The Regional Municipality of Durham

Health & Social Services Committee Agenda

Council Chambers
Regional Headquarters Building
605 Rossland Road East, Whitby

Thursday, June 9, 2022 **9:30 AM**

Please note: In an effort to help mitigate the spread of COVID-19 and to comply with public health measures, this meeting will be held in a hybrid meeting format with electronic and limited in-person participation. It is encouraged that members of the public view the Committee meeting via live streaming, instead of attending the meeting in-person. If in-person attendance is required, arrangements must be made by emailing clerks@durham.ca prior to the meeting date. Individuals are required to complete passive screening prior to entering Regional Headquarters and must wear a mask or face covering while on the premises.

1. Roll Call

2. Declarations of Interest

3. Adoption of Minutes

A) Health & Social Services Committee meeting – April 7, 2022 Pages 4 - 11

4. Statutory Public Meetings

There are no statutory public meetings

5. Delegations

5.1 Matthew Schurter re: Prevention of Substance Use Initiative in Youth

6. Presentations

6.1 Alex Swirski, Epidemiologist, Health Department, and Sarah Rice, Senior GIS Analyst, Corporate Services – Information Technology, re: Health Neighbourhoods Release 4

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

6.3 Troy Cheseboro, Chief of Paramedic Services, re: Lakeridge Health Offload Delay Crisis

7. Health

7.1 Correspondence

A) Correspondence from the Association of Local Public Health Agencies, re: alPHa Resolutions for Consideration at the June 14, 2022 Annual General Meeting and Registration for Voting 12 - 34

Recommendation: For consideration

7.2 Reports

There are no Health Reports to be considered

8. Social Services

8.1 Correspondence

A) Correspondence from the Town of Ajax, re: Resolution passed at their Council meeting held on April 19, 2022, regarding Ending Unfair Rent Increases for New Builds

Pulled from April 29, 2022 Council Information Package by Councillor Crawford 35 - 36

Recommendation: Receive for Information

8.2 Reports

A) Canada-Wide Early Learning and Child Care System (2022-SS-6) 37 - 43

B) Homelessness Support and Coordinated Access System Update (2022-SS-7) 44 - 51

C) Unbudgeted Funding from the Federal and Provincial Governments to Increase Homelessness Supports for Region of Durham Residents (2022-SS-8) 52 - 56

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, September 8, 2022 at 9:30 AM

13. Adjournment

Notice regarding collection, use and disclosure of personal information:

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

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 2097.

The Regional Municipality of Durham

MINUTES

HEALTH & SOCIAL SERVICES COMMITTEE

Thursday, April 7, 2022

A regular meeting of the Health & Social Services Committee was held on Thursday, April 7, 2022 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 Dies
Councillor Wotten
Regional Chair Henry
***all members of the Committee participated electronically**

Also Present: Councillor Grant
Councillor Highet

Absent: Councillor Roy
Councillor Carter

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

2. Declarations of Interest

There were no declarations of interest.

3. Adoption of Minutes

Moved by Councillor Dies, Seconded by Regional Chair Henry,
(14) That the minutes of the regular Health & Social Services Committee meeting held on Thursday, March 3, 2022, be adopted.
CARRIED

4. Statutory Public Meetings

There were no statutory public meetings.

5. Delegations

There were no delegations.

6. Presentations

6.1 Alan Robins, Director, Housing Services, re: 2021 Durham Access to Social Housing (DASH) Wait List Statistics and Critical Priority (2022-SS-3) [Item 8.2 A)]

Alan Robins, Director, Housing Services, provided a PowerPoint Presentation with regards to the 2021 Durham Access to Social Housing (DASH) Wait List Statistics and Critical Priority A copy of the presentation material was provided to members in advance of the meeting.

Highlights of the presentation included:

- Household on DASH Wait List – December 31, 2021
- DASH Wait List 2006-2021
- DASH Applicant Incomes
- DASH Assisted Applicants – 2021
- Future Investments

A. Robins advised that Housing Services uses the DASH waitlist for the initial occupancy of new affordable housing projects. He advised that Durham Region is the only municipal service manager to have a fully vacancy driven waitlist and advised that the City of Toronto is currently under a pilot project and will begin implementation in 2022.

A. Robins stated that as of December 31, 2021, there were 8,231 applicants on the DASH waitlist, with an additional 76 for modified units. He advised that there were 462 applicants with special priority (SPP) and that SPP applicants have priority over all other DASH applicants. A. Robins also stated that there are 764

on the DASH waitlist who are already housed in rent geared to income (RGI) units in Durham that are seeking a transfer to another community.

A. Robins advised that the DASH waitlist has more than doubled since 2006, however the number of RGI units has remained stagnant. He also advised that 68% of those on the waitlist are receiving social assistance or another type of fixed income, and 29% of DASH applicants residing in Durham are homeless or provisionally accommodated.

A. Robins advised that in 2021, non-priority applicants housed were on the DASH waitlist for 6.7 years and priority applicants for approximately one year. He stated that the Durham Portable Housing Benefit and the Canada Ontario Housing Benefit housed 116 applicants. He also stated that single non-seniors are the most under-served cohort on the waitlist.

A. Robins stated that there are currently no critical priority applicants on the waitlist and staff are recommending that it be revoked in favour of a more flexible approach to meeting the needs of priority applicants through the provision of housing benefits like the Durham Portable Housing Benefit.

A. Robins responded to questions with regards to adults being considered to reside in senior residence buildings within Durham Region.

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

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

Highlights of the presentation included:

- Current Status
- COVID-19 Vaccination Administration
- COVID-19 Vaccine by Administration Site
- COVID-19 Vaccination Coverage
- School and Childcare Absenteeism
- Wastewater Surveillance
- Masks Are Recommended
- Recent Provincial Announcements
- Current COVID-19 Vaccine Plan

R.J. Kyle advised that we are seeing an increase in the number of confirmed cases and are currently in the sixth wave. He also advised that the data tracker is updated on Monday, Wednesday, and Friday.

R.J. Kyle stated that as of April 15th, Durham Region has administered over 1.4 million doses of COVID-19 vaccines. He also stated that vaccine coverage for

those aged 12 and up for the first dose is 90%, second dose is 88%, and third dose is at 53%.

R.J. Kyle provided an overview of the school and childcare absenteeism and stated that childcare centre absenteeism is at 8%, elementary school absenteeism is at 5.3%, and secondary school absenteeism is at 3.7%.

R.J. Kyle advised that staff are relying on wastewater surveillance as a proxy for what is going on about COVID-19 activity in the community and stated that signals have been going up across all test sites.

R.J. Kyle advised that the sixth wave is being fueled by the Omicron BA.2 variant and is recommending the continued use of wearing of masks in enclosed public spaces as COVID-19 continues to circulate in the community. He also advised that masks are required on public transit, long-term care homes, retirement homes, health care settings, shelters, and congregate care and living settings.

R.J. Kyle advised that as of April 7th the Province is expanding eligibility for fourth doses of the COVID-19 vaccine for individuals aged 60 and older and indigenous persons and their non-indigenous household members aged 18 and older.

R.J. Kyle advised that it is being recommended that eligible populations receive their fourth dose at an interval of 140 days (5 months) following their third dose, and no earlier than 3 months following their third dose. He also advised that school clinics are still being run and are focusing on second dose administration. He added that there are currently four operating mass immunization clinics in Clarington, Oshawa Centre, Pickering, and Whitby.

R.J. Kyle advised that all eligible long-term care residents have received their fourth COVID-19 vaccine dose. He stated that the Janssen vaccine is being offered by appointment and the Novavax vaccine is being delivered early next week.

R.J. Kyle responded to questions with regards to the number of cases per day being reported; and vaccine availability at pharmacies.

7. Health

7.1 Correspondence

There were no communications to consider.

7.2 Reports

A) Provincial Policy Framework for Community Paramedicine (2022-MOH-3)

Report #2022-MOH-3 from R.J. Kyle, Commissioner and Medical Officer of Health, was received.

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

A) That in alignment with advocacy efforts by the Association of Municipalities of Ontario (AMO) and the Ontario Association of Paramedic Chiefs (OAPC), the Region of Durham advocates for the provincial government to introduce legislative measures to formalize community paramedicine, and provide full and sustained provincial funding to municipalities for community paramedicine programs; and

B) That a letter from the Regional Chair on behalf of Regional Council, along with a copy of Report #2022-MOH-3 of the Commissioner and Medical Officer of Health be sent to the Minister of Health, Minister of Long-Term Care, all Durham MPPs, AMO, and OAPC, for their information and consideration.

CARRIED

8. Social Services

8.1 Correspondence

There were no communications to consider.

8.2 Reports

A) 2021 Durham Access to Social Housing (DASH) Wait List Statistics and Critical Priority (2022-SS-3)

Report #2022-SS-3 from S. Danos-Papaconstantinou, Commissioner of Social Services, was received.

A. Robins responded to a question with regards to having applicants on the DASH wait list who are residing outside the service manager area.

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

That Regional Council revoke Critical Priority on the Durham Access to Social Housing (DASH) wait list, and the needs of such priority applicants be instead addressed through portable housing benefits, like the Durham Portable Housing Benefit (Durham PHB).

CARRIED

B) Canada-Ontario Community Housing Initiative (COCHI) Program 2021-2022 Take-up Plan (2022-SS-4)

Report #2022-SS-4 from S. Danos-Papaconstantinou, Commissioner of Social Services, was received.

Moved by Councillor Pickles, Seconded by Councillor Anderson,
(17) That Report #2022-SS-4 of the Commissioner of Social Services be received for information.

CARRIED

9. Advisory Committee Resolutions

There were no advisory committee resolutions to be considered.

10. Confidential Matters

10.1 Reports

A) Confidential Report of the Commissioner of Social Services – Closed Matter with respect to information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them, regarding Capital Projects Submitted under the Ontario Priorities Housing Initiative (OPHI) (2022-SS-5)

Confidential Report #2022-SS-5 from S. Danos-Papaconstantinou, Commissioner of Social Services, was received.

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

That the recommendations contained in Confidential Report #2022-SS-5 of the Commissioner of Social Services be adopted.

CARRIED

11. Other Business

11.1 Ukrainian Refugees

Councillor Grant requested staff to comment on the role that Durham Region will play in taking in Ukrainian Refugees and the recent Provincial announcement that will provide a suite a services for healthcare, education and employment.

