicly affirms the seriousness of the opioid overdose emergency and commit to take all necessary measures to save lives and prevent harm, including the provision of long-term funding for existing programs as well as new funding streams, where necessary;
- ii. That the Province undertakes an 'all of government' effort to develop a comprehensive provincial drug strategy that addresses the opioid overdose emergency, based on a public health approach that addresses the social determinants of health, and that takes a non-discriminatory approach to overdose prevention and harm reduction. This strategy should cascade down to guide local drug strategy development and implementation with accompanying resources so that municipalities in Ontario have comprehensive, multi-faceted, funded drug strategies in place led by dedicated local coordinators. Further, progress toward implementation should be measured with performance indicators and be evaluated for outcomes achieved;
- iii. That the Province examines, and its ministries provide, a coordinated 'all of government' response with adequate funding to address the root causes of addiction, including housing related factors, poverty, unemployment, mental illness, and trauma;
- iv. That the Ministry of Health provides more funding to support, enhance and expand evidence- based consumption, treatment and rehabilitation services, addiction prevention and education, and harm reduction measures in all areas of Ontario;
- v. That the Ministry of Health targets funding for addiction and mental health services that would assist in treating people with mental illness to reduce and/or eliminate self-medication and would provide services to help people overcome their addiction;

- vi. That the Ministry of the Solicitor General provides enhanced funding to enforce laws surrounding illicit drug supply, production, and distribution;
- vii. That the Province enhances funding for diversion programs, mobile crisis intervention teams, and further promote harm reduction approaches among police services;
- viii. That the Ministry of Health examines community paramedicine as a viable option to provide treatment and referral services;
- ix. That the Ministry of Health funds a public education campaign, including on social media, to complement the efforts of individual communities;
- x. That the provincial coordinator work with the Ministry of Education to add a health promoting youth-resiliency program to the school curriculum that includes coping skills to get through obstacles in life, e.g. social competence, conflict resolution, healthy relationships, and informed decision-making;
- xi. That the Ministry of Health fully funds (100%) Naloxone for all municipal first responders (paramedics, police, and fire services) and provide training in its use;
- xii. That the Ministry of Health and the Ministry of Children, Community and Social Services work together with municipal human service system managers to better link social service and health supports including to help people overcome addiction and address mental health;
- xiii. That the Ministry of Health works toward a goal of establishing and maintaining 30,000 supportive housing units in the province; and
- xiv. That the Province advocates to the federal government for appropriate and supportive measures that will support effective provincial and local responses;

Now therefore be it resolved that the Health & Social Services Committee recommends to Regional Council:

- A) That the Government of Canada and Ontario recognize, acknowledge and declare a national health epidemic in respect to the opioid overdose emergency across Canada;
- B) That AMO's recommendations with respect to Ontario's opioid overdose emergency be endorsed;
- C) That the Government of Ontario be urged to continue funding the important work of public health units to help address the current opioid crisis;

- D) That the Government of Canada and Ontario be advised that the opioid emergency is not limited to major urban centres and that federal and provincial representatives work directly with the Region of Durham, to develop and fund a full-suite of prevention and addiction services, affordable social and supportive housing to address the crisis in our communities; and
- E) That the Prime Minister of Canada, Ministers of Health and Children, Families and Social Development, and Minister Responsible for the Canada Mortgage and Housing Corporation, Durham's MPs, Chief Public Health Officer of Canada, Premier of Ontario, Deputy Premier & Minister of Health, Ministers of Children, Community and Social Services, Finance, and Municipal Affairs and Housing, Durham's MPPs, Chief Medical Officer of Health, AMO, aPHa, FCM, all local municipalities, and all Ontario boards of health be so advised as well as be provided with a copy of the presentation from M. Hutchinson, Manager, Population Health, regarding The Opioid Crisis: A Complex, Multifaceted Health and Social Issue.

CARRIED ON THE FOLLOWING
RECORDED VOTE:

Yes

Councillor Carter
Councillor Dies
Regional Chair Henry
Councillor Roy
Councillor Wotten
Councillor Chapman, Chair

No

None

Members Absent: Councillor Anderson
Councillor Pickles, Vice-Chair

Declarations of Interest: None

Moved by Councillor Roy, Seconded by Councillor Wotten,

- (53) That the presentation from M. Hutchinson, Manager, Population Health, regarding The Opioid Crisis: A Complex, Multifaceted Health and Social Issue be presented to Regional Council on October 23, 2019.

CARRIED

11. **Date of Next Meeting**

The next regularly scheduled Health & Social Services Committee meeting will be held on Thursday, November 7, 2019 at 9:30 AM in Council Chambers, Regional Headquarters Building, 605 Rossland Road East, Whitby.

