



## **The Regional Municipality of Durham**

### **Health & Social Services Committee Agenda**

Council Chambers  
Regional Headquarters Building  
605 Rossland Road East, Whitby

**Thursday, September 9, 2021**

**9:30 AM**

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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](mailto: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 – June 3, 2021

Pages 4 - 13

**4. Statutory Public Meetings**

There are no statutory public meetings

**5. Delegations**

- 5.1 Joe Otavnik, Oshawa Resident re: Oshawa Micro-Homes Pilot Project
- 5.2 Dr. Mark Katz re: The Clinical and Support Needs of Clients of the Beaverton Supportive Housing Proposal

## 6. Presentations

- 6.1 R.J. Kyle, Commissioner and Medical Officer of Health re: COVID-19 Update
- 6.2 L. Mizzi, Assistant Administrator, Hillsdale Estates re: Ontario's Long-Term Care COVID-19 Commission - Report Overview (2021-SS-8) [Item 8.2 A)]

## 7. Health

### 7.1 Correspondence

- A) Information Report #2021-INFO-67 of the Commissioner and Medical Officer of Health re: The Health Costs of Climate Change: How Canadians Can Adapt, Prepare and Save Lives 14 - 16

**Pulled from June 18, 2021 Council Information Package by Councillor McLean**

Recommendation: Receive for Information

- B) Correspondence from the Municipality of Hastings Highlands re: Resolution passed at their Council Meeting held on June 2, 2021, endorsing 988, a National three-digit suicide and crisis hotline 17 - 18

**Pulled from June 18, 2021 Council Information Package by Councillor McLean**

Recommendation: Receive for Information

### 7.2 Reports

There are no Health Reports to consider

## 8. Social Services

### 8.1 Correspondence

### 8.2 Reports

- A) Ontario's Long-Term Care COVID-19 Commission (2021-SS-8) 19 - 23
- B) Updated Durham Advisory Committee on Homelessness Terms of Reference (2021-SS-9) 24 - 30

**9. Advisory Committee Resolutions**

There are no advisory committee resolutions to be considered

**10. Confidential Matters**

There are no confidential matters to be considered

**11. Other Business**

**12. Date of Next Meeting**

Thursday, October 7, 2021 at 9:30 AM

**13. Adjournment**

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**The Regional Municipality of Durham**

**MINUTES**

**HEALTH & SOCIAL SERVICES COMMITTEE**

**Thursday, June 3, 2021**

A regular meeting of the Health & Social Services Committee was held on Thursday, June 3, 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 left the meeting at 11:00 AM  
Councillor Roy  
Councillor Wotten  
Regional Chair Henry left the meeting at 12:01 PM  
**\*all members of the Committee participated electronically**

Also

Present: Councillor Ashe  
Councillor Crawford  
Councillor Highet  
Councillor Mulcahy  
Councillor Smith  
Councillor Yamada

Staff

Present: E. Baxter-Trahair, Chief Administrative Officer  
S. Danos-Papaconstantinou, Commissioner of Social Services  
T. Fraser, Committee Clerk, Corporate Services – Legislative Services  
R. Inacio, Systems Support Specialist, Corporate Services – IT  
R.J. Kyle, Commissioner and Medical Officer of Health  
J. Nesbitt, Director, Population Health and Chief Nursing Officer  
V. Olmstead, Manager, Population Health, Health Department  
J. Riches, Deputy Chief, Region of Durham Paramedic Services  
N. Prasad, 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 Regional Chair Henry, Seconded by Councillor Pickles,  
(22) That the minutes of the regular Health & Social Services Committee  
meeting held on Thursday, May 6, 2021, be adopted.  
CARRIED

**4. Statutory Public Meetings**

There were no statutory public meetings.

**5. Delegations**

**5.1 Amy Archer, Executive Director, Sloane's House re: Sloane's House**

Amy Archer, Executive Director, Sloane's House provided a PowerPoint presentation. A copy of the presentation was provided to members in advance of the meeting.

Highlights of the presentation included:

- Sloane's House Board of Directors
- It Begins With Love
- A Medically Fragile Child
- Lack of Paediatric Respite Yet High Need in The Durham Region
- Respite and Hospice Care
- Sloane's House Vision
- Partnerships
- How Can The Region of Durham Help Sloane Achieve Her Legacy?
- Realizing The Vision

A. Archer stated that Sloane was a medically fragile child whose medical conditions or health problems required 24-hour supervision from a skilled team. She added that Sloane represents hundreds of children currently living in Durham Region. She stated there are greater than 400 families of children with multiple medical complexities living in Durham Region and Durham Region is home to the highest proportion of these families in the Greater Toronto Area. She advised that the Sloane's House project will provide much needed paediatric respite and hospice care for those children and their families. She stated that the holistic and community based care provided by Sloane's House is preferable for these families as it also reduces reliance on and cost to the acute health care system.

A. Archer advised that Sloane's House will also be a place where the whole family can connect through recreation programs and activities geared to all ages and abilities, ensuring that a child's time at Sloane's House will be meaningful and enjoyable.

A. Archer responded to questions of the Committee and was requested to provide a delegation at the June 23, 2021 Regional Council meeting.