E. Baxter-Trahair advised that Durham Region is heavily engaged in preparing for refugees from Ukraine as well as continuing to manage other refugee situations. She also advised that the Diversity, Equity and Inclusion Office, through its immigration partnership, is leading the charge by meeting with a number of community agencies to ensure they have information on all of the programs available and access to those programs. E. Baxter-Trahair stated that staff could provide a walk through on how Durham Region has prepared for Ukrainian refugees.

S. Danos-Papaconstantinou stated that the Emergency Social Services team has been in contact with Toronto’s Emergency Social Services team with regards to

this this topic and have completed a questionnaire on how Durham Region intends to support the community. S. Danos-Papaconstantinou stated the announcement from Province in support of Ukrainian refugees is encouraging they would not have been eligible for social assistance without these opportunities.

S. Danos-Papaconstantinou advised that Social Services has looked at local hotels to support people coming in and whether the team needs to be at the airport to meet them when they arrive. She also advised that staff are prepared to work evenings and weekends to support the Ukrainian refugees as needed.

S. Danos-Papaconstantinou advised that there is currently no hotline for those with questions to call and noted they could be directed through the Social Services office for assistance. E. Baxter-Trahair also advised that the GTHA CAOs and City Managers are striving to be as coordinated as they can across the geographic area and suggested recommending the hotline at their next meeting.

Staff responded to questions regarding the community partners needed to assist Ukrainian refugees and how Durham Region can assist.

Chair Chapman advised that the Durham Local Immigration Partnership Council reports through the CAO's office and the secretariate has been connecting with the Ukrainian Canadian Congress of Durham to narrow down what is needed when Ukrainian's arrive in Durham. He also advised that churches and organizations have been collecting funds and supplies to send to Ukraine.

12. Date of Next Meeting

The next regularly scheduled Health & Social Services Committee meeting will be held on Thursday, May 5, 2022 at 9:30 AM in the Council Chambers, Regional Headquarters Building, 605 Rossland Road East, Whitby.

13. Adjournment

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

CARRIED

The meeting adjourned at 10:23 AM

Respectfully submitted,

B. Chapman, Chair

K. Smith, Committee Clerk

To:	Chairs and Members of Boards of Health Medical Officers of Health and Associate Medical Officers of Health alPHa Board of Directors Presidents of Affiliate Organizations
From:	Loretta Ryan, Executive Director
Subject:	***alPHa Resolutions for Consideration at the June 14, 2022 Annual General Meeting***
Date:	May 17, 2022

Please find enclosed a package of the resolutions to be considered at the Resolutions Session taking place following the 2022 Annual General Meeting (AGM) and important information on voting procedures.

Three resolutions were received prior to this year's April 22 deadline, and these have been reviewed by the alPHa Executive Committee and recommended to go forward for discussion at the Resolutions Session. One late resolution was received prior to the assembly of this package and is included here for your review.

NOTES ON LATE RESOLUTIONS:

Late resolutions are not reviewed by the Executive Committee and are subject to additional procedures for consideration of late resolutions. Please note that any further late resolutions received by alPHa will be added to the online version of the attached Resolutions for Consideration document as they come in to allow for review in advance.

Late resolutions will only be debated at the AGM if time allows and if delegates agree to consider these by a two-thirds majority vote. Please be reminded that such resolutions are otherwise subject to the same criteria as all other submitted resolutions, including the requirement that it be sponsored by a recognized alPHa Committee and not an individual acting alone. Please see the "Procedural Guidelines for alPHa Resolutions" for more details.

Due to the technical requirements of online voting, we must impose a deadline for late resolutions and cannot accept introduction of new ones during the meeting. To have a late resolution considered this year, it must be submitted in writing to loretta@alphaweb.org by 4:30 pm on Tuesday, June 7, 2022.

IMPORTANT NOTE FOR VOTING DELEGATES:

Members must register to vote at the Resolutions Session by filling out the attached registration form, wherein member Health Units must indicate who they are designating as voting delegates and which delegates will require a proxy vote.

Eligible voting delegates include Medical Officers of Health, Associate Medical Officers of Health, Acting Medical Officers of Health, members of a Board of Health and senior members in any of alPHa's Affiliate Member Organizations. Each delegate will be voting on behalf of their health unit and only one proxy vote is allowed per person, up to the maximum total allocated per health unit (please see the table below).

The completed registration form must be received by Lindsay Koch (lKoch@nwhu.on.ca) no later than 4:30 pm on June 7, 2022.

Delegates who are voting will receive special log in instructions for voting purposes shortly before the conference.

If you have any questions on the above, please contact Loretta Ryan, Executive Director, 416-595-0006, x 222.

Enclosures:
Resolutions Voting Registration Form
Number of Resolutions Votes Allocated per Health Unit
2022 Resolutions for Consideration

Association of Local PUBLIC HEALTH Agencies

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Providing leadership in public health management

2022 alPHa Annual General Meeting
Resolutions Session
REGISTRATION FORM FOR VOTING

Health Unit _____

Contact Person & Title _____

Phone Number & E-mail _____

Name(s) of Voting Delegate(s):

Name and email address	**Proxy*** (Check this box if the person requires a proxy voting card. Only one proxy is allowed per delegate.)	**Is this person registered to attend the alPHa Annual Conference? (Y/N)**
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Please email this form to lKoch@nwhu.on.ca by 4:30 pm on June 7, 2022 .

* Each voting delegate may carry their own vote plus one proxy vote for an absent delegate. For any health unit, the total number of regular plus proxy votes cannot exceed the total number of voting delegates allotted to that health unit.

alPHa RESOLUTIONS
NUMBER OF VOTES ALLOCATED PER HEALTH UNIT

HEALTH UNIT	VOTING DELEGATES
Toronto*	**20**
POPULATION OVER 400,000	**7**
Durham	
Halton	
Hamilton	
Middlesex-London	
Niagara	
Ottawa	
Peel	
Simcoe-Muskoka	
Waterloo	
York	
POPULATION OVER 300,000	**6**
Windsor-Essex	
POPULATION OVER 200,000	**5**
Eastern Ontario	
Kingston, Frontenac, Lennox and Addington	
Wellington-Dufferin-Guelph	
POPULATION UNDER 200,000	**4**

Algoma	North Bay-Parry Sound
Brant	Northwestern
Chatham-Kent	Oxford
Elgin-St.Thomas	Perth
Grey Bruce	Peterborough
Haldimand-Norfolk	Porcupine
Haliburton, Kawartha, Pine-Ridge	Renfrew
Hastings-Prince Edward	Sudbury
Huron	Thunder Bay
Lambton	Timiskaming
Leeds, Grenville and Lanark	

* total number of votes for Toronto endorsed by membership at 1998 Annual Conference

Health Unit population statistics taken from: Statistics Canada. 2016 Census. *Census Profile*

Resolutions for Consideration
2022

Resolutions Session
2022 Annual General Meeting
Tuesday, June 14, 2021
Online

Resolution #	Title	Sponsor	Page
A22-1	**Race-Based Inequities in Health**	**Council of Ontario Medical Officers of Health**	**3**
A22-2	**Public Health Modernization & COVID-19**	**Peterborough Public Health**	**4-5**
A22-3	**Provincial Cooling Tower Registry for the Public Health Management of Legionella Outbreaks**	**Simcoe Muskoka District Health Unit**	**6-15**

LATE RESOLUTIONS: Resolutions received after the deadline may still be considered, but the onus is on the sponsor to submit them along with supporting materials to the alPHa office as soon as possible after the deadline for review and advance distribution to the membership. Late resolutions will only be debated at the AGM if time allows and if delegates agree to consider these by a two-thirds majority vote. Late Resolutions will be added below in order of date of receipt and the most up-to-date version of this document will be available on the conference landing page.

A22-4	**Late Resolution, received May 16: Priorities for Provincial Action on the Drug/Opioid Poisoning Crisis in Ontario**	**Council of Ontario Medical Officers of Health**	**16-19**

DRAFT alPHa RESOLUTION A22-01

TITLE: **Race-Based Inequities in Health**

SPONSOR: **Council of Ontario Medical Officers of Health**

WHEREAS the goal of public health is to reduce health inequities and improve the health of the whole population; and

WHEREAS this goal is mandated in the Ontario Public Health Standards; and

WHEREAS pre-existing health, social and economic disparities have been highlighted and deepened by the pandemic; and

WHEREAS evidence shows that racialized populations and low-income groups have suffered disproportionate harm related to COVID-19; and

WHEREAS alPHa denounces systemic racism and discrimination in all its forms and, instead, embrace diversity, in all its dimensions, as an asset and seek to promote respect for all; and

WHEREAS Ontario's anti-racism strategic plan includes the development of a disaggregated race data collection framework and guidelines to understand and address the adverse impacts of systemic racism; and

WHEREAS local public health agencies strive for equity and inclusion in our work environment in order to effectively deliver services to the communities we serve; and

WHEREAS local public health agencies have demonstrated the utility of systematic collection of sociodemographic data and its successful use to inform public health action so as to improve health outcomes and reduce inequities (for example, in the recent COVID-19 vaccination efforts);

THEREFORE BE IT RESOLVED THAT alPHa call on the Ministry of Health to work with stakeholders and communities to explore methods, supports, and resources to more systematically collect socio-demographic data including race, within the provincial health services and to make this data routinely available to local Public Health Units for assessment and planning, to ensure that we are deploying resources to the populations with the greatest need, supporting culturally safe public health services and preserving the capacity of the health care system.

DRAFT alPHa RESOLUTION A22-2

TITLE: **Public Health Modernization & COVID-19**

SPONSOR: **Peterborough Public Health**

WHEREAS the Province of Ontario has indicated its intention to "modernize" the process of public health delivery in Ontario; and

WHEREAS the consultations led by Mr. Jim Pine on behalf of the Province were interrupted by the emergence of the COVID-19 pandemic; and

WHEREAS public health has been significantly impacted both in the short and long term by the COVID-19 pandemic; and

WHEREAS there is a need to close the program deficit created during the last 28 months addressing COVID-19; and

WHEREAS there are significant lessons to be learned from addressing COVID-19; and

WHEREAS there is a need to engage municipal partners in any proposed financial changes to funding public health;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) send formal correspondence to the Premier of Ontario, the Minister of Health of Ontario, and the Chief Medical Officer of Health of Ontario insisting that, prior to continuing with any renewal initiatives and/or implementing lessons learned from COVID-19, a new round of consultation with local public health agencies (LPHAs), alPHa, the Association of Municipalities of Ontario (AMO), the Ministry of Health and other relevant parties be conducted, and

AND FURTHER THAT alPHa take the position that the Ontario public health mandate as currently outlined in the Ontario Public Health Standards not be altered or diminished in an effort to achieve budget reduction targets, and that the Province continues to financially support LPHAs, in an adequate and predictable manner, to implement the Standards and not require municipalities to increase the percentage of their contribution, and

AND FURTHER THAT alPHa promote the following principles as fundamental to addressing modernization and COVID-recovery activities:

- That the recommendations, as outlined in the January 2022 aLPHa Public Health Resilience in Ontario be given full consideration by the provincial government;
- That the current mitigation funding be continued until such time as the cost-shared arrangement is reset to 75/25 for all cost-shared programs and that the Province once again assumes 100%

funding for those programs identified as such in the public health budget for 2018-19.