12. Adjournment

Moved by Councillor Roy, Seconded by Councillor Wotten,
(54) That the meeting be adjourned.

CARRIED

The meeting adjourned at 10:54 AM

Respectfully submitted,

B. Chapman, Chair

N. Prasad, Committee Clerk



The Regional Municipality of Durham Report

To: Health & Social Services Committee
From: Commissioner & Medical Officer of Health
Report: [#2019-MOH-9](#)
Date: November 7, 2019

Subject:

Extension of Agreement with Intrahealth Canada Ltd. for Continued Use of Public Health Electronic Client Records and Registry Software

Recommendations:

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

- A) That authorization be granted to extend the existing agreement with Intrahealth Canada Ltd. for support and maintenance services for Durham Region Health Department's electronic health record software for a period of three (3) years from March 1, 2020 to February 28, 2023 at an estimated total cost of \$317,000 (inclusive of estimated annual Consumer Price Index (CPI) increases).
 - B) That the Commissioner of Finance be authorized to execute the negotiated Extension Agreement and all related Amendment Agreements with Intrahealth Canada Ltd.
-

Report:

1. Purpose

- 1.1 To seek approval to extend the existing agreement with Intrahealth Canada Ltd. for a period of three (3) years from March 1, 2020 to February 28, 2023 to provide support and maintenance services for Durham Region Health Department's (DRHD's) electronic record software, as negotiated by Regional staff.

2. Background

- 2.1 The RFP for the provision of a public health electronic record, documentation and scheduling software as a service (RFP-421-2012) was awarded to Intrahealth Canada Ltd. in May 2012.
- 2.2 The existing agreement between Durham Region and Intrahealth Canada Ltd. for a six (6) – year term post-implementation expires on February 29, 2020.

- 2.3 The agreement includes licensing and ongoing maintenance and support of the software as well as technical services to support operational configuration and implementation.
- 2.4 As Intrahealth Canada Ltd. provides support and maintenance of its own software, there is no other suitable service provider.
- 2.5 Following sole source purchase approval by the Finance Department in June 2019 and non-binding negotiations with Intrahealth Canada Ltd. conducted by the Purchasing Section, the final terms and conditions for the three (3) – year contract extension, satisfactory to DRHD, Purchasing, Legal Services and Risk Management, have been successfully negotiated.

3. Financial Implications

- 3.1 The estimated cost of the contract extension is \$103,500 in the first year, with subsequent year two (2) and year three (3) price increases based on Statistics Canada CPI rate increases, for a total estimated cost of \$317,000.
- 3.2 This report has been reviewed by the Finance Department and the Commissioner of Finance concurs with the financial recommendations.

4. Conclusion

- 4.1 It is recommended the existing agreement with Intrahealth Canada Ltd. be extended for a period of three (3) years from March 1, 2020 to February 28, 2023 at the total estimated cost of \$317,000 to provide support and maintenance services for DRHD's electronic health record software.
- 4.2 It is also recommended that the Commissioner of Finance be authorized to execute the negotiated Extension Agreement and all related and required Amendment Agreements with Intrahealth Canada Ltd.

Respectfully submitted,

Original signed by

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

Recommended for Presentation to Committee

Original signed by

Elaine C. Baxter-Trahair
Chief Administrative Officer



The Regional Municipality of Durham Report

To: Health & Social Services Committee
From: Commissioner & Medical Officer of Health
Report: [#2019-MOH-10](#)
Date: November 7, 2019

Subject:

Region of Durham Paramedic Services (RDPS) – Standardization and Sole Source of Teleflex Medical Canada Inc.'s EZ-IO Intraosseous Vascular Access Equipment and Supplies

Recommendations:

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

- A) That Teleflex Medical Canada Inc.'s EZ-IO intraosseous vascular access equipment be adopted as the standard for RDPS for a period of five (5) years;
 - B) That authorization be granted to award a five (5) – year sole source contract to Teleflex Medical Canada Inc., in the total estimated amount of \$425,000 for EZ-IO intraosseous vascular access equipment and supplies, to enable paramedics to initiate intraosseous access in critically ill and injured patients, when intravenous (IV) access is not a viable option; and
 - C) That authorization be granted to negotiate and execute the agreement for the purchase of cyclical replacements for 36 IO drivers and the EZ-IO equipment supplies, through a sole source agreement with Teleflex Medical Canada Inc. in the amount of \$14,365, to be financed from the annual operating budgets.
-

Report:

1. Purpose

- 1.1 To seek approval to adopt Teleflex Medical Canada Inc.'s EZ-IO intraosseous vascular access equipment as the standard for Paramedic Services.
- 1.2 To seek approval to award a five (5) year sole source contract to Teleflex Medical Canada Inc. in the total estimated amount of \$425,000 for EZ-IO intraosseous vascular access equipment and supplies to enable paramedics to initiate IO access in critically ill and injured patients, when IV access is not a viable option.