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

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

Whereas there are greater than 400 families of children with multiple medical complexities living in Durham Region, and Durham Region is the home to the highest proportion of these families in the GTA; and

Whereas the Sloane's House project will provide much needed pediatric respite and hospice care for these children and their families; and

Whereas the holistic and community based care provided by Sloane's House is preferable for these families while at the same time reducing reliance on and cost to the acute care health care system;

Now therefore be it resolved:

- A) That the Region of Durham supports in principle the Sloane's House project for the construction and operation of a pediatric respite and hospice care facility located in Durham to serve the families of children living with multiple medical complexity; and
- B) That the Regional Chair express this support to the provincial government and specifically send a communication to the Premier, the Minister of Health and all MPPs in Durham Region.

CARRIED UNANIMOUSLY ON THE  
FOLLOWING RECORDED VOTE

Yes

Councillor Anderson  
Councillor Carter  
Councillor Dies  
Regional Chair Henry  
Councillor Pickles

No

None

Councillor Roy  
Councillor Wotten  
Councillor Chapman

Members Absent: None

Declarations of Interest: None

5.2 Mark Canning, Clarington Resident re: Rapid Testing in Clarington

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M. Canning, Clarington Resident, provided a presentation with regards to Rapid Testing in Clarington. He stated that his proposal suggests 2 phases of Rapid Testing in Clarington, which, along with increasing vaccines and public health requirements, would be another way to catch asymptomatic and symptomatic cases to help keep cases down and the community out of any further lockdowns.

M. Canning stated that Rapid Testing is becoming increasingly used in organizations and businesses around the world. He advised that Phase 1 is a pilot project for customers of local businesses to self administer a test if they choose to. He advised that his proposal states that any privacy, legal or insurance liability issues be addressed up front to not have any costs further incurred by local businesses or risks to residents. He advised that he has talked to local businesses such as gyms, entertainment complexes and other close proximity businesses, who are in support of Phase 1 of the proposal.

M. Canning stated that Phase 2 would be a resident program where municipal facilities and DRT buses not being used due to COVID-19 reduced usage, could provide Rapid Testing to residents on an optional basis. He stated that a Rapid Test Program would help small businesses and the broader Clarington community better survive the pandemic.

M. Canning responded to questions of the Committee.

5.3 Gord Gill, Durham Resident re: Mark Canning's Delegation on Rapid Testing in Clarington

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Gord Gill, Durham Resident provided his delegation later in the meeting due to connectivity issues.

5.4 Cynthia Davis, President & CEO, Lakeridge Health and Scott McLeod, Independent Advisor re: Proposed Site Selection Process for a New Hospital

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Moved by Councillor Roy, Seconded by Regional Chair Henry,  
(24) That the rules of procedure be suspended in order to permit the delegation from Cynthia Davis, President & CEO, Lakeridge Health and Scott McLeod, Independent Advisor.

CARRIED ON A 2/3rds VOTE

Cynthia Davis, President & CEO, Lakeridge Health and Scott McLeod, Independent Advisor provided a PowerPoint presentation regarding the Proposed Site Selection Process for a New Hospital. A copy of the presentation was provided to members in advance of the meeting.

Highlights of the presentation included:

- Proposed Site Selection Process for a new Hospital
- Process Objectives
- Independent Expert Panel
- Community Engagement
- Process
- Launch Announcement & Next Steps
- Key Considerations

C. Davis advised of the recent announcement with regards to plans to move forward with an independent site selection process for the potential new hospital in Durham Region.

S. McLeod stated that the Expert Panel will conduct the review process and provide a recommendation to the Board on a preferred location. He advised that the Expert Panel will be comprised of members with various expertise and will be appointed based on a Board-endorsed skills matrix. He also advised that Lakeridge Health will undertake focused engagement with internal and external stakeholders to gather input on the criteria best used for site selection. He provided an overview of the launch announcement as well as next steps.

C. Davis and S. McLeod responded to questions of the Committee.

Moved by Regional Chair Henry, Seconded by Councillor Wotten,  
(25) That the Committee recess for 10 minutes.

CARRIED

The Committee recessed at 10:45 AM and reconvened at 10:55 AM.

The Committee Clerk conducted a roll call following the recess and all Committee members were present.

It was at this time that Gord Gill delegated to the Committee.

5.3 Gord Gill, Durham Resident re: Mark Canning's Delegation on Rapid Testing in Clarington

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Gord Gill, Durham Resident, advised that he support's Mark Canning's delegation on Rapid Testing in Clarington. He advised that he and his wife are the owners of the Clarington Entertainment Complex, which houses numerous recreational entertainment facilities for families and he anticipates using Rapid Testing in a non-mandatory way. He stated that between the second and third lockdown, families were offered the opportunity to attend the complex in a way where their bubble was the only social bubble in the entire centre for a period of time. During other hours, up to nine people were allowed to attend the facility, knowing that they would be around other people not part of the same bubble but adhering to safety protocols.

G. Gill advised that with Rapid Testing, customers would be given the option to self administer the Rapid Test before entering the facility. He stated that their customer base is wide ranging in age and customers would be less stressed knowing they are entering an environment that is safe where both customers and employees are able to administer the test.

G. Gill responded to questions of the Committee.

## **6. Presentations**

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

R.J. Kyle, Commissioner and Medical Officer of Health provided a PowerPoint Presentation with regards to the COVID-19 Update.