- That COVID recovery be supported by 100% one-time funding from the Province to assist LPHAs in addressing non-COVID program deficits.

- That any amalgamation of existing public health units group units together that have similar communities of interest.

- That any reform of public health includes a local governance model.

- That the unique challenges of rural and urban communities be distinctly incorporated in any re-organization or modernization initiatives.

- That any re-organization, modernization or recovery initiatives be implemented with the meaningful participation of First Nations and Indigenous peoples.

DRAFT alPHa RESOLUTION A22-3

TITLE: **Provincial Cooling Tower Registry for the Public Health Management of Legionella Outbreaks**

SPONSOR: **Simcoe Muskoka District Health Unit Board of Health**

WHEREAS Legionella can cause fatal disease and cases of Legionellosis remain underreported in the province of Ontario;

WHEREAS The burden of Legionellosis is increasing and is expected to continue to increase in the context of climate change;

WHEREAS Most non-healthcare-associated Legionellosis deaths are attributable to spread of Legionella from cooling towers by aerosolization;

WHEREAS Public health units must search for and identify cooling towers for environmental sampling and possible remediation in the context of community Legionella outbreaks, which delays remediation actions and causes considerable resource expenditure by public health units;

WHEREAS Legionella outbreak investigation and control could be streamlined if a province-wide cooling tower registry existed, yet no such registry exists;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) write to the Minister of Municipal Affairs and Housing recommending the creation of a province-wide mandatory cooling tower registration system and mandating a risk management plan for cooling towers to operate;

AND FURTHER that the Minister of Health, the Minister of Environment Conservation and Parks, and the Chief Medical Officer of Health of Ontario be copied.

BACKGROUND:

PROVINCIAL COOLING TOWER REGISTRY FOR THE PUBLIC HEALTH MANAGEMENT OF LEGIONELLA OUTBREAKS

1. The burden of Legionella

Legionella bacteria are gram-negative aerobic bacilli that are ubiquitous in freshwater environments such as ponds, rivers, and lakes (1). Their ability to survive in biofilm and to reproduce within certain protozoa makes them resistant to chlorination and other traditional water disinfection protocols, enabling replication within plumbing systems (2), hence their designation as opportunistic premise plumbing pathogens. Most human infections are caused by Legionella pneumophilia serogroups, though other legionellae species have been involved in human disease (3).

Legionella infection occurs primarily through inhalation of aerosolized water droplets and manifests as two distinct clinical syndromes in humans (1). Pontiac fever is generally mild in nature, self-resolving, involving febrile illness and muscle aches. Symptoms generally begin within 24 to 72 hours post exposure (4). Legionnaire's disease is a type of pneumonia that often manifests with overlapping systemic symptoms and can be severe. Hospitalization is common, and up to 10% of community-acquired cases (non-healthcare associated) are fatal (4). Risk factors for severe disease include age over 50, smoking, chronic lung disease, immunize system compromise, malignancy, or other chronic illness such as diabetes, renal failure, or hepatic failure (5). Cases of Legionnaire's disease are underreported because symptoms are non-specific, overlap significantly with those of other bacterial pneumonias, and Legionella testing is not performed routinely (6,7).

Transmission of Legionella is determined by the presence or absence of conditions that promote growth of Legionella, aerosol generation, and human exposure to aerosolized water (8). Aerosolization of contaminated water particles may occur through potable water systems (e.g., shower), cooling towers, whirlpool spas, or through other water sources such as decorative fountains, sprinkler systems, safety showers and eyewash stations, humidifiers, and nebulizers (2). Water stagnation, temperatures between 25°C and 45°C, and plastic and rubber plumbing materials favor the colonization and growth of Legionella (2).

Sources of Legionella infections can be difficult to determine, but cooling towers have been identified as significant contributors to the burden of Legionella. A cooling tower is an evaporative heat transfer device that places warm water from a building water system into direct contact with atmospheric air. The water is cooled upon contact, and the heat rejected into the atmosphere via evaporation (8). Legionella bacteria present in the cooling tower can be aerosolized via this process and spread to distances of over six kilometers away (9). In a large database that compiles published Legionella outbreaks worldwide, an infectious source for Legionella outbreaks was identified 68% of the time. While potable water systems account for a greater proportion of outbreaks (63%) relative to cooling towers (34%), the overall number of cases attributable to cooling towers is larger than the number of cases attributable to potable water systems (10). A separate review attributed 60% of Legionella outbreak-related deaths to cooling towers (11).

The reported incidence of Legionnaire's disease has been increasing provincially. From 2015 to 2019, the annual incidence rate for Legionellosis in Ontario more than doubled, from 0.9 cases per 100 000 population in 2015 to 2.6 cases per 100 000 in 2019 (12). Rates in Simcoe Muskoka have also increased in recent years and have exceeded provincial rates. In 2019, Simcoe Muskoka reported 3.5 cases per 100, 000 population. There have been two recent Legionella outbreaks in the Simcoe Muskoka region. On September 4, 2019, the Simcoe Muskoka District Health Unit (SMDHU) received a report of a confirmed case of Legionellosis in the City of Orillia. This single case was later associated with a cluster of cases. In

all, ten confirmed cases of Legionellosis were identified, with symptom onset ranging from August 9, 2019 to October 2, 2019. The investigation was completed on November 19, 2019. All ten cases required hospitalization and one death was reported. Thirty-nine locations were investigated for cooling towers within the Orillia area. Ten cooling towers in eight different locations were identified and sampled for Legionella. Of these, three cooling towers tested positive for Legionella, but only one of these samples matched the genetic sequence of Legionella found in two of the confirmed cases. As the cluster investigation in Orillia was being finalized, SMDHU received a report of a confirmed case of Legionellosis in the City of Barrie. Five cases were identified, with symptom onset between November 9, 2019 and December 12, 2019. All five cases required hospitalization, and two required admission to the intensive care unit. Twenty-eight cooling tower locations were identified by the SMDHU team as potential sources for the cases. Ultimately, ten cooling towers from 8 distinct locations were sampled for Legionella. Of the ten cooling towers sampled, three tested positive for Legionella spp. Further laboratory analysis with genomic sequencing showed no relation between the Legionella samples from the three cooling towers and confirmed cases.

Both clusters highlight the challenging nature of Legionella investigations. A necessary and time-consuming step in both investigations was the identification of operational cooling towers within a defined geographic area. A significant amount of time was spent in the search for potential cooling tower sites through a variety of means (including field assessments), which caused considerable delay in sampling of the potential sources of aerosolized Legionella and remediating towers with contamination.

The threat of Legionella is likely to increase in the context of climate change (13). Several empirical studies investigating the relationship between sporadic, community acquired Legionnaires Disease (LD) and meteorological variables were identified (14, 15, 16, 17, 18, 19, 20, 22, 23). Overwhelmingly, these studies found that increases in temperature, humidity, and precipitation increased the incidence of LD. Furthermore, Beaute et al. (2016) suggest that higher temperatures are linked with behaviours that can increase the risk of potentially hazardous sources of Legionnaires (22). For example, higher outdoor temperatures are linked to increase use of air conditioning, taking showers, and using fountains (and air conditioning units, shower heads, and fountains are all potential sources of Legionnaires).

Finally, the COVID-19 pandemic may increase the risk of Legionella. Many buildings have been closed or have reduced their water usage in the past year in the context of public health measures, creating stagnant water conditions favorable to Legionella. The Ministry of the Environment, Conservation and Parks (23), Public Services and Procurement Canada (24), and the Canadian Water and Wastewater Association (25) have all issued statements to alert of or provided guidance to mitigate risks linked to Legionella in the context of building re-opening. The staged nature of our provincial re-opening plan and the increase in remote work arrangements mean these risks are likely to persist through 2021 and into next year.

2. Mitigating risks of Legionella outbreaks from cooling towers: Rapid review of the literature

SMDHU performed an environmental scan of jurisdictions in early 2020 to determine existing policies used to mitigate the risk of Legionellosis in buildings. It is useful to organize findings by jurisdictional level, namely national, provincial, and municipal.

The Federal role in mitigating the risk of Legionella is outlined in a joint 2018 report by the National Research Council of Canada (NRC), Health Canada, and Public Services and Procurement Canada (PSPC). The NRC publishes the National Model Construction Codes with oversight by the Canadian Commission on Building and Fire Codes. Included in the National Model Construction Codes are the National Building Code of Canada and the National Plumbing Code of Canada. Each contain provisions specific to the

control of Legionella in building systems to be implemented in the design and construction of cooling towers (26).

After construction, responsibility for mitigating Legionella risk at the Federal level is shared between Health Canada, the Treasury Board of Canada Secretariat (TBS), and PSPC. Health Canada creates drinking water guidelines, and Legionella is mentioned in its guidance document on waterborne bacterial pathogens, though the section on treatment technologies for Legionella offers a review of evidence for the relative effectiveness of various agents and technologies rather than firm recommendations (27). TBS indirectly mandates requirements for the investigation, risk assessment and control of Legionella as it relates to the health of federal employees (27). PSPC is responsible for mitigating the risk of Legionella on Government of Canada property and has developed the MD-15161 Control of *Legionella* in Mechanical Systems standard. Chapter 3 of the standard outlines design, construction, maintenance, and sampling requirements for mitigating the risk of Legionella in all crown-owned buildings (28). Different maintenance requirements are mandated on a weekly, monthly, and annual basis. Readers are directed to table 3.1 of the standard for a summary of mandated maintenance and testing requirements and to Appendix D for detailed cooling tower bacterial test protocols.