- 1.3 To seek approval to purchase the cyclical replacements for 36 IO drivers from Teleflex Medical Canada Inc., in the amount of \$14,365, as negotiated by the Purchasing Section of the Finance Department.

2. Background

- 2.1 Intraosseous (IO) cannulation is a controlled medical act under the *Regulated Health Professions Act, 1991*, performed by RDPS paramedics to administer lifesaving pharmacology and fluid therapy when all other methods, such as intravenous cannulation, have proven unsuccessful. Paramedics must have training and be certified locally by the Central East Pre-Hospital Care Base Hospital Program (CEPCP) to perform this lifesaving IO procedure.
- 2.2 The CEPCP endorses the use of a more precise, battery operated drill/driver device called EZ-IO. No other item meets the required specification for reasons including, but not limited to, advancements in technology, dramatic improvements in speed of IO cannulation using the drill/driver device, significant improvements in overall success rates and standardization/continuity of care.
- 2.3 RDPS is currently using the EZ-IO cannulation product as it is considered best practice for IO access within the healthcare system.
- 2.4 Lakeridge Health, Scarborough Health Network, and Durham Region's neighbouring paramedic services have also transitioned to the more precise, battery operated EZ-IO drill/driver devices.
- 2.5 Paramedic training is provided through continuing medical education sessions delivered by CEPCP.
- 2.6 Consistent with the standardization/continuity of current IV delivery systems, continued use of the EZ-IO product will establish standardization of equipment and medical care during transfer of responsibility/care from paramedic crews to hospital Emergency Department staff. This continuity and compatibility of EZ-IO equipment will ensure that the Region's patients continue to receive high quality pre-hospital care and uninterrupted continuity of care within local hospital systems.
- 2.7 The Provincial Equipment Standards for Ontario Ambulance Services, version 3.4, and the Advanced Life Support Patient Care Standards, version 4.5, established by the Ministry of Health specify the minimum requirements for IO equipment. The EZ-IO product satisfies and/or exceeds all the outlined specifications.
- 2.8 The EZ-IO cannulation equipment is the only product that will establish and maintain standardization/continuity of care and equipment during transfer of patient care and responsibility from RDPS staff to hospital Emergency Department medical staff and as such, there is no other acceptable substitute.
- 2.9 Teleflex Medical Canada Inc., which is the parent company of Vidacare, is the sole manufacturer and distributor of the EZ-IO product line.

3. Financial Implications

- 3.1 The Purchasing Section of the Finance Department negotiated a five (5) – year sole source agreement with Teleflex Medical Canada Inc. which included the requirement to include 36 new IO replacement drivers.
- 3.2 As per Section 8.1 of the Purchasing By-law, #68-2000 (amended), purchases may be acquired through negotiation where there is only one known source of supply and the extension of an existing contract would prove more cost effective or beneficial.
- 3.3 Financing for the acquisition of the EZ-IO equipment and supplies will be included in the annual RDPS medical supplies operating budget. The estimated annual amount for this equipment is \$85,000, for a total estimated cost of \$425,000 for five (5) years of the contract.
- 3.4 Financing for the cyclical replacements for the 36 new IO drivers is included in the approved 2019 Paramedic Services Business Plans and Budgets. The estimated amount negotiated by Purchasing to replace the old units is \$14,365.

4. Conclusion

- 4.1 In conclusion, it is recommended that Teleflex Medical Canada Inc.'s EZ-IO intraosseous vascular access equipment be adopted as the standard for RDPS for a period of five (5) years.
- 4.2 Further it is recommended that a five (5) year sole source contract be awarded to Teleflex Medical Canada Inc. in the total estimated amount of \$425,000 for EZ-IO intraosseous vascular access equipment and supplies to enable paramedics to initiate IO access in critically ill and injured patients, when IV access is not a viable option.
- 4.3 Lastly, it is recommended that authorization be granted to negotiate and execute the agreement for the purchase of cyclical replacements for 36 IO drivers and the EZ-IO equipment supplies, through a sole source agreement with Teleflex Medical Canada Inc. in the amount of \$14,365, to be financed from the annual operating budgets.
- 4.4 The report has been reviewed by the Finance Department and the Commissioner of Finance concurs with the financial recommendations.