Highlights of the Presentation included:

- COVID-19 Update
- Current Status
- Variants of Concern
- Monitoring Indicators
- Provincial Vaccination Status
- COVID-19 Vaccination Administration
- COVID-19 Vaccination Coverage – Durham
- COVID-19 Vaccination Coverage – Ajax
- COVID-19 Vaccination Coverage – Pickering
- Durham COVID-19 Vaccine Plan
- Youth 12-17 Vaccination Strategy
- Additional Mobile and Pop-Up Clinics
- Provincial School Dose Eligibility
- Durham Second Dose Booking

R.J. Kyle advised that case counts have decreased significantly and as a result there are fewer active cases, fewer hospitalizations and fewer people in intensive care units. He stated that since schools have been closed, all active school/childcare outbreaks are in child care centres, and most on-going workplace outbreaks are in the manufacturing/industrial and retail sectors.

With regards to variants of concern, he advised that the 7-day moving average is 82% with predominant strains being the United Kingdom, Brazil and South Africa variants. He provided an overview of the provincial vaccination status and advised that as of May 27<sup>th</sup>, at least 65% of adult Ontarians have received at least one dose of a vaccine. He further advised that as of June 1<sup>st</sup>, Durham Region Health has administered over 422,000 doses of the vaccine with about 5,000 doses per day. He also advised that the most common vaccine administered in Durham Region is the Pfizer-BioNTech and provided a brief overview of vaccination coverage in Durham.

R.J. Kyle advised that all residents 12 and older are now eligible to book the Pfizer vaccine. He stated that the goal is to vaccinate the majority of youth in June with the second dose by the end of August, in time for them to return to school. He advised that there will be additional mobile and pop-up clinics available for: residents 12 and older living or working in the L1L area; the Oshawa homeless population; identified target populations; and Black, African and Caribbean communities. He also provided an overview of the provincial plan with regards to second dose eligibility.

Staff responded to questions with regards to advancement of the second dose to graduating students who will be attending post secondary schools in September 2021; the possibility of a fourth wave; vaccine hesitancy among residents; the availability of second doses through mobile clinics to Long term Care (LTC) and retirement homes; the supply of Moderna vaccines; the availability of second dose AstraZeneca vaccines; and, the rise of cases at the White Oaks apartment complex.

6.2 Carly Kalish, Executive Director, Victim Services of Durham Region re: Update on Human Trafficking

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Carly Kalish, Executive Director, Victim Services of Durham Region provided a verbal presentation with regards to Human Trafficking. A brief video presentation was also provided.

C. Kalish stated that human trafficking is the fastest growing crime in Canada with 66% of the Canadian cases found in Ontario. Victim Services of Durham Region helps people who are previously or currently being trafficked and work in partnership with Durham Region Police Services and the Social Services Department.

C. Kalish stated that human trafficking statistics have doubled annually for the past three years but thanks to the Region's funding, they have been able to provide prevention workshops to over 15,000 people on the topic of healthy relationships and the cycle of commercial sexual exploitation. She also advised that this past year, they have supported 270 survivors of human trafficking from the community with the Region's support.

C. Kalish pointed out that COVID-19 has not slowed human trafficking in Durham Region. The amount of time young people spend online has increased and traffickers have adapted to recruit online.

C. Kalish advised that Durham Region has been identified as a leader in Ontario for human trafficking prevention and intervention but what is missing is housing, with approximately 80% of clients identifying that they need safe housing in order to leave their trafficker. She stated that Durham needs to be a leader in how to house human trafficking survivors with no barriers to entry.

C. Kalish responded to questions of the Committee with regards to the Combating Human Trafficking Act, 2021, recently passed by the Province; housing requirements that are needed; additional supports that are needed; supports received from SafeHope home; and, whether education is provided to the buyers.

## **7. Health**

### **7.1 Correspondence**

#### **A) Correspondence from the Municipality of Clarington regarding the resolution passed at the May 25, 2021 Council meeting re: COVID-19 Rapid Testing \_\_\_\_\_**

R.J. Kyle responded to questions with regards to his thoughts on implementing Rapid Testing; as well the accuracy of the rapid tests.

Moved by Councillor Carter, Seconded by Councillor Pickles,  
(26) That the correspondence from the Municipality of Clarington regarding the resolution passed at the May 25, 2021 Council meeting regarding COVID-19 Rapid testing be received for information.

CARRIED

### **7.2 Reports**

There were no Health Reports to consider.

## **8. Social Services**

### **8.1 Correspondence**

There were no communications to consider.

8.2 Reports

- A) Approval to Award a Sole Source Contract for Supply and Delivery of Nestle Dysphagia Dietary Products for use by the Region of Durham's four (4) Long-Term Care Homes (2021-SS-7)
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Report #2021-SS-7 from S. Danos-Papaconstantinou, Commissioner of Social Services, was received.

Moved by Councillor Carter, Seconded by Councillor Pickles,  
(27) That we recommend to Council:

- A) That the Regional Municipality of Durham enter into a sole source contract with Nestle Health Sciences at a total estimated cost not to exceed \$240,000 (before applicable taxes) for a three (3) year period for the supply of dysphagia products for the Region of Durham's four (4) Long-Term Care Homes to be financed from the 2021 approved and future years' Social Services Business Plans and Budgets; and
- B) That the Commissioner of Finance be authorized to execute any necessary documents related to this sole source agreement.

CARRIED

9. **Advisory Committee Resolutions**

There were no advisory committee resolutions to be considered.

10. **Confidential Matters**

There were no confidential matters to be considered.