Finally, the Public Health Agency of Canada supports provinces by providing a national case definition for Legionellosis and by aggregating surveillance data (26).

Provinces and territories are responsible for development of their own protocols to prevent, investigate, and control Legionella-related outbreaks (26). The Ontario Public Health Standards (OPHS) Infectious Diseases Protocol puts forth high level principles for the prevention and control of Legionellosis. Section 6.2 of the disease-specific chapter on Legionellosis recommends implementation of a preventive maintenance program with hazard control measures, making specific reference to the American Society of Heating, Refrigeration and Air-Conditioning Engineers (ASHRAE) Standard 188-2015 – Legionellosis: Risk Management for Building Water (29).

The British Columbia Center for Disease Control guidelines for the management of Legionella outbreak investigation and control offer more comprehensive prevention recommendations (30). These include i) minimizing risk via design and installation recommendations, operational considerations, water temperature control and flushing, and regular disinfection protocols; and ii) implementation of a monitoring plan that may include testing routine parameters with heterotrophic plate count, weekly dipslide count, and testing at start of season and after disinfection (30).

Quebec has imposed the most stringent requirements for the control of Legionella. These include mandatory registration of all cooling towers with the Régie du bâtiment du Quebec. Cooling tower operators must also provide the name of third-party professionals hired for implementation of a maintenance program, and the name and contact details of the laboratory to whom routine samples are sent for analysis (31).

Several municipalities in Canada have adopted local strategies for mitigating the risk of Legionellosis. The City of Hamilton, Ontario, passed the Cooling Tower Registry By-Law in 2011 that requires all cooling towers to be registered with the city with an accompanying risk management plan (32). The City of Vancouver, BC, has enacted a similar by-law mandating operating permits for cooling towers, decorative water features, alternate water systems, and building water treatment systems (33). The Middlesex-London Health Unit (MLHU) has also identified cooling tower registration as a key risk mitigation strategy for Legionella. The MLHU Cooling Tower Registration Project allows voluntary registration of cooling towers and assists cooling tower operators with their risk management plans.

The environmental scan also identified 13 guidelines for mitigating the risk of Legionella in cooling towers. The content of the guidelines was variable, though most (nine of the 13 guidelines) recommend a risk management plan. One of the more comprehensive guidelines is the ASHRAE Standard 188-2018, recently supplemented with Guidelines 12 (8), which offers operational considerations specific to cooling towers for implementing components of a risk management plan as outlined in Standard 188. Basic elements of a risk management plan include, but are not limited to (8):

- Documented system maintenance requirements, including scheduled inspection
- Specified routine water treatment protocols, including chemical treatment or other specialized treatment equipment. The goals of a water management plan are to extend equipment life, minimize energy consumption, minimize water consumption, and maintain a safe environment.
- System standby and shutdown protocols
- Disinfection protocols to remedy deviations from expected standards on routine monitoring, including when disinfection is urgently required
- Contingency response plan in the event of known or suspected cases of Legionellosis

Other risk mitigation strategies discussed in the guidelines include recommendations specific to risk assessment, testing, reporting and remediation actions. Auditing was only mentioned in two guidelines, and cooling tower registries was only mentioned in the BCCDC guideline. It is beyond the scope of this document to provide an in-depth review of the relative merits of each guideline.

The environmental scan also identified two synthesis documents that review control strategies for Legionella in plumbing systems. The first was produced by the US Environmental Protection Agency (EPA) and focuses exclusively on potable water plumbing systems (34). The second review was authored by Public Health Ontario (PHO), is more general in scope, and follows a question-and-answer format (2). The overarching findings from both documents were largely overlapping. In both documents, the challenges posed by Legionella's ability to survive in amoeba and biofilms is highlighted. Techniques for reducing Legionella contamination are extensively discussed, particularly in the EPA review. There is consensus that thermal control is effective, but that temperatures are hard to regulate consistently in complex water systems. The reviews identify monochloramine and chlorine dioxide as superior to chlorine for Legionella-containing biofilm penetration, but optimal concentrations of all chemical biocides are difficult to determine and depend on several system-specific variables including water pH, temperature, pipe material and condition, water turnover rate and turbidity. Moreover, chemical biocides may compromise integrity of the water system and come with a risk of disinfection by-products. Non-chemical biocides such as UV disinfection and ozone appear effective a decreasing Legionella counts that are associated with biofilms and amoebae but must be used in conjunction with other agents or techniques given their lack of a residual effect.

Both reviews also highlighted existing knowledge gaps concerning routine environmental sampling, and the large variation seen in guidelines recommending routine sampling. The PHO review cautions that interpretation of Legionella culture results can be challenging and lead to underestimation of risk. Culture of the organism, which is considered the gold standard for identification purposes, can be difficult on standard culture media and competing microorganisms may mask Legionella growth. Furthermore, Legionella contained within an amoeba host will not show up on culture (2).

Similarly, an evidence-based threshold of Legionella counts for remediation has not yet been determined. Some standards suggest using numerical cut offs based on colony-forming units per water volume. Others suggest a relative trigger for remediation, whereby remediation is performed when a sample exceeds average counts from historical samples by a certain margin. Neither are based in evidence.

To supplement the environmental scan, a rapid review of the evidence for various mitigation strategies to reduce the risk of spread of Legionella from cooling towers was performed. Seven observational studies

met inclusion criteria. Of these, one was discarded due to poor methodological quality. Two reports were from the province of Quebec, where a province-wide mandatory cooling tower registry, documentation of mechanical maintenance and water treatment programs and regular cooling tower sampling and culture were implemented following a significant outbreak in Quebec City in 2012. A decreasing trend in the number of samples exceeding a threshold of 10 000 colony-forming units per litre (cfu/L) was reported, though the level of significance for this observation was not clear and the association to human-cases of Legionella not discussed (35, 36). Similarly, France has required mandatory registration of all cooling towers since 2004 (also following a substantial outbreak), with obligatory sampling every two years. Findings from a cross sectional study suggest a decreasing trend in the number of Legionella cases since 2005 (37). A decrease in the number of yearly outbreaks was also reported (37).

The impact of routine sampling of plumbing systems and cooling towers was also described in Greece, where routine monitoring for Legionella was introduced in preparation for the Athens 2004 Olympic games. Greek authorities selected a threshold of 10 000 cfu/L for cooling towers and water distribution systems to trigger remediation. In hospitals specifically, a significant decrease in the contamination of potable plumbing systems was noted over the monitoring period, but no decrease in the proportion of cooling towers requiring remediation was noted (38). In community settings where the same measures were introduced, an inverse association was noted between Legionella contamination levels and the presence of a risk assessment and management plan with trained staff (39). The impact on Legionella cases was not discussed.

Finally, one mixed-methods study based in Texas investigated the impact of a requirement for owners of multi-family dwellings with cooling towers to perform annual testing for Legionella (40). Qualitative findings suggest that the testing requirement was effective in raising awareness of the potential risks of Legionella and enhancing overall controls, a finding that was also reported in Racine, 2019 (35). The low cost of testing (and possible remediation) was also identified as enabling by study participants. During the ten-year observation period from 2005 to 2015, the proportion of cooling towers with samples positive for Legionella decreased significantly. Trends in human cases were not noticeably different.

3. Policy options

To articulate policy recommendations, it is useful to discuss the expected real-world effects of the various risk mitigation strategies discussed above, while also accounting for implementation considerations.

The effectiveness of a mandatory cooling tower registry, and specifically, the impact of having a cooling tower registry on the number of human cases of Legionellosis, is difficult to assess because this intervention was never applied in isolation in the cross sectional studies we encountered in our rapid literature review. Mandatory registration was most often accompanied by routine sampling requirements and reporting. While the effectiveness of this intervention in reducing the burden of Legionella, therefore, cannot be commented on, there are several anticipated operational benefits to such a policy. First, having such a registry would improve the comprehensiveness and speed of public health response in the context of a suspected Legionella outbreak linked to a cooling tower. If a comprehensive list of cooling towers in each geographic area is readily available for reference by public health unit investigators, the task of identifying cooling tower locations is eliminated, and shutdown and remediation of potential sources of the outbreak can occur more rapidly, potentially saving lives. Procedures and processes that enable rapid detection and risk assessment during suspected Legionella outbreaks are essential (6) and SMDHU's own experience attests to this. Moreover, the human resources and other costs involved in a cooling tower outbreak response would also be diminished, because field investigations (for identification of potential cooling tower sites specifically) would be significantly reduced. Finally, mandatory registration of cooling towers would be necessary for other risk mitigation

strategies such as routine environmental sampling, reporting, and auditing to be effectively implemented.

The primary disadvantage of mandating cooling tower registration is the additional costs for multiple stakeholders. First, cooling tower operators will need to cover the cost of operating permits, though these are generally low (frequently under $100 per annum) and some jurisdictions have provided operating permits at no cost in the initial phases of roll-out (41). Moreover, the processing of operating permit applications and maintenance of a cooling tower database will require administrative and technical staff support in government agencies at the local and provincial levels.

Implementation of a cooling tower registry can be done via various legal channels. While the examples of Hamilton and Vancouver demonstrate that cooling tower registries can be enacted through municipal by-laws, this approach is impractical for public health units who have jurisdiction over several distinct municipalities, as each would require its own by-law. A provincial approach, such as the one adopted in Quebec, could be implemented much more rapidly and with considerable savings (both in time and labour) for municipalities and their associated public health units across the province.

The cross-sectional articles we identified in our rapid review largely focused on frequent sampling and remediation. The overall impact on human cases of Legionella was largely equivocal. The benefits of routine sampling in a non-outbreak context remain unclear given the uncertain link between Legionella counts and likelihood of dissemination and human disease. Moreover, given the knowledge gaps that persist about interpretation of culture results and altogether arbitrary thresholds recommended in various guidelines, the effect of implementing a sampling protocol is difficult to forecast. In addition, a frequent sampling process imposes additional human resource demands on cooling tower operators and laboratories tasked with sample analysis. Therefore, a case for strong recommendation of routine sampling cannot be made at this time. Additional strategies, such as mandated reporting and preventive remediation would rely on routine environmental sampling being in place, and therefore cannot be recommended.