Respectfully submitted,

Original signed by

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

Recommended for Presentation to Committee

Original signed by

Elaine C. Baxter-Trahair
Chief Administrative Officer



The Regional Municipality of Durham Information Report

From: Commissioner of Social Services
Report: [#2019-INFO-73](#)
Date: October 18, 2019

Subject:

An update on the Financial Empowerment Framework/Poverty Reduction efforts underway within the Social Service Department.

Recommendation:

Receive for information

Report:

1. Purpose

- 1.1 The purpose of this report is to provide an update on poverty reduction efforts in Durham known locally as the Financial Empowerment Framework (FEF) and led by the Social Services Department, and to provide details pertaining to collaborations with Public Health, the Durham Community Legal Clinic, the City of Oshawa and other community partners, with a focus on priority neighbourhoods.

2. Background

- 2.1 During the 2016 Budget deliberations, Council directed staff in the Social Services Department to develop strategies to address child poverty in primarily, but not exclusively priority neighbourhoods.
- 2.2 In response, Social Services staff developed the Financial Empowerment Framework (FEF), which outlines specific areas of effort understood to contribute to income stability and a reduction in child poverty.
- 2.3 Regional Council received reports 2016-INFO-32 and 2018-COW-53 which detailed progress pertaining to areas of effort within the Financial Empowerment Framework, opportunities for growth and partnerships in the broader community.

- 2.4 Work within the FEF seeks to balance efforts between both long and short-term strategies that assist residents living with low to moderate income in having access to information, and removing barriers to accessing income, benefits, and transfers.
- 2.5 FEF working groups and engaged community partners have grown to include; Public Health, Social Services Department staff, local municipalities (with a focus on the City of Oshawa), school boards, local libraries, local municipal recreation partners, faith partners, the Durham Community Legal Clinic, Durham College, the Abilities Centre, financial institutions, Service Canada, and the broader community of service providers and organizations serving Durham.

3. Context

- 3.1 The relationship between low income and poor health is well documented. The Health Neighbourhoods reports serve as a key local data source from which efforts under the FEF are informed. For example, a baby born in south Oshawa will live 8 years less than a baby born in north Oshawa.
https://www.durham.ca/en/health-and-wellness/resources/Documents/HealthInformationServices/HealthNeighbourhoods/Indicators/lifeExpectancy_males.pdf
- 3.2 The nature of labour force attachment informs the development of the FEF initiatives as we deepen our understanding of who, in our communities, we are serving. Of note:
 - a. In 2018, 13.3 per cent of the labour force in Ontario was deemed to be temporary. (CANSIM Table 14-10-0072-01)
 - b. In 2018, 17.3 per cent of the labour force in Ontario was deemed part-time. (CANSIM Table: 14-10-0023-01)
 - c. In 2017, 43 per cent of unemployed Canadians (35 per cent of unemployed Ontarians) were eligible for Employment Insurance. (Statistics Canada (<https://www150.statcan.gc.ca/n1/daily-quotidien/181115/t004a-eng.htm>))
- 3.3 There are an estimated 60,000 Durham residents living with low income. All efforts within the FEF are designed with scalability in mind, with an intent to ensure all residents, including the often overlooked precariously employed and working poor, have access to income stabilization opportunities.
- 3.4 Some FEF efforts focus on what is known as the “Billion Dollar Challenge” (Prosper Canada). This refers to a national figure that estimates there are \$1.4 billion in unrealized benefits, transfers and income streams available to Canadians that are simply never applied for. The estimated challenge figure for Durham Region is \$211 million (local projections). For example, this figure includes \$16 million in unrealized Canada Learning Bonds available to residents in Oshawa’s five priority neighborhoods alone (Economic and Social Development Canada).

- 3.5 A cornerstone of the Financial Empowerment Framework is growing an understanding within the broader community that we share in the collective responsibility of stabilizing the incomes of the residents we serve by embedding Financial Empowerment into planning, programming and frontline service delivery.
- 3.6 The Financial Empowerment Framework challenges all Durham service providers to consider, not whose responsibility it is to broker information or services to any given resident, rather, who is that resident with, when they are ready to hear it.