11. **Other Business**

There was no other business to be considered.

12. **Date of Next Meeting**

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

13. **Adjournment**

Moved by Councillor Anderson, Seconded by Councillor Carter,  
(28) That the meeting be adjourned.

CARRIED

The meeting adjourned at 12:13 PM

Respectfully submitted,

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B. Chapman, Chair

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N. Prasad, Committee Clerk



# The Regional Municipality of Durham Information Report

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From: Commissioner & Medical Officer of Health  
Report: #2021-INFO-67  
Date: June 18, 2021

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## Subject:

The Health Costs of Climate Change: How Canadians Can Adapt, Prepare, and Save Lives

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## Recommendation:

Receive for information

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## Report:

### 1. Purpose

- 1.1 To provide an update on the report, [The Health Costs of Climate Change: How Canadians Can Adapt, Prepare, and Save Lives](#), released by the Canadian Institute for Climate Choices (CICC) on June 2, 2021.

### 2. Background

- 2.1 The [CICC](#) is an independent, publicly funded organization that conducts research and analysis, and engages with stakeholders to bring clarity to Canada's climate challenges and policy options.
- 2.2 This report identifies and quantifies some of the health-related costs of climate change. It is the second report in a series called the Costs of Climate Change. The first report, [Tip of the Iceberg](#), was released in December 2020.

### 3. Report Highlights

- 3.1 The CICC report analyzes and quantifies the health cost associated with three key climate-related issues: declining air quality, increasing incidence of Lyme disease, and extreme heat. CICC's modeling projected the following health outcomes:
- a. At the end of the century, ozone-linked respiratory illnesses could be associated with 270,000 hospitalizations and premature deaths.

- b. Even with a low-emissions future, Lyme disease cases will increase by 9,900 cases annually by the end of the century (compared to today's increases of 600 cases per year).
  - c. Even in a low-emissions scenario, heat-related hospitalization rates will double by the end of the century.
- 3.2 CICC also notes that there will be other health impacts that cannot be quantified. These include psychological burdens affecting mental health and eroding well-being, imposing substantial costs on individuals and governments.
- 3.3 No one in Canada will be immune to the health effects of climate change, but the impacts of climate change will be worse for those who are already at risk of poor health and face barriers to affordable housing, food security, and healthcare.
- 3.4 Three factors influence people's vulnerability to climate-related health impacts:
  - a. Exposure – How much a person encounters hazards (e.g., a family without air conditioning will be more vulnerable to heat-related illness).
  - b. Sensitivity – This is influenced by factors like age, pre-existing health conditions, and socio-economic conditions (e.g., seniors are more sensitive to heat-related illness).
  - c. Capacity to adapt – The ability to avoid, prepare for, and cope with exposure and sensitivity (e.g., people experiencing homelessness will have less resources and capacity to adapt to extreme heat and cold events).
- 3.5 CICC makes the following recommendations for governments to safeguard against health threats related to climate change:
  - a. All orders of government should implement health adaptation policies to address the symptoms (e.g., Lyme disease, heat waves) of climate change, and the root causes of vulnerability and exposure (e.g., poverty, food insecurity, lack of affordable housing, limited or no access to health services and safe drinking water).
  - b. Canada's emerging national adaptation strategy should map all key adaptation policy levers across government departments.
  - c. Governments should explicitly incorporate health resilience into climate lenses to inform cost-benefit analyses and policy decisions.
  - d. Governments should invest in research on emerging, unknown, and local climate change health impacts.
- 3.6 CICC created an [infographic](#) to complement the climate change report.

#### **4. Relationship to Strategic Plan**

- 4.1 This report relates to the following strategic goals and priorities in the Durham Region Strategic Plan:

- a. Goal 1: Environmental Sustainability: 1.4 Demonstrate leadership in sustainability and addressing climate change.
- b. Goal 2: Community Vitality: 2.4 Influence the social determinants of health to improve outcomes for vulnerable populations.

## 5. Conclusion

- 5.1 Protecting the health of Canadians from the consequences of climate change includes preparing for specific risks like heat waves and Lyme disease, and ensuring access to housing, healthcare, employment, and education, especially for the most vulnerable.
- 5.2 Durham Region Health Department (DRHD) operates the Heat Warning and Information System (HWIS) and the Cold Warning Information System (CWIS).
  - a. The HWIS and CWIS can reduce heat- and cold-related illnesses during extreme weather events by alerting the public about extreme weather events, directing community response and outreach to vulnerable and priority populations, and providing individuals with information on how to prevent heat- and cold-related illnesses.
- 5.3 DRHD works to prevent and reduce the spread of Lyme disease in humans through tick surveillance and the investigation of human cases. Currently DRHD is not able to accept tick submissions for identification and potential testing, however, residents are asked to call DRHD if they find a tick crawling or feeding on them or a family member.
- 5.4 DRHD has undertaken completion of several local health vulnerability assessments (HVAs) for climate change topics such as heat, ultra-violet radiation, food security, air quality, etc. HVAs help to identify the impacts of climate change on the health of a population. The HVAs will inform adaptation planning, departmental climate change policies, program activities and Regional climate change initiatives.