Most of the guidelines encountered in the environmental scan recommended implementation of a risk management plan, as described in the previous section. While the literature is equivocal on the association between implementation of a risk management plan and reduction of human cases of Legionellosis, the general principles of a risk management plan align with current understanding of factors that promote the growth of Legionella and how to mitigate these. A properly implemented risk management plan should decrease the presence of biofilm, monitor for, and remediate the presence of disinfectant residual, and control water age and water temperature. How to best achieve control of these factors, however, depends on a host of factors that may be unique to each facility. These include average temperature water, water replacement rate, plumbing system materials, turbidity level, and pH. Therefore, generalizable recommendations on the use of specific chemical biocides, their concentration, and potential supplementation with other effective decontamination techniques such as ozone or UV disinfection, are difficult to make. Instead, these decisions should be made by cooling tower owners for their specific system in consultation with manufacturers or third-party experts as they design their risk management plan and consider the potential for unwanted effects of various technologies including damage to plumbing infrastructure. Cooling tower operators should be directed to well-established guidelines for the formulation of risk management plans, such as the ASHRAE standard 188 (2018) and Guideline 12-2020 supplement, and the CDC Controlling Legionella in Cooling Towers resource. If testing is being considered by a cooling tower operator, Appendix D of the Mechanical design 15161-2013 control of Legionella in mechanical systems produced by the PSPC can be referenced (42).

4. Conclusion

The burden of Legionella is underestimated and rising. To protect Ontarians from potentially fatal disease, strategies mitigating the risk of Legionella spread from cooling towers must be adopted. Given operational considerations and the knowledge gaps that persist in the literature, the implementation of a province-wide mandatory cooling tower registry is recommended as a first step towards improving the control of Legionella in the province. Additional provisions could be made for cooling tower operators to have a risk management plan in place, though beyond general principles, decisions on the use of chemical biocides or other techniques should be made by cooling tower operators in consultation with experts familiar with the unique characteristics of their water system. Additional risk mitigation strategies, such as sampling, reporting, and auditing, could be added to the registration requirement if stronger evidence of their effectiveness becomes available. Finally, new technologies providing alternatives to wet cooling towers that would remove the risk of Legionella aerosolization entirely should be considered in the construction of new buildings.

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LATE alPHa RESOLUTION A22-4

TITLE: **Priorities for Provincial Action on the Drug/Opioid Poisoning Crisis in Ontario**

SPONSOR: **Council of Ontario Medical Officers of Health (COMOH)**

WHEREAS the ongoing drug/opioid poisoning crisis has affected every part of Ontario, with the COVID-19 pandemic further exacerbating the issue, leading to a 73% increase in deaths from opioid-related toxicity from 2,870 deaths experienced in the 22 months prior to the pandemic (May 2018 to February 2020) to 4,951 deaths in the 22 months of available data since then (March 2020 to December 2021); and

WHEREAS the burden of disease is particularly substantial given the majority of deaths that occurred prior to the pandemic and the increase during the pandemic have been in young adults, in particular those aged 25-44, and the extent of the resulting trauma for families, front line responders, and communities as a whole cannot be overstated; and

WHEREAS the membership previously carried resolution A19-3, asking the federal government to decriminalize the possession of all drugs for personal use based on broad and inclusive consultation, as well as supporting robust prevention, harm reduction and treatment services; and

WHEREAS the membership previously carried resolution A21-2, calling on all organizations and governmental actors to respond to the opioid crisis with the same intensity as they did for the COVID-19 pandemic; and

WHEREAS the Association of Local Public Health Agencies (alPHa) has identified that responding to the opioid crisis is a priority area for local public health recovery in their *Public Health Resilience in Ontario* publication (Executive Summary and Report); and

WHEREAS recognizing that any responses to this crisis must meaningfully involve and be centred-around people who use drugs (PWUDs), inclusive of all backgrounds, and must be founded not only on evidence- and trauma-informed practices but also equity, cultural safety, anti-racism as well as anti-oppression; and

WHEREAS COMOH's Drug / Opioid Poisoning Crisis Working Group has recently identified nine provincial priorities for a robust, multi-sector response that is necessary in response to this crisis (see Appendix A); and

WHEREAS local public health agencies are well positioned, with additional resourcing, to play an enhanced role in local planning, implementation and coordination of the following priority areas: harm reduction, substance use prevention and mental health promotion, analysis, monitoring and reporting of epidemiological data on opioid and other substance-related harms, health equity and anti-stigma initiatives, efforts towards healthy public policy related to substance use including but not limited to decriminalization, and providing and mobilizing community leadership; and

WHEREAS this work of local public health agencies aligns with the Substance Use and Harm Reduction Guideline (2018) and the Health Equity Guideline (2018) under the Ontario Public Health Standards;

NOW THEREFORE BE IT RESOLVED that alPHa endorse the nine priorities for a provincial multi-sector response;

AND FURTHER that the noted provincial priorities and areas of contribution by local public health agencies be communicated to the Premier, Minister of Health, Associate Minister of Mental Health & Addictions, Attorney General, Minister of Municipal Affairs & Housing, Minister of Children, Community & Social Services, Chief Medical Officer of Health, Chief Executive Officer (CEO) of Ontario Health and CEO of Public Health Ontario;

AND FURTHER that alPHa urge the above-mentioned parties to collaborate on an effective, well-resourced and comprehensive multi-sectoral approach, which meaningfully involves and is centred-around PWUDs from of all backgrounds, and is based on the nine identified provincial priorities.

A22-4 Appendix A – Priorities for a Provincial Multi-Sector Response

The following was developed by the Drug / Opioid Poisoning Crisis Working Group of COMOH, and shared with the COMOH membership for review at its general meeting on April 27th, 2022:

1. Create a **multi-sectoral task force**, including people with lived experience of drug use, to guide the development of a robust, integrated provincial drug poisoning crisis response plan. The plan should ensure necessary resourcing, health and social system coordination, policy change, and public reporting on drug-related harms and the progress of the response. An **integrated approach** is essential, to address the overlap between the use of various substances, to integrate aspects of the response such as treatment and harm reduction, and to ensure a common vision for addressing health inequities and preventive opportunities.

2. Expand access to **harm reduction** programs and practices (e.g. Consumption and Treatment Service (CTS) sites, Urgent Public Health Needs Sites (UPHNS), drug checking, addressing inhalation methods as a key route of use and poisonings, and exploring the scale up of safer opioid supply access).

3. Enhance and ensure sustainability of support for substance use **prevention** and mental health promotion initiatives, with a focus from early childhood through to adolescence.

4. Expand the collection, analysis and reporting of timely integrated **epidemiological data** initiatives, to guide resource allocation, frontline programs and services, and inform healthy public policy.

5. Expand access to **treatment** for opioid use disorder, including opioid agonist therapy in a range of settings (e.g., mobile outreach, primary care, emergency departments) and a variety of medication options (including injectable). To support the overall health of PWUDs, also connect with and expand access to care for other substances, for mental illness and trauma as key risk factors for drug use, and for comprehensive medical care for PWUDs.

6. Address the structural **stigma**, discrimination and related harms that create systemic barriers for PWUDs, through re-orienting systems for public health, first responders, health care, and social services, to address service provider and policy-level stigma, normalize services for drug use, and better meet the needs of PWUDs. Also, support community and community leadership conversations to address drug use stigma and its societal consequences.

7. Advocate to and support the Federal government to **decriminalize** personal use and possession of substances, paired with increased investments in health and social services and a focus on health equity at all levels. These efforts aim to address the significant health and social harms of approaches that criminalize PWUDs, including Black, Indigenous and other racialized communities.
8. Acknowledge and address **socioeconomic determinants of health**, **systemic racism**, and their intersections that are risk factors for substance use and substance use disorders, and pose barriers to accessing supports. This includes a need for more affordable and supportive **housing** for PWUDs, and efforts to further address **poverty** and **unemployment/precarious employment**.

9. Provide funding and other supports to enable consistent **community leadership** by PWUDs and by community organizations, including engagement with local drug strategies. People who bring

their lived experience should be paid for their knowledge contribution and participation at community tables.

TOWN OF AJAX
65 Harwood Avenue South
Ajax ON L1S 3S9 www.ajax.ca

Ajax Provincial Constituency Office
ajax@pc.ola.org

Sent by E-Mail

April 20, 2022

Re: Ending Unfair Rent Increases for New Builds

The following resolution was passed by Ajax Town Council at its meeting held on April 19, 2022:

WHEREAS there have been dramatic price increases in Ontario's rental housing market with bidding wars becoming normal practice due to a shortage of rental houses and hot housing prices, and without rent increase limits many Ajax residents will be at risk of being priced out of their homes;

AND WHEREAS Ontario's Residential Tenancies Act, 2006, imposes yearly guidelines on rent increases based on the Ontario Consumer Price Index, however rental units being occupied for the first time after November 15, 2018 are exempt from these guidelines. There is no limit to how much a landlord can increase the rent each year for these units;

AND WHEREAS approximately 13.75% of Ajax households are renters, according to Statistics Canada's 2016 census data, and average rents have increased 4.3% in two-bedroom units and 12.9% in 3-bedroom units between 2018 and 2021, according to the Canada Mortgage and Housing Corporation;

AND WHEREAS Ajax is in the process of developing a Housing Strategy to further identify housing and affordable needs and propose recommendations to support our community;

NOW THEREFORE BE IT RESOLVED THAT:

1. Ajax Council requests the Province of Ontario to eliminate the rules exempting rental units occupied for the first time after November 15, 2018 from annual rent increase guidelines; and

2. This motion be circulated to the Ajax Provincial Constituency Office, the Regional Municipality of Durham, lower-tier municipalities in Durham Region, and the Ontario Big City Mayors.

If you require further information please contact me at 905-619-2529 ext. 3342 or alexander.harras@ajax.ca.