4. Updates on Areas of Effort

- 4.1 **Free Low-Income Tax Filing: Community of Practice:** This group is convened several times a year sharing best practices around set-up, volunteer recruitment, training, cross-promotion, capacity building and awareness raising, and tests ways to embed Financial Empowerment (FE) into frontline service delivery and collect data. Of the clinics that reported their data, over \$11 million in benefits and transfers have been made to Durham families during the 2019 tax season. There are now three permanent year-round tax clinics in Durham Region. (See Attachment #1).
- 4.2 **Family Support Worker (FSW) expansion pilot:** Family Support Workers are Income and Employment staff who have expertise in family law. Family Support Workers continue to extend their reach into the broader community, assisting families connected to Children's Services, Public Health, payors, and low-income residents and more broadly offering FSW services through the Access to Justice Hub in Oshawa. The FSWs act as system navigators, ensuring low income residents have access to supports to resolve family law matters. The 2018 results have been very positive, with a total of 732 clients served. Of those served, staff noted over \$345,000 in new child support orders, \$440,000 of arrears protected, and \$600,000 in reimbursements. More than 30 support payors currently on Ontario Works who have defaulted on support payments have been provided system navigation. Defaulted payors can experience driver's license suspensions and wage garnishments which can result in job loss. Assisting payors prevents long and deep poverty through resolution and an appropriate adjustment to child support orders (See Attachment #2).
- 4.3 **The Trusteed Youth:** Youth between 16 and 17 years of age receiving public assistance while living independently have received additional supports, including dedicated caseworkers offering customized service plans that include a focus on; health, education, social inclusion, housing stability, financial literacy and access to post-secondary education. The vulnerability of these youth cannot be overstated. The impacts of this approach to service provision have been positive. Of the 31 youth who graduated in 2018, 24 are headed to post-secondary, two deferred acceptance, three are upgrading and two are working (See Attachment# 3).

- 4.4 **Canada Learning Bonds:** Canada Learning Bonds (CLB) are funds placed inside a Registered Education Savings Plan for free, and are available to low to moderate income Canadians. Research demonstrates that having even a modest RESP investment dramatically improves the odds of a child from a family living in low income, in accessing a post-secondary education. Promotion and awareness-raising of the CLB in the broader community continues. Partners in libraries, schools, Health, Children's Services and other front-line service providers are beginning to embed CLB promotion into front-line service delivery. In November 2018, a large multi-partner sign-up event was held in the South Oshawa Community Centre, designed to remove barriers to CLB acquisition. As a result; new CLB applications were completed for an estimated 236 beneficiaries, mainstream banking partners opened 50 RESPs for a total of 75 children onsite, 47 Social Insurance Number cards were issued by Service Canada, 10 applications for Birth Certificates were supported, two families filed their tax returns and 121 families completed SmartSaver applications. Post-event follow-up was very positive, with inquiries and subsequent applications being made. Building on this success, eight CLB sign-up events are planned during Education Savings Week in November 2019, hosted in partnership with community agencies, partners and libraries across Durham Region.(See Attachment #4)
- 4.5 **Toll-Free Access Phone Number (1-888-341-8612):** A toll-free number was set up initially as a part of the CLB sign-up event in November 2018 to ensure that those who could not attend had a number to call to provide easy access to a live person and to remove a barrier to accessing the benefits and transfers to which a person may be entitled. The line was active post-event in November and it continues to receive a slow but steady stream of calls. This number will be placed on all promotional materials relating to the eight CLB events scheduled for November and is on the Living with Low Income section recently added to www.Durham.ca. This number is an opportunity to test the need for service navigation and the need for specific populations requiring a secondary step as a necessity for access to services.
- 4.6 **Registered Disability Savings Plan promotion:** Raising awareness continues within the broader community of service providers. A sign-up event including banking partners was held in partnership with the Abilities Centre. Future events are being planned with front-line health care providers in an effort to remove even more barriers to access.
- 4.7 **'Take A Kid to Work' pilot:** Efforts have been made to extend the reach of Take Your Kid to Work to include students who would otherwise not have access to this learning opportunity. This pilot has expanded, sharing templates, consents and best practices learned from Regional events.
- 4.8 **The Centre for Financial Literacy:** The Centre for Financial Literacy pilot is a partnership between the Durham Community Legal Clinic, Durham College and the Region of Durham. At the end of this five-year pilot, low income residents in Durham will be able to access income stabilizing opportunities, information and

education on financial literacy year-round in one location. An inventory of workshops and offerings is being developed. Tax filing and CLB promotion are occurring regularly at the Centre for Financial Literacy, along with other financial empowerment offerings.