Respectfully submitted,

Original signed by

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





# Hastings Highlands

*Beautiful By Nature*

**The Municipality of Hastings Highlands**

**P.O. Box 130, 33011 Hwy 62, Maynooth, ON K0L 2S0**

613 338-2811 Ext 277 Phone

1-877-338-2818 Toll Free



Corporate Services Department  
**Legislative Services Division**

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Notes/Comments:	

June 11, 2021

**VIA EMAIL**

The Honourable Patty Hajdu  
Federal Minister of Health  
House of Commons  
Ottawa, ON K1A 0A6  
[Patty.Hajdu@parl.gc.ca](mailto:Patty.Hajdu@parl.gc.ca)

**Re:** Support for 988 a 3 digit suicide and crisis prevention hotline

Please be advised that on June 2, 2021, The Council of the Municipality of Hastings Highlands passed the following motion endorsing the 988 crisis line initiative to ensure critical barriers are removed to those in a crisis and seeking help.

## **Resolution 219-2021**

Whereas the Federal government has passed a motion to adopt 988, a National three-digit suicide and crisis hotline; and

Whereas the motion calls for the federal government to consolidate all existing suicide crisis numbers into one three-digit hotline; and

Whereas the ongoing COVID-19 pandemic has increased the demand for suicide prevention services by 200%; and

Whereas existing suicide prevention hotlines require the user to remember a 10-digit number and go through directories or be placed on hold; and

Whereas in 2022 the United States will have in place a national 988 crisis hotline; and

Whereas the Municipality of Hastings Highlands recognized that it is a significant and important initiative to ensure critical barriers are removed to those in a crisis and seeking help;

Now Therefore Be It Resolved as follows:

1. That the Municipality of Hastings Highlands endorses this 988 crisis line initiative.
2. That a letter demonstrating Hastings Highland's support be sent to Daryl Kramp MPP, Derek Sloan MP, the Honourable Patty Hajdu, Federal Minister of Health, the Canadian Radio-television and Telecommunications (CRTC) and all municipalities in Ontario.

cc:

-MP for Hastings–Lennox and Addington Derek Sloan [Derek.Sloan@parl.gc.ca](mailto:Derek.Sloan@parl.gc.ca)

-MPP for Hastings–Lennox and Addington Daryl Kramp [daryl.kramp@pc.ola.org](mailto:daryl.kramp@pc.ola.org)

-Chairperson and Chief Executive Officer, Canadian Radio-Television and Telecommunications Commission – Ian Scott

-All Ontario Municipalities

Regards,

Suzanne Huschilt

A handwritten signature in black ink that reads "Suzanne Huschilt". The script is cursive and fluid, with the first name "Suzanne" written in a larger, more prominent style than the last name "Huschilt".

Municipal Clerk

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 2666



# The Regional Municipality of Durham Information Report

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From: Commissioner of Social Services  
Report: #2021-SS-8  
Date: September 9, 2021

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**Subject:**

Ontario's Long-Term Care COVID-19 Commission

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**Recommendation:**

That the Health and Social Services Committee receive this report for information.

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**Report:**

**1. Purpose**

- 1.1 The purpose of this report is to provide information on Ontario's Long-Term Care COVID-19 Commission (Commission) report that was released on April 30, 2021. This report will highlight some of the key findings and recommendations made by the commission, as well as note where the Regional Long-Term Care (LTC) homes are in respect to meeting these recommendations. A link to the full copy of Commission's report can be found here [Ontario's Long-Term Care COVID-19 Commission Final Report](#)

**2. Background**

- 2.1 In December of 2019 a novel coronavirus was detected in Wuhan, China. In March of 2020 the World Health Organization (WHO) declared the virus (SARS-CoV-2) and the disease it creates (COVID-19) a pandemic. The resulting first and second wave of the virus had devastating effects on the LTC sector across Ontario with almost 4,000 resident and 11 staff deaths by April 2021.
- 2.2 The Commission was created in the summer of 2020 by the provincial government to investigate the cause of the spread of the virus in LTC and how it affected residents, staff, families, and volunteers. Overall, the Commission found that LTC in Ontario suffered from chronic underfunding resulting in severe staffing issues, a lack of pandemic preparedness, a deficiency of education aimed at increasing staff skills compounded by an ever-increasing acuity and complexity of resident care.

- 2.3 The Commission received submissions and presentations by major health care organizations, associations, residents, families, and staff in the preparation of the report. Both AdvantAge Ontario (the association that represents municipal and not-for-profit LTC homes) and the Association of Municipalities of Ontario (AMO) were active participants in its development. The Commission's final report included 85 recommendations.

### **3. Key Findings**

#### **3.1 The First and Second Wave**

- a. During the first and second wave of the pandemic, LTC challenges included a lack of Personal Protective Equipment (PPE), delayed test results from overburdened laboratories, lack of space and knowledge on how to properly cohort sick residents, severe staffing shortages, a lack of consistent Infection Prevention and Control (IPAC) support and frequent changes to Ministry directives.
- b. The Commission noted the absence of the Inspections branch in the first wave of the pandemic and the lack of full comprehensive inspections completed prior to the pandemic. The Commission highlighted the need for reform in regulatory compliance, including a collaborative and supportive model to provide the necessary resources and tools to homes, especially as related to IPAC.