Sincerely,

Alexander Harras
Manager of Legislative Services/Deputy Clerk

Copy: Regional Councillor M. Crawford
Councillor R. Tyler Morin
Region of Durham
All Durham Region municipalities
Ontario's Big City Mayors

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 2681

The Regional Municipality of Durham Report

To:	Health and Social Services Committee
From:	Commissioner of Social Services
Report:	#2022-SS-6
Date:	June 9, 2022

Subject:

Canada-Wide Early Learning and Child Care System

Recommendation:

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

A) That unbudgeted provincial funding from the Ministry of Education in the amount of $41,476,794 for the period to December 31, 2022, be expended in accordance with the Canada-wide Early Learning and Child Care (CWELCC) systemguidelines and as outlined in Section 5 of this report; and

B) That approval be granted to increase the Children's Services Division Staffing complement by six (6) new full-time positions effective July 1, 2022 and increase part time staffing costs to account for the additional program administration of the CWELCC program; and

C) That the proposed new positions in 2022 be funded entirely from the additional Provincial base funding allocation as follows:

   a. One (1) Policy Advisor at an estimated 2022 cost of $77,925 (annualized cost of $155,026)

   b. One (1) Program Manager at an estimated 2022 cost of $71,167 (annualized cost of $141,690)

   c. One (1) Quality Assurance Advisor at an estimated 2022 cost of $65,036 (annualized cost of $129,589)

   d. One (1) Financial Analyst 2 at an estimated 2022 cost of $54,826 (annualized cost of $109,427)

e. One (1) Senior Accounting Clerk at an estimated 2022 cost of $46,703 (annualized cost of $93,196)

f. One (1) Program Assistant at an estimated 2022 cost of $46,703 (annualized cost of $93,196)

g. Increase in temporary hours of $490,792 to assist with program implementation.

D) That authorization to execute agreements related to Purchase of Service with Licensees for 2022 and future years, be delegated to the Director of Children's Services and the Director of Business Affairs and Financial Management.

E) That staff be authorized to adjust the 2022 and 2023 Regionally Operated Early Learning and Child Care fees in accordance with CWELCC guidelines.

Report:

1. Purpose

1.1 The purpose of this report is to provide details and seek Regional Municipality of Durham (Region) Council approval to expend unbudgeted revenue provided through the Ministry of Education (MEDU) in support of the CWELCC System; and

1.2 Seek approval to adjust eligible Regional Early Learning and Child Care site fees in accordance with the ELCC system guidelines.

2. Background

2.1 The Region is the Consolidated Municipal Service Manager (CMSM) for child care and early years in Durham Region. As the CMSM, the Region is legislatively responsible for implementing the CWELCC system for our region.

2.2 On March 28, 2022, the Ontario Government and federal government announced a $13.2 billion agreement to lower child care fees for families. The announcement included:

a. A reduction of child care fees through four steps of reduction to an average of $10 a day by September 2025 for children five years of age or younger.
b. The creation of approximately 86,000 new, high-quality child care spaces for children five years old and younger.
c. Hiring new early childhood educators and supporting improved compensation for all Registered Early Childhood Educators (RECE) working in licensed child care.

d. Maintaining Ontario's child care tax credit program that supports 300,000 families with expenses in licensed and unlicensed child care.
e. Working with municipalities to enroll 5,000 licensed child care centres and home child care agencies into the program between now and September 1, 2022.
f. Protection of all for-profit and non-profit child care spaces, helping to support predominantly female entrepreneurs across the province who provide high-quality child care services.
g. The Child Care and Early Years Act, 2014 has been amended to include provisions of the CWELCC system.

2.3 On April 12, 2022, staff received further detail on the implementation of the CWELCC System, including:

a. An Addendum to the Ontario Child Care and EarlyON Child and Family Centres Service Management and Funding Guideline 2022
b. Financial details including the Initial 2022 CWELCC Allocation to CMSM's
c. To support the additional work required by CMSMs to support children and families with accessing more affordable licensed child care, some administrative funding changes will be reversed, as the Province recognizes now is not the time to implement the previously announced funding cuts.

2.4 Previous direction outlined in the Ontario Child Care and EarlyON Child and Family Centres Service Management and Funding Guideline (2022) continues to remain in place, with the addition of the new investments in the CWELCC. CMSM's continue to be legislatively responsible for implementation, oversight and accountability as previously outlined in the Funding Guideline.

3. Canada Wide Early Learning and Child Care Plan

3.1 To support the CWELCC System, the Region will be expected to extend funding to all eligible Licensees that choose to participate and agree to the terms and conditions under the System.

3.2 All Licensees with programs serving children under the age of 6 (or turning 6 before June 30) are eligible to apply to participate in the CWELCC System. Existing Licensees must advise their CMSM by September 1, 2022 of their intention to participate in the CWELCC System. Licensees that choose not to participate may continue to operate under the existing provincial licensing and regulatory framework and purchase of service agreements with their local CMSM/ District Social Services Administration Board (DSSAB). Licensees that are not part of the CWELCC System will not receive CWELCC System funding and may continue to set their own parent fees.

3.3 Licensees will be required to meet the following conditions in order to participate:

a. In receipt of an existing or new purchase of service agreement with the CMSM.

b. Demonstrate financial viability.
c. Maintain the child care fees for Licensees who were in operation as of March 27, 2022 unless a fee increase was communicated to families/parents prior to the announcement of the CWELCC System on March 28, 2022.
d. Maintain existing licensed spaces for ages 0-5 (pre-CWELCC announcement on March 28, 2022). Licensees may not convert existing 0-5 spaces to other age groups.

4. Overview of Implementation Timelines

4.1 For Licensees participating in the CWELCC System, the 2022 fee reduction will be implemented in two phases. In phase one, Ontario will begin with an immediate first step of reducing child care fees for eligible children, up to the end of their kindergarten year, by 25 per cent (to a minimum of $12 per day), retroactive to April 1, 2022. In phase two, the parent fees for the same age group will be reduced again to reach an average reduction of 50% by December 31, 2022. Further fee reductions will occur by September 2024, culminating in a final reduction to an average of $10-a-day child care by September 2025.

4.2 As announced, Ontario will improve compensation for the child care workforce effective April 2022. CMSMs and DSSABs will receive funding to raise the wage floor to $18 per hour for Registered Early Childhood Educators (RECEs) and $20 per hour for RECE Supervisors to improve recruitment and retention in the child care workforce. Going forward, RECE program staff and supervisors will receive a $1 per hour wage increase each year from 2023 to 2026, up to a maximum of $25/hour.

4.3 In addition, workforce compensation funding will be provided to Licensees to offset wage increases for Non-RECE staff associated with the increased minimum wage that came into effect January 1, 2022. Non-RECE staff have a wage floor of $17 per hour including both the minimum wage and the Wage Enhancement Grant of $2 per hour. CMSMs/DSSABs should ensure funding provided to Licensees supports inflationary costs associated with base fees for a Licensee's child care operations for eligible children, including inflationary compensation increases for staff. Funding for 2.6% inflationary increases has been provided through the allocation in 2022.

4.4 The CWELCC Workforce Funding guidelines fall short of supporting fair wages for the child care workforce in Durham. Durham's existing expectations state child care operators with a service agreement are required to pay Early Childhood Educators a minimum wage of $16 per hour, plus the existing provincial wage enhancement of $2 per hour for a total of $18 per hour. As the CWELCC workforce funding 'wage floor' is also set at this rate, with no flexibility, few child care educators will be eligible in Durham.

4.5 In the first year of implementation, the ministry understands that the process of enrollment for Licensees may require time, particularly for organizations without a

current funding relationship with the CMSM. CMSMs are encouraged to process Licensee applications as soon as possible. Applications received by September 1, 2022 should be processed prior to December 31, 2022.

5. Financial Implications

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

5.2 The unbudgeted provincial funding in the amount of $38,684,759 to support Fee Reduction will be expended in accordance with the CWELCC program guidelines.

5.3 The unbudgeted provincial funding in the amount of $1,831,283 to support Workforce Compensation will be expended in accordance with the CWELCC program guidelines.

5.4 The unbudgeted provincial funding for Administration in the amount of $960,752 will be expended in accordance with the CWELCC program guidelines. The following table identifies the estimated 2022 staffing, operating and capital costs

a. Staffing Costs

- One (1) Policy Advisor at an estimated 2022 cost of $77,925 (annualized cost of $155,026)
- One (1) Supervisor at an estimated 2022 cost of $71,167 (annualized cost of $141,690)
- One (1) Quality Assurance Advisor at an estimated 2022 cost of $65,036 (annualized cost of $129,589)
- One (1) Financial Analyst 2 at an estimated 2022 cost of $54,826 (annualized cost of $109,427)
- One (1) Senior Accounting Clerk at an estimated 2022 cost of $46,703 (annualized cost of $93,196)
- One (1) Program Assistant at an estimated 2022 cost of $46,703 (annualized cost of $93,196)
- Increase in temporary staff of $490,792 to assist with program implementation in 2022

b. Operating Costs

- Personnel Related - $15,000
- Communication - $15,000
- Supplies - $15,000
- Computer Maintenance & Operations - $50,000

c. Capital Costs

- Six (6) Laptop computers with monitors at an estimated cost of $12,600

5.5 In order to align with the CWELCC provincial implementation guidance, fees paid by parents for eligible children within the Region's Directly Operated Early Learning & Child Care centres will be reduced by up to 25% for 2022 and up to 50% for 2023, with the remainder covered by the CWELCC funding. Staff are still working with the Ministry to develop fees across the child care system. We are recommending that staff be authorized to adjust the child care rates for 2022 and 2023 in accordance with CWELCC guidelines, once finalized. Staff will provide information on 2022 child care rates before the end of the year. 2023 child care rates will be included in the 2023 Business Plans and Budgets.

5.6 There are risks to the Region with upper levels of government funding. In the event that either level of government decreases the funding or does not adjust the level of funding provided to the Region to accommodate inflationary and contractual increases, then the Region's funding will need to be increased to maintain the same level of service to the community.

6. Relationship to Strategic Plan

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

a. Goal 2: Community Vitality – To foster an exceptional quality of life with services that contribute to strong neighbourhoods, vibrant and diverse communities, and influence our safety and well-being.
b. Goal 4: Social Investment – To ensure a range of programs, services and supports are available and accessible to those in need, so that no individual is left behind
c. Goal 5: Service Excellence – To provide exceptional value to Durham taxpayers through responsive, effective, and fiscally sustainable service delivery.

7. Conclusion

7.1 It is recommended that the Regional Municipality of Durham receive the additional unbudgeted Provincial funding from MEDU in the amount of $41,476,794 as supplementary to the 2022 Business Plans and Budgets and it be allocated to eligible costs as outlined in the Canada-Wide Early Learning and Child Care program guidelines.

7.2 This report was 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

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 5497

The Regional Municipality of Durham Report

To:	Health and Social Services Committee
From:	Commissioner of Social Services
Report:	#2022-SS-7
Date:	June 9, 2022

Subject:

Homelessness Support and Coordinated Access System Update

Recommendation:

That the Health and Social Services Committee recommends:

That this report be received for information.