- 4.9 **Durham Public Health:** Public Health continues to embed financial empowerment into front-line service delivery using a tool developed by health care professionals. They launched their Income Support Tool in 2018, supported with training sessions by staff. The Public Health Nursing team was awarded a 2018 Regional Award of Excellence in the Service Excellence category, in recognition of the development of their income support tool.
- 4.10 **Children's Services Durham:** Staff have embedded financial empowerment (FE) information into their front-line service delivery and have been instrumental in connecting such initiatives into the broader child care community, including the Best Start Network and the Durham Child and Youth Network.
- 4.11 **Public Libraries:** Municipal library partners requested and received financial empowerment training sessions for over 40 front-line staff since January 2019. Local libraries continue to host tax clinics during and after tax season and are also partnering to host six CLB events in November 2019 around the Region.
- 4.12 **Housing:** There has been substantial effort to use a Collective Impact approach to community development at the Lakeview Harbourside community. As a result; tax clinics were held on-site, new groups are meeting organically and starting to talk, and community gardens are being explored. This location will host one of the CLB events planned for November 2019.
- 4.13 **Advancing Access to Affordable Recreation (AAARD):** AAARD requested and received financial empowerment training sessions for over 80 front-line municipal recreation staff since January 2019. This group of municipal recreation providers are using requests for subsidized recreation as a platform to make referrals to other income stabilization opportunities and have followed the lead of Public Health and developed an income support tool for use in their services.
- 4.14 **The City of Oshawa:** The City of Oshawa, with the support of community partners, including FEF staff, have convened new tables/task force, to address local needs and have actively participated and directly supported many of the above-named initiatives. Additional efforts such as the Spirit of Service and Welcoming Streets contribute to the momentum building around addressing the needs of residents living with low income.
- 4.15 **Collective Impact:** There have been fulsome discussions amongst stakeholders, including the Priority Neighborhoods Roundtable, the FEF and many other initiatives, on how best to reduce duplication and make the best use of resources. Through memberships held by the Region of Durham's Public Health and Social Services Departments and the City of Oshawa with Tamarack's Vibrant Cities,

these tables have engaged in coaching sessions designed to lead a community through a Collective Impact approach to better health and income stabilization. A steering committee has been formed, comprised of community leaders, local and Regional representatives and stakeholders from a variety of sectors. Next steps will be guided by the framework used by Vibrant Cities to develop a series of steps and actions to work toward the goals of collectively improving financial stability and income stabilization.

5. Other

- 5.1 There are countless other bodies of work and tables being convened across Durham Region. The above-noted highlights in no way represents the entirety of work being done by the not-for-profit, faith and business communities.
- 5.2 There is a natural link between this body of work and Community Safety and Well-Being Plans. There is also a natural distinction. As plans emerge and come into sharper focus, efforts will be made for future alignment of resources.

6. Conclusion

- 6.1 Embedding Financial Empowerment into front-line service delivery has been met with enthusiasm by the broader Durham community and momentum is growing.
- 6.2 The highlights noted above represent some of the collective efforts of individuals, organizations and institutions across Durham Region.
- 6.3 Under the umbrella of a Collective Impact model, the efforts underway are well positioned to come together, realize efficiencies and work in collaborative ways for the long term.
- 6.4 Working together and differently will require a commitment by local and Regional governments and leaders to bring institutional support to the spirit of collaboration.
- 6.5 For additional information, contact: Audrey Andrews, Manager of Strategic Partnerships and Initiatives, at 905-668-7711, ext. 2625.

7. Attachments

- Attachment #1: Tax Clinic Infographic
- Attachment #2: FSW Infographic
- Attachment #3: Trusteed Youth Infographic
- Attachment #4: Canada Learning Bond Poster