#### **3.2 Pandemic Preparedness and PPE**

- a. The Commission found that Ontario was not prepared for the COVID-19 pandemic despite the health sector's previous experience with SARS. Furthermore, hospitals were the focus early in the pandemic with the decanting of hospitals of Alternate Level of Care (ALC) patients (those patients waiting for a LTC bed) designated as a priority. This decanting resulted in added pressures and over-crowding in the LTC sector.
- b. The Commission reported a 90% depletion of the provincial PPE stockpile prior to COVID-19. Many homes did not have sufficient PPE for their staff and regular supply chains were broken due to the increased need, elevated pricing, and lack of domestic production. The four Regional homes maintained a 30-day supply of PPE as part of routine pandemic planning.
- c. The Commission described the importance of collaboration amongst health system partners in responding to a pandemic. However, they found relationships between different levels of government and health system partners limited prior to the pandemic further delaying the response and limiting support to LTC.

#### **3.3 Staffing and Funding**

- a. The Commission reported that the LTC staffing situation in Ontario was a significant problem prior to the pandemic. Staff across the sector were found to not only have limited employment in full-time positions, but to also earn less

than their counterparts in hospital. This led to LTC staff working at multiple healthcare sites with subsequent spread of the virus.

Proactively, the LTC and Services for Seniors Division, implemented a single site work directive prior to the provincial mandate. The four Regional homes also offer comparable salaries and benefits to the hospital sector. Further measures such as guaranteed pay for scheduled shifts has been provided to eligible staff who have had to self-isolate.

- b. The Commission clearly outlined the chronic underfunding of Ontario's LTC system. This underfunding has resulted in municipal and not-for-profit homes having to "top-up" the provincial subsidy for care. For the Region, this results in a 48% top-up to the provincial care subsidy across its four homes. Emergency pandemic funding was provided by the Province to support homes in staffing, PPE supplies, screening, and surveillance and IPAC training and equipment. Occupancy protection was also offered to all homes to August 31<sup>st</sup>, 2021. This funding is time-limited, and homes will need to determine how to continue practices and activities mandated by the Province without this funding.
- c. The pandemic illustrated the difference between for-profit and not-for-profit homes noting that for-profit homes were hit harder by COVID-19. The Commission recommended a focus on resident care rather than commercial interests. To that end, the Commission recommends separating construction from care. Further the recommendations support person-centred, emotional-based care models that are managed by mission-driven entities.
- d. Currently in Ontario, LTC is funded for 2.75 hours of direct care per resident per day. The Ministry has committed to fund 4.0 hours of nursing time per resident per day in a phased approach from 2021-2025. The composition of staff for this model has been discussed at length by various groups and the Commission recommends a composition of 20% registered nurses, 25% registered practical nurses, and 55% PSWs as a starting point.

The Regional homes currently provide an average of 3.4 hours of nursing time per resident per day and will meet the 4.0 hours recommendation, contingent on provincial funding. The LTC and Services for Seniors Division recommends that homes have the flexibility to determine their own staff mix to ensure individualized person-centered care is achieved and funding is optimized to reflect increasing resident need.

- e. The Commission has also illustrated the importance of allied health services to support the emotional, spiritual, and social well-being of residents and recommends 1.0 hours per resident per day. This funding will be crucial in implementing emotion-based models of care that the Commission strongly recommends.

The four Regional homes are working towards meeting this recommendation; however, this will be contingent on provincial funding.

#### **4. Recommendations in Report**

- 4.1 The LTC COVID-19 Commission has illustrated the dire state of LTC in Ontario. The 85 recommendations made by the Commission focus on improving Ontario's pandemic response, LTC pandemic preparedness, staffing, IPAC training and education, system partnerships, inspections, LTC home leadership and directly aim to enhance resident care through increased direct care hours and implementation of resident-centred models of care.

#### **5. Relationship to Strategic Plan**

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

- Goal 2- Community Vitality: To foster an exceptional quality of life with services that contribute to strong neighbourhoods, vibrant and diverse communities, and influence our safety and well-being.
  - 2.4 Support a high quality of life for all through human services delivery
  - 2.5 Build a healthy, inclusive, age-friendly community where everyone feels a sense of belonging
- Goal 5- Service Excellence: To provide exceptional value to Durham taxpayers through responsive, effective and fiscally sustainable service delivery
  - 5.1 Optimize resources and partnerships to deliver exceptional quality services and value
  - 5.2 Collaborate for a seamless service experience
  - 5.3 Demonstrate commitment to continuous quality improvement and communicating results
  - 5.4 Drive organizational success through innovation, a skilled workforce, and modernized services

#### **6. Conclusion**

The LTC COVID-19 Commission highlighted the fact that the Province, Ministries, and LTC sector were not prepared for the COVID-19 pandemic in many areas. The Ministry of LTC has responded to some of the above recommendations illustrating support to further enhance staffing, staffing mix, IPAC measures and the inspection process. The link to the Ministry's response can be found here [Long-Term Care COVID-19 Commission: final report and progress on interim recommendations](#)

The Region of Durham LTC homes are well on their way to meeting many of the recommendations outlined in the report, however further investment will be required to ensure full implementation of the recommendations. Even though the Province has provided substantial funding to LTC to combat the COVID-19 pandemic, ongoing funding reform and investment in LTC is necessary to prevent the devastation that has been witnessed.