Report:

1. Purpose

1.1 The purpose of this report is to provide an update on the Region of Durham's (Durham) Homelessness Support and Coordinated Access System.

2. Background

2.1 Built for Zero Canada is led by the Canadian Alliance to End Homelessness. It is a Canada wide change effort that helps a core group of leading communities work towards ending chronic homelessness by implementing a By-Name List (BNL) and Coordinated Access System.

2.2 Durham achieved a Quality BNL in October 2020 and a Quality Coordinated Access System in April 2021. Durham was the fifth community in Canada to achieve the Quality Coordinated Access System milestone.

a. A BNL is a real-time list of people experiencing homelessness in Durham that includes specific data points to support prioritization and program matching. Knowing the people experiencing homelessness by name and prioritizing the most vulnerable is essential to ending homelessness in Durham. Achieving a Quality BNL means that Durham has met all of Built for Zero's requirements to ensure we have reliable and accurate data.

b. Coordinated Access is a process that helps people experiencing homelessness get help in a coordinated way. In a Coordinated Access System, service providers use a shared information system and work together to triage, assess, and prioritize people in a standardized way to access supported housing opportunities. Achieving a Quality Coordinated Access System means that Durham has met all of Built for Zero's requirements.

2.3 A Built for Zero Report Card [Attachment 1] is released each month to share information about the number of people experiencing homelessness in our community.

2.4 OrgCode Consulting Inc. is conducting a fulsome review of Durham's Homelessness Support and Coordinated Access System to provide a comprehensive and effective systems plan to drive improvements in Durham. This report has an estimated completion date of this summer 2022.

2.5 In 2021, a recommendation was received by the City of Oshawa (Oshawa) Council to update the monthly Built for Zero Report Card to include each of Durham's lower tier municipalities.

a. As Service System Manager for homelessness in Durham Region, Durham shares total numbers across the region to track our overall progress on reducing chronic homelessness. The monthly reported data represents a minimum number of people experiencing homelessness across our community.
b. More detailed information regarding municipal level data will be provided in subsequent information reports in 2022.

3. Previous Reports and Decisions

3.1 2020-INFO-104: Durham Region Achieves a Quality By-Name List and Advances with the Built for Zero Canada Campaign

3.2 2020-SS-12: Durham's homelessness support system update and next steps

3.3 2021-SS-10: An Update on the Region of Durham's Homelessness Support and Coordinated Access System

4. By-Name List (BNL) and Coordinated Access Update

4.1 Durham uses the BNL to monitor monthly trends in homelessness. There are six data points that are captured in real-time to provide the overall inflow, actively homeless and outflow data of our system. Durham reached its first full year of BNL Data in 2021.

a. Inflow refers to people who are newly identified to our system, people who have returned to homelessness from housing, or people who previously went inactive and have returned to active status.

b. Actively Homeless refers to people who are actively experiencing homelessness.
c. Outflow refers to people who have moved into housing or who have moved to inactive status because they have lost touch with our support system.

4.2 Below is a summary of inflow and outflow data for 2021:

a. Inflow data

- There were 454 newly identified people who were added to the BNL. Of those people, 190 were experiencing chronic homelessness. There was an average of 38 newly identified people each month.
- There were 29 people who were housed but then returned to homelessness.
- There were 88 people who returned to our system after losing touch for a period of time.

b. Outflow data

- There were 219 housing move-ins from the BNL. Service providers housed an average of 18 people each month.
- There were 316 people who lost touch with our support system and became inactive.

c. It is important to note that people can be counted more than once depending on their circumstances. For example, someone could be added to the BNL, move to inactive two months later, return to the BNL again, and then move to inactive again all within one year.

4.3 Oshawa continues to have the largest proportion of people from the BNL, as 65 percent of people identified Oshawa as their most frequented location. However, 64 percent of all people housed from the BNL were also from Oshawa.

4.4 Inflow into homelessness continues to exceed outflow. This means that Durham's BNL has continued to increase throughout 2021 and into 2022.

a. As of March 2022, there are 282 people on Durham's By-Name List. Of those people, 174 are chronically homeless. This number represents an 89 percent increase from March 2021.

5. New Annual Review Process

5.1 Durham is changing the way our funded homelessness support programs are reviewed. The new process includes the following components:

a. Review of the funded program's adherence to Regional Service Standards,
b. Review of the funded program's Key Performance Indicators to monitor data trends and effectiveness,

c. Financial review to ensure the cost effectiveness of funded programs and services,
d. Client surveys to gain a sense of how clients perceive funded services and where they believe we do well or need improvement,
e. Key informant interviews to understand how agencies work together to support relationship building within the support system.

5.2 The goal of this new process is to provide ongoing recommendations for funded support programs within the system, document successes and ensure client outcomes are achieved.

6. System Sector Update

6.1 Durham is changing the way the Homelessness Support and Coordinated Access System is organized. The new system will include System Sector Tables that are organized based on sections of the support system. This will allow each sector to implement its own improvement projects and data monitoring.

a. Shelter Sector: Aims to support anyone experiencing homelessness with immediate shelter. Durham's shelter system is Housing-Focused - the goal of the shelter sector is to divert people from needing to access shelter whenever safe and appropriate and to help people exit shelter to housing as quickly as possible.
b. Street Outreach Sector: Aims to match people who are unsheltered on the BNL to a dedicated Street Outreach Case Manager as quickly as possible, and then for that case manager to help the person become housed as quickly as possible.
c. Hubs and Daytime Services Sector: Aims to engage people experiencing homelessness who are not yet on the BNL and to ensure they are added and document ready (document ready means that they have their identification, income source, etc.). This sector provides meaningful daily activities for people experiencing homelessness and for people who have been housed to maintain social inclusion.
d. Homelessness Prevention Sector: Aims to help people at risk of homelessness to maintain their housing or obtain new housing without ever becoming homeless. This sectors work includes upstream prevention work with youth, helping people to understand their rights and responsibilities as tenants, etc.
e. Housing Outflow Sector: Aims to house as many people from the BNL as efficiently and effectively as possible and ensure they remain housed, and to continuously onboard new housing opportunities.
f. Health Initiatives Sector: Aims to strengthen connections and partnerships with the health sector to better meet the needs of people experiencing homelessness. The goal is to improve/streamline access to primary health/addictions medicine/mental health supports for this population group and to identify and develop new programs or pathways to address gaps.

6.2 Each sector will be chaired by an executive position from within the sector for an annual term. Each sector will also be supported by designated Social Services staff. In addition, each system sector will include representation from people with lived or living experience.

6.3 Each sector will meet bi-monthly to review sector data, develop an annual work plan and carry out improvement projects. Each sector will report back to the Durham Advisory Committee on Homelessness quarterly so that the system stays informed.

7. Targeted Case Management – Community Support Program

7.1 The Community Support Program (CSP) is a designated team of four case workers and employment counsellors within the Income and Employment Support Division of Social Services. The client caseload for this team comes exclusively from Durham's BNL.

7.2 The CSP includes a range of housing-focused supports to help people from the BNL access the supports they need to end their homelessness. This includes coordinating health and community supports, working on a housing plan and building social inclusion supports to help clients remain housed once housing is obtained.

7.3 In 2021, the CSP worked closely with 43 people from the BNL who have complex support needs. Throughout 2021, the team was able to help 25 people exit homelessness and move into permanent or transitional housing. An additional 9 people have been supported to access residential addictions treatment.

a. In 2021, the CSP began supporting a senior client who had been homeless for more than 20 years and struggled with mental health concerns. The team provided intensive case management and service navigation to transition this senior to shelter and then into transitional housing. Coordinated supports continued while this senior resided in transitional housing to ensure that their goals were met. This senior has now been able to exit transitional housing and had moved into an affordable apartment. The team continues to provide supports to ensure this senior remains housed.

8. Relationship to Strategic Plan

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

a. Goal 3: 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 by supporting a high quality of life for all through human services delivery.

b. Goal 4: Social Investment – to ensure a range of programs, services and supports are available and accessible to those in need, so that no individual is left behind.

9. Conclusion

9.1 Homelessness in Durham Region has continued to increase, as the monthly inflow into homelessness exceeds the outflow into housing opportunities.

9.2 The Region of Durham is committed to reducing chronic homelessness. To achieve this goal, the homelessness support system is focusing on:

a. Reorganizing the committee structure to promote continuous improvement,
b. Implementing a new review process for all funded programs,
c. Supporting more people on the By-Name List through the Community Support Program,
d. Ensuring Durham's Homelessness Support System is housing-focused,
e. Preventing as many people as possible from becoming homelessness through prevention,
f. Operating a Coordinated Access System to improve the outflow of our homelessness system to housing opportunities.

9.3 The Region of Durham is one of the core communities supported by the Built for Zero Canada campaign, led by the Canadian Alliance to End Homelessness, to work towards ending chronic homelessness.

10. Attachments

Attachment #1: March 2022 Built for Zero Report Card

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

Built For Zero Report Card

March 2022

BUILT FOR ZERO. DURHAM

Built for Zero - Canada (BFZ-C) is an ambitious national change effort through the Canadian Alliance to End Homelessness (CAEH), helping a core group of leading communities end chronic homelessness. As a participant in the BFZ-C campaign, Durham Region is committed to ending chronic homelessness by 2025.

Each month, Durham Region will share information about the number of people experiencing homelessness in our community. We hope that sharing this information will promote transparency and accountability in our homelessness response.

By taking a close look at the data each month, it can help us:

- Focus on the facts (what we know), rather than the narrative (what we think)
- Adjust our services
- See what needs to be done to end homelessness
- Improve the lives of people experiencing homelessness

At least 282 people who are currently experiencing homelessness in Durham.

Of those, 174 people who have been experiencing homelessness for six months or longer.

What has Changed:

Inflow

People added to our Chronic Homelessness Number

36 People became chronically homeless. Some have been in our system before and some we met for the first time.

4 People got back in touch after having not been heard from in 60 days or more. Some people returned to town, or met the definition of chronically homeless again.

2 People lost their housing. They have been in our homelessness system before, secured housing then lost that housing.

Outflow

People removed from our Chronic Homelessness Number

7 People moved into housing. These people moved into housing (rental units, living with family, long term care home, etc.).

13 People lost touch. These people have not been heard from in 60 days or more, have left town, no longer meet the definition of chronic homelessness, or have died. People who no longer meet the definition of chronic homelessness are still captured in our overall number if they are still homeless.