Respectfully submitted,

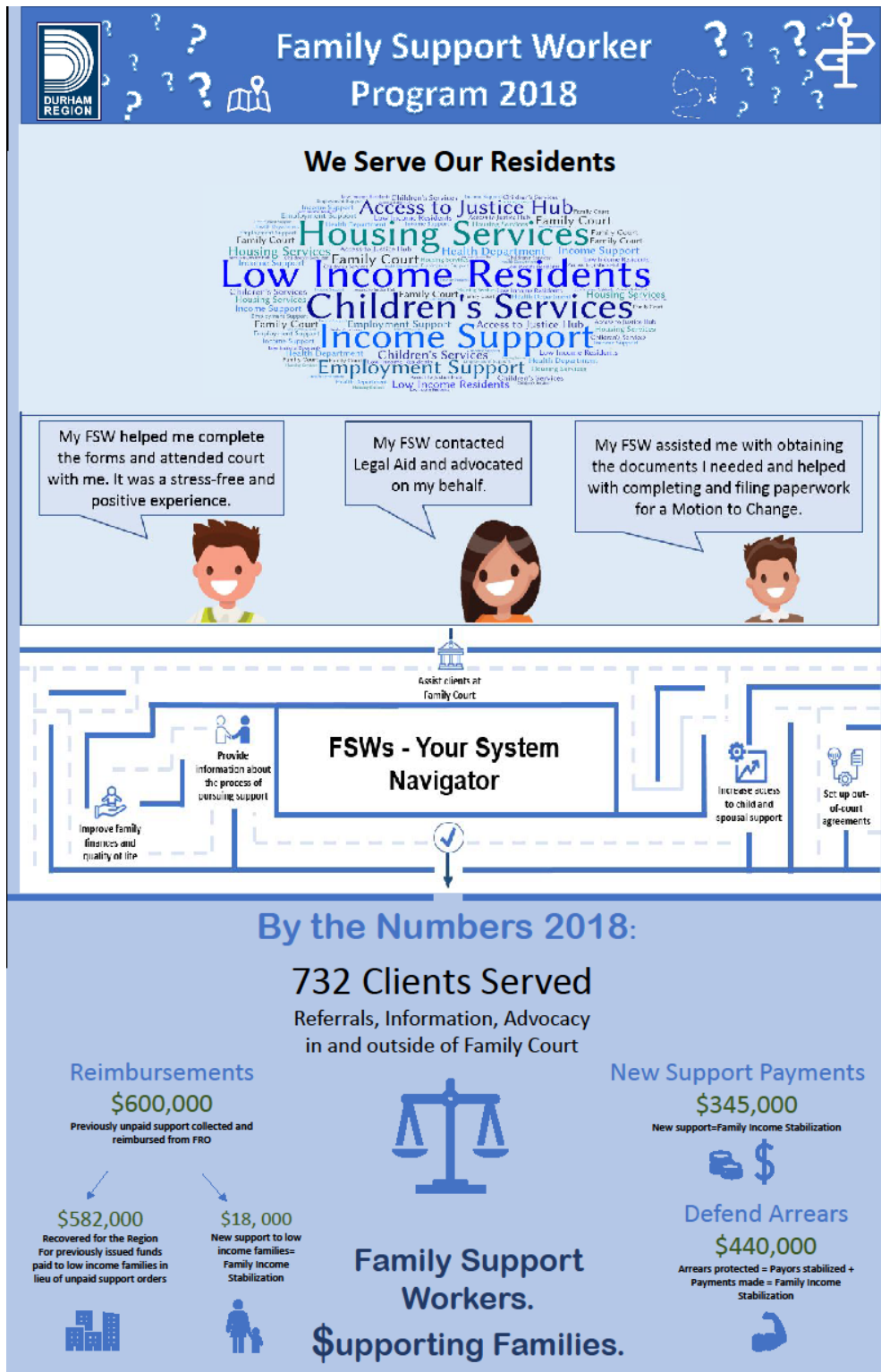
Original signed by

Stella Danos-Papaconstantinou
Commissioner of Social Services

Tax Season 2019 – Community Clinic Results



Data shared from our community partners indicates that approximately \$11 Million was returned to low income residents via tax filing



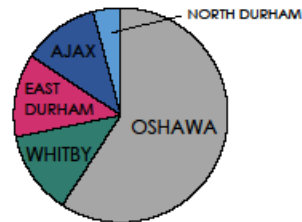
TRUSTEED YOUTH 2018

211 YOUTH SERVED

25% CASELOAD INCREASE FROM 2017

48% PREVIOUSLY SOCIAL ASSISTANCE DEPENDENTS

80% RELIED ON A COMMUNITY TRUSTEE



WINS

EDUCATION



- **26** graduated high school
- **14** exited OW to OSAP and post-secondary
- **Majority** of truSteed youth attend alternative secondary schools
- **\$2,500** invested to facilitate post-secondary transition and tutoring costs

EMPLOYMENT & FINANCIAL EMPOWERMENT



- **62** maintain employment resulting in average earnings of **\$2,700 to \$5,000**
- **11** youth connected to tax filing service
- **\$3,000** invested to support part time employment

CHALLENGES

SAFE HOUSING



- **20%** are homeless at time of application
- **36%** remain precariously housed
 - TY move an average of **3-10** times while on OW
- **20%** relied on community housing partner, shelter or transitional housing
- **\$240,000** NSERC grant with Durham College: Co-create a Supported Housing Model for TY in Durham

HEALTH & SOCIAL INCLUSION



- **42%** identified mental health as an issue. Of those:
 - **42%** connected to community mental health supports
 - **58%** relied on clinical counselling
- **\$6,000** invested in social inclusion activities:
 - recreation programs, obtain ID, get banked



TruSteed Youth Caseworkers facilitated access to benefits to support vulnerable youth with transportation, health and educational supports:

- Less than **\$6,000** issued via municipal Social Investment Fund
- This is an average investment of additional benefits of **\$85** per month/per youth

Access. Inclusion. Safe Housing.

Support for TruSteed Youth to overcome poverty through educational attainment.