Respectfully submitted,

Original signed by

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Stella Danos-Papaconstantinou  
Commissioner of Social Services

Recommended for Presentation to Committee

Original signed by

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Elaine C. Baxter-Trahair  
Chief Administrative Officer



# The Regional Municipality of Durham Report

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To: Health and Social Services Committee  
From: Commissioner of Social Services  
Report: #2021-SS-9  
Date: September 9, 2021

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**Subject:**

Updated Durham Advisory Committee on Homelessness Terms of Reference

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**Recommendation:**

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

That the updated Terms of Reference for the Durham Advisory Committee on Homelessness be adopted.

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**Report:**

**1. Purpose**

- 1.1 The Durham Advisory Committee on Homelessness (DACH) provides an opportunity for organizations and other homelessness service funders to share information about resources, identify service needs, and provide feedback to Regional Council on the implementation of At Home in Durham.
- 1.2 The goal of the DACH is to work with Regional staff, community stakeholders, people with lived or living experience and other relevant partners to end chronic homelessness in Durham.
  - a. To help achieve this goal, the DACH updated its Terms of Reference in July 2021.
    - The mandate and activities of the DACH has been updated.
    - Subcommittees have also been added to support the work of the DACH and ensure frontline service providers and people with lived experience of homelessness are included in planning activities.
  - b. The Region of Durham acts as Service Manager for provincial homelessness funding and Community Entity for federal homelessness funding.



- The DACH provides feedback and advice to Housing Services on where to invest provincial and federal homelessness funding for maximum impact.

## **2. Background**

- 2.1 The Durham Advisory Committee on Homelessness (DACH) was established by the Health and Social Services Committee in December 1998 to address the issue of homelessness in Durham.
- a. The DACH Terms of Reference was revised in July 2021 to update the mandate, scope of activities and to add subcommittees.

## **3. Relationship to Strategic Plan**

- 3.1 This report aligns with/addresses the following strategic goals and priorities in the Durham Region Strategic Plan:
- a. The updated DACH Terms of Reference aligns with the Community Vitality goal by creating stronger neighbourhoods and vibrant and diverse communities.
- b. The updated DACH Terms of Reference aligns with the Social Investment goal by ensuring supports are available so that no one gets left behind.

## **4. Conclusion**

- 4.1 The Durham Advisory Committee on Homelessness (DACH) Terms of Reference was revised in July 2021 to update the mandate, scope of activities and to add subcommittees to help advance the work of the committee.

## **5. Attachments**

Attachment #1: DACH Terms of Reference July 2021 Accessible

Respectfully submitted,

Original signed by

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Stella Danos-Papaconstantinou  
Commissioner of Social Services

Recommended for Presentation to Committee

Original signed by

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Elaine C. Baxter-Trahair  
Chief Administrative Officer



## Durham Advisory Committee on Homelessness

### Terms of Reference

July 2021

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#### 1. Context and Introduction

- 1.1 The Durham Advisory Committee on Homelessness (DACH) was established by the Health and Social Services Committee in December 1998 to address the issue of homelessness in Durham Region. At the time, community service organizations and homeless people were invited to participate in a reference group that would provide input into the distribution of newly announced Provincial and Regional homelessness funds.
- 1.2 In May 2014, Regional Council approved the Region's 10 Year Housing and Homelessness Plan – At Home in Durham. The Housing Plan lays out the Region's vision for housing activities over the next 10 years and aligns this vision with the requirement for a housing and homelessness plan under the Housing Services Act as well as the housing strategy required under the Growth Plan for the Greater Golden Horseshoe.
- 1.3 DACH provides an opportunity for organizations and other homelessness service funders to share information about resources, identify service needs, and provide feedback to Regional Council on the implementation of At Home in Durham.

#### 2. Goal

- 2.1 The goal of the Durham Advisory Committee on Homelessness (DACH) is to work with Regional staff, community stakeholders, people with lived or living experience and other relevant partners to end chronic homelessness in Durham.

#### 3. Mandate

- 3.1 To provide guidance and advice to Durham Region Housing Services and Durham Regional Council on issues related to homelessness, including the implementation of the Region's 10 Year Housing and Homelessness Plan – At Home in Durham.
- 3.2 To assist in the continuous improvement of Durham Region's Coordinated Access System.
- 3.3 To assist in the development of a community plan and community progress reports.

- 3.4 To enhance service delivery to homeless people or those vulnerable to homelessness by giving direction, support and advice to the sub-committees:
- identifying service gaps and barriers that prevent equitable access to service delivery
  - providing advice on addressing service barriers
  - identifying trends in service use across the Region
  - identifying prevention measures that need to be implemented to reduce the incidence of homelessness in Durham Region
- 3.5 To oversee and provide advice on the work of the sub-committees.

#### **4. Scope of Activities**

- 4.1 The scope of activities that the DACH may undertake include:
- Identifying resources that will address the needs of homeless people or those who are vulnerable to homelessness across Durham Region and ensure existing Regional funding opportunities are maximized;
  - Providing a forum for information sharing and continuous education regarding new or innovative projects that address homelessness;
  - Monitoring monthly Built for Zero Canada data reports to track progress towards ending chronic homelessness; and
  - Providing feedback and advice to Housing Services on where to target homelessness funding for maximum impact.

#### **5. Membership**

- 5.1 Membership will be sought from organizations that are working towards ending homelessness in our community. All agencies that receive homelessness funding through the Region of Durham are required to have membership in DACH and regularly attend meetings.
- 5.2 Member representatives will be executive directors, executives or senior level management from the participating organizations who have the authority to make decisions and commit resources on behalf of their organization. Each organization shall only have one voting member.
- 5.3 **Funded Voting Members:** Each member agency that receives homelessness funding through the Region of Durham shall have one voting member.

5.4 **Non-Funded Voting Members:** Each member agency that does not receive funding through the Region of Durham shall have one voting member as long as the agency attends at least 50% of the DACH meetings and has been a sitting member for at least 60 days.

5.5 Regional Council shall appoint a representative to the DACH from the members of the Health and Social Services Committee.

5.6 The term of membership is determined by the sponsoring agency. A full list of members will be maintained by the Region of Durham.

## 6. **Sub-Committees and Working Groups**

6.1 DACH will create sub-committees and/or working groups as required based on identified priorities. These sub-committees and working groups will meet informally without the requirements of Regional staff liaisons for a defined purpose in achieving a goal. Their primary function will be to carry out key projects and strategies that have been identified by DACH. Each sub-committee is required to develop an annual work plan to be reviewed by DACH and report on progress and outcomes at mid-year and year-end to DACH.

6.2 There are four standing sub-committees. The purpose of each committee is as follows:

- **Durham Housing Advisory Network (DHAN)**

The Durham Housing Advisory Network – Mental Health and Addictions (DHAN-MHA) brings together service agency manager roles to support clients through service collaboration. The DHAN works to improve access to housing and homelessness supports for people with mental health and addictions challenges or other vulnerable populations in Durham Region by focusing on community and system level housing and support service solutions.

The DHAN also includes Street Outreach Working Group. It is made up of front-line outreach workers to support seamless working relationships and to develop and implement a coordinated housing-focused approach to street outreach work.

- **Health, Homelessness and Housing Committee (H3)**

The H3 Committee ensures that health and homelessness supports come together, and is generally responsible for implementing community medicine models targeted to support homeless residents; imbedding mental health and addictions support strategies in homelessness programs; create and evaluate supportive housing models.

- **GAP Committee**

The GAP Committee is a forum for people with lived/ living experience of homelessness to identify gaps in services and find solutions for those gaps. It uses a co-production model in which people with lived experience work in partnership with service providers and interested community members to affect change and act as a voice for the community.

- **Durham At-Risk Housing Network (DARHN)**

The Durham At-Risk Housing Network (DARHN) provides a forum for networking, communication, and information sharing for front-line outreach workers in Durham Region who support people experiencing, or at-risk of, homelessness.

## **7. Officers**

- 7.1 The Chair of DACH will be appointed from the Region of Durham's Health and Social Services Committee for a term that coincides with the Committee member's term of office.
- 7.2 A Vice-Chair will be selected by the membership of DACH for a period not to coincide with the municipal election year and usually in the mid-term of the Chair. In the absence of the Chair, the Vice-Chair will assume the role of meeting Chair and relay information to the Chair for possible consideration by the Health and Social Services Committee.

## **8. Support Services**

- 8.1 A staff liaison from Housing Services shall be appointed to support the activities of the DACH. The staff liaison will provide administrative, procedural, and technical support to the DACH. Day-to-day activities of the staff liaison will be supported by Housing Services.
- 8.2 Regional staff will attend DACH meetings to receive advice and feedback on programs and services.

## **9. Meetings**

- 9.1 Meetings will be held bi-monthly at the Durham Regional Headquarters – 605 Rossland Road East, Whitby, or at other sites as agreed to by the membership, or virtually. The DACH will establish a meeting schedule at its inaugural meeting, taking into account the business needs and schedule of Regional Committees/Council.
- 9.2 Special meetings may be held at the request of the Chair, Vice Chair or Housing Services.

## **10. Minutes and Agendas**

- 10.1 Standing agenda items and the reporting of minutes from all sub-committees should be distributed with the DACH agenda of upcoming meetings.
- 10.2 Public notice for regularly scheduled DACH meetings shall be deemed to be given by making the agenda available from the Housing Services Division one week prior to the meeting.
- 10.3 The minutes of each meeting will be approved at the following meeting. The unapproved minutes will be circulated to members of Regional Council as part of the Council Information Package prepared by the Regional Clerk.

## **11. Decision Making**

- 11.1 Decisions made by DACH include, but are not limited to, recommendations to Regional staff regarding funding allocations, the Community Plan and Community Progress Reports, advice to Regional Council, etc.
- 11.2 Decisions shall generally be made using the principles of group consensus. If a consensus cannot be obtained, the Chair, at his or her discretion, may ask the members of DACH to vote. Decisions will be reached by majority. In the case of a tie-vote, the Chair of DACH shall have the deciding vote.
- 11.3 Quorum must be met to facilitate a vote, representing at minimum, a majority of voting members.
- 11.4 All activities regarding homelessness prevention and service provision should be in alignment with the Community Plan established by DACH.
- 11.5 When recommendations from DACH are not supported or adopted by Regional staff, reasons will be provided to the DACH membership that will be documented in meeting minutes. An example may be if a recommendation brought forward by DACH is not in alignment with At Home in Durham or if it does not follow evidence-based best practices as outlined by the Canadian Alliance to End Homelessness, etc.

## **12. Reporting**

- 12.1 Advice from DACH will be considered and incorporated in Durham Region staff reports to Council through the Health and Social Services Committee.
- 12.2 DACH will submit an annual report card or the annual Community Progress Report to the Health and Social Services Committee. The annual report card will be provided with the DACH minutes to the Health and Social Services Committee.