Canada Learning Bond Sign-Up

Get up to \$2,000 for your child's education
from the Government of Canada



Your child is eligible if they were born in 2004 or later and your family income is under \$47,000 per year.

Come out to an event near you. Sign up for your Registered Education Savings Plan (RESP) and Canada Learning Bond that day!
No deposit of your own money is ever needed.

You will need your photo ID, and birth certificates and Social Insurance Numbers (SINs) for everyone.

- If you need a SIN, we can help you get one from Service Canada.
- If you need a birth certificate, get help on-site.
- We can also help with income tax filing!

Whitby Public Library 405 Dundas St. West, Whitby November 18, 2019, 1 to 5 p.m.	Brock Community Health Centre 720 Simcoe St., Beaverton (co-located at Holy Family Catholic School) November 21, 2019, 9:30 a.m. to 1 p.m.
Clarington Public Library – Newcastle Branch 150 King Ave. East, Newcastle November 19, 2019, 2 to 6 p.m.	McCaskill's Mills Public School 85 Albert St., Cannington November 21, 2019, 3 to 6 p.m.
Pickering Public Library One The Esplanade, Pickering November 19, 2019, 2 to 6 p.m.	Oshawa Public Library – Northview Branch 250 Beatrice St. East, Oshawa November 21, 2019, 2 to 6 p.m.
Ajax Public Library 55 Harwood Ave. South, Ajax November 20, 2019, 2 to 6 p.m.	Lakeview Harbourside Community Room 1529 Ritson Rd. South, Oshawa November 22, 2019, 1 to 5 p.m.

Call Nora at 1-888-341-8612 for more information.
Learn more about RESPs and the Canada Learning Bond at SmartSaver.org



Clarington Public Library
Empowering Our Community



Service
Canada



Whitby Public Library | Journey to discovery

If you require this information in an accessible format, please call 1-800-372-1102 ext. 2760.



The Regional Municipality of Durham Report

To: Health and Social Services Committee
From: Commissioner of Social Services
Report: [#2019-SS-18](#)
Date: November 7, 2019

Subject:

On Point Pilot Project

Recommendations:

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

One-time unbudgeted funding in the amount of \$36,400 from the City of Oshawa be received as supplementary to the 2019 Regional Business Plans and Budgets for the Community Homelessness Prevention Initiative (CHPI) program to expand the On Point Pilot program budget to \$98,400.

Report:

1. Purpose

- 1.1 The purpose of this report is to seek approval from Regional Council to accept and expend an unbudgeted one-time financial contribution from the City of Oshawa to partially fund the On-Point Pilot taking place within the City of Oshawa.

2. Background

- 2.1 In 2018, Regional staff established a task force to specifically address unsheltered homelessness in Oshawa. The Oshawa Unsheltered Residents (OUR) Task Force includes representation from the Region, the City and community partners. This collaborative table develops and implements strategies to address the needs and barriers of those living unsheltered in the City of Oshawa.
- 2.2 In July 2019, the Region, the City and the John Howard Society officially announced the launch of On Point, a collaborative needle clean-up and support services pilot in Oshawa. This pilot is an outcome of OUR Task Force.

- 2.3 The On Point pilot involves the removal and safe disposal of needles and other drug paraphernalia from public spaces as well as employment support and housing outreach services to participants with lived experience of homelessness.
- 2.4 This pilot is part of the Community Homelessness Prevention Initiative (CHPI) in the Social Services Department and has received funding support from the Ontario Ministry of Municipal Affairs and Housing.
- 2.5 The project is also supported by the City of Oshawa, which is contributing funding of \$36,400 towards the wages of the On-Point team along with the Social Services Department's contribution of \$62,000.
- 2.6 The Regional Municipality of Durham's Health Department is providing safety kits and the evaluation of the pilot.

3. Financial Implications

- 3.1 The Region's Budget Management Policy section 15.2 requires the approval of the applicable Department Head, Treasurer, CAO, applicable Standing Committee, Finance and Administration Committee and Regional Council to expend unanticipated revenues.
- 3.2 The Region already contributes \$62,000 to the program through the CHPI initiative within the Housing Services division operating budget. This was approved by Council through the annual Budget process in 2019 under "future program needs" within the CHPI program.

4. Conclusion

- 4.1 It is recommended that the one-time unbudgeted funding in the amount of \$36,400 from the City of Oshawa be received as supplementary to the 2019 Regional Business Plans and Budgets for the Community Homelessness Prevention Initiative (CHPI) program to expand the On Point Pilot program budget to \$98,400.
- 4.2 This report has been reviewed by the Finance Department and the Commissioner of Finance concurs with the financial recommendations.

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