What the Data is Saying about Homelessness in March:

BUILT FOR ZERO. DURHAM

From February to March 2022, the number of people who are currently experiencing chronic homelessness increased by 22.

39 **Move-ins so far in 2022.**

2 **Chronically homeless people lost their housing this month.**

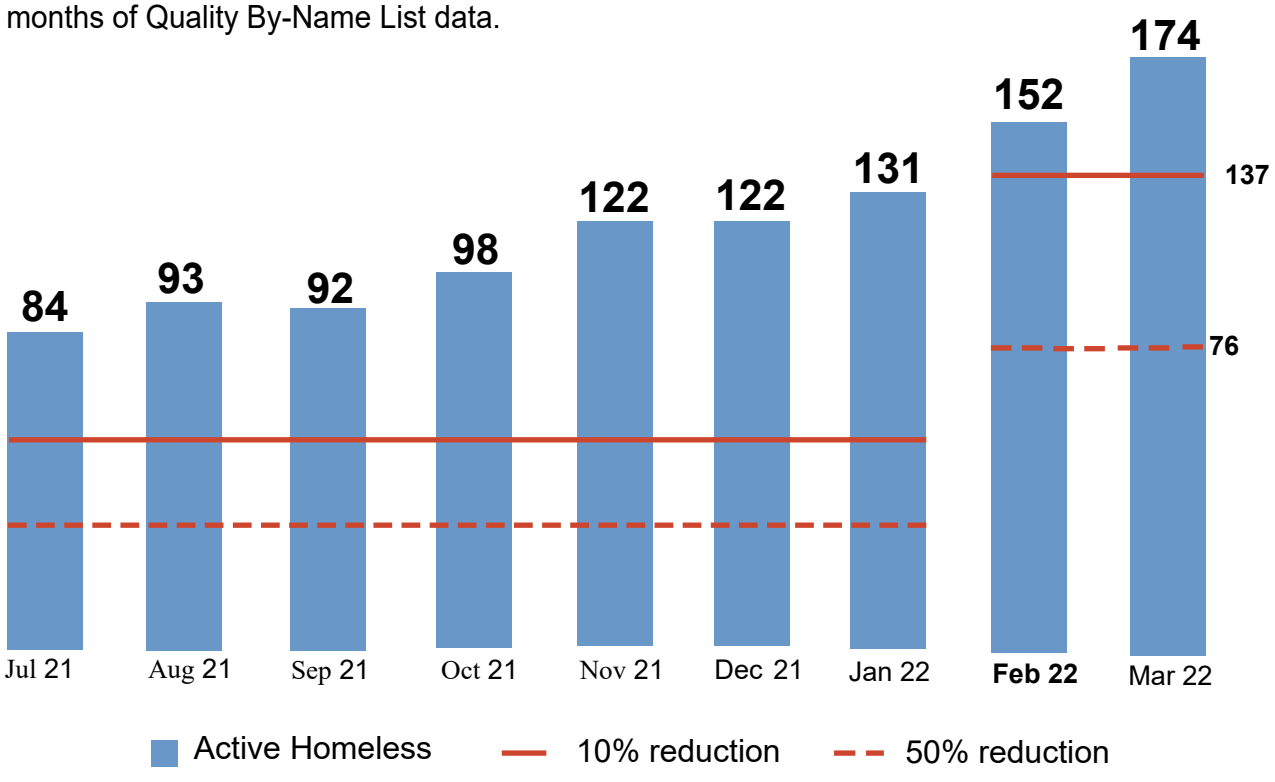
Notes About Homelessness in 2022:

The year 2022 will continue to challenge us, with COVID-19 shelter restrictions, and a challenging housing market. We will continue to work towards our goal of ending chronic homelessness, whatever that takes.

39 **total move-ins in 2022** (23 of those were chronic move-ins)

Community Progress Indicators:

The chart has been adjusted for the new baseline month (February 2022) to more accurately reflect Durham Region's Actively Homeless population. The chart displays the most recent months of Quality By-Name List data.



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

The Regional Municipality of Durham Report

To:	Health and Social Services Committee
From:	Commissioner of Social Services
Report:	#2022-SS-8
Date:	June 9, 2022

Subject:

Unbudgeted Funding from the Federal and Provincial governments to increase Homelessness Supports for Region of Durham residents.

Recommendation:

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

A) That the 2022 portion of unbudgeted Federal funding from Employment and Social Development Canada in the amount of $3,057,979 for the period of April 1, 2022, to December 31, 2022, be expended in accordance with the Reaching Home program guidelines; and

B) That the 2022 portion of unbudgeted Provincial funding from the Ministry of Municipal Affairs and Housing in the amount of $772,483 for the period of April 1, 2022, to December 31, 2022, be expended in accordance with the Homelessness Prevention Program guidelines; and

C) That the 2022 portion of unbudgeted Provincial funding from the Ministry of Municipal Affairs and Housing in the amount of $2,769,200 for the period of April 1, 2022, to December 31, 2022, be expended in accordance with the Social Services Relief Phase 5 guidelines; and

D) That the Commissioner of Social Services be authorized to enter into all necessary agreements related to the Reaching Home and Homelessness Prevention Programs; and

E) That the Commissioner of Social Services and Commissioner of Finance be authorized to enter into all necessary agreements related to the Social Services Relief Phase 5 Program.

Report:

1. Purpose

1.1 The purpose of this report is to provide details and seek Regional Municipality of Durham (Region) Council approval to expend unbudgeted revenue provided through the Ministry of Municipal Affairs and Housing (MMAH) and Employment and Social Development Canada (ESDC).

2. Background

2.1 On March 3, 2022, Social Services staff received notice from ESDC outlining a two-year incremental funding increase by the Government of Canada for Reaching Home: Canada's Homelessness Strategy (RH). The Region's 2022-2023 incremental increase to base funding is $4,077,305 for a total investment of $5,017,526.

2.2 On March 7, 2022, Social Services staff received notice from MMAH outlining a new Homelessness Prevention Program (HPP) which consolidates the Home for Good, Community Homelessness Prevention Initiative and Strong Communities Rent Supplement (SCRS) funding streams into the above-mentioned program. Under this new program, the Region's 2022-2023 incremental increase to base funding is $1,029,978 for a total investment of $11,536,100.

2.3 On April 7, 2022, Social Services staff received notice from MMAH outlining a Social Services Relief Fund (SSRF) Phase 5 program. The Region's allocation of one-time funding is $2,769,200 to be expended by December 31, 2022.

2.4 The submission of the HPP Investment Plan was due back to MMAH by April 15, 2022.

2.5 The submission of the SSRF Phase 5 Investment Plan was due back to MMAH by April 30, 2022.

3. Reaching Home

3.1 Reaching Home: Canada's Homelessness Strategy is a community-based program aimed at preventing and reducing homelessness across Canada. This program provides funding to urban, Indigenous, rural and remote communities to help them address their local homelessness needs.

3.2 Reaching Home supports the goals of the National Housing Strategy, in particular, to support the most vulnerable Canadians in maintaining safe, stable and affordable housing and to reduce chronic homelessness nationally by 50 per cent by fiscal year 2027 to 2028.

3.3 Reaching Home funding includes directives that provide guidance, details and expectations related to the program requirements, including eligible activities and expenses, to assist communities in preventing and reducing homelessness.

3.4 This additional funding will allow Service Managers to further invest in providing supports to the most vulnerable Canadians.

3.5 Service Managers are permitted to use up to fifteen (15) per cent of their approved senior government funding allocation for administration costs.

4. Homelessness Prevention Program

4.1 The HPP is a provincially funded program that provides affordable housing and support services for people at risk of or experiencing homelessness, with the objective of preventing, addressing and reducing homelessness, including chronic homelessness.

4.2 The HPP is intended to be flexible and streamlined, so that Service Managers can target funding where community need is greatest and can make the most impact on reducing and preventing homelessness.

4.3 The incorporation of the SCRS funding into the HPP will allow these vital rent supplements to extend beyond the original program end date of March 31, 2023 and will avoid the Region taking over the cost for this program.

4.4 This new program allows Service Managers to allocate as much, or as little funding as needed to capital spending that supports the creation and renewal of supportive housing and emergency shelters.

4.5 In order to focus funding on frontline service, the provincial cap on administration spending will be 7.5 per cent of the annual provincial funding allocation starting in 2022-23. This will be reduced to 5 per cent in 2023-24.

4.6 There is no financial impact to the Region by the cap on administration spending in 2022 for the HPP program. Future budget implications will be addressed through the annual Business Plans and Budgets process

5. Social Services Relief Fund Phase 5

5.1 The objectives of SSRF Phase 5 funding are:

a. Enhanced safety in emergency shelters and other congregate care settings, through:

- continued operation of temporary emergency shelters spaces (e.g., in hotels or other facilities) to accommodate reduced overall shelter capacity resulting from COVID-19 safety requirements,

- hiring additional staff to address capacity pressures, procuring Personal Protective Equipment, and implementing enhanced cleaning and isolation protocols,
- increasing vaccination uptake among homeless individuals through outreach and clinics, and
- creating isolation space to avoid COVID-19 positive individuals from being required to “shelter in place”.

b. Address short-term, critical needs of vulnerable individuals through the provision of emergency financial assistance (e.g., rent banks, housing allowances), food security programs, and mental health and addictions and other medical services.

c. The creation of long-term housing solutions, including more affordable and supportive housing that will make long-term progress in addressing chronic homelessness as well as housing affordability for those most in need.

5.2 Similar to previous SSRF funding, Phase 5 funding can be used for operations or for capital projects including new facilities, retrofits and upgrades.

5.3 Service Managers will be permitted to use up to three (3) per cent of their approved senior government funding allocation for administration costs.

6. Financial Implications

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

6.2 The unbudgeted federal funding in the amount of $3,057,979 will be expended in accordance with the RH funding guidelines.

6.3 The unbudgeted provincial funding in the amount of $772,483 will be expended in accordance with the HPP funding guidelines.

6.4 The unbudgeted provincial funding in the amount of $2,769,200 will be expended in accordance with the SSRF Phase 5 funding guidelines.

6.5 Funding will be allocated to community agencies, subject to terms and conditions set out in the program funding guidelines.

6.6 There are risks to the Region with upper levels of government funding. In the event that either level of government decreases the funding or does not adjust the level of funding provided to the Region to accommodate inflationary and contractual increases, then the Region’s funding costs may need to be increased if there is a request to maintain the same level of service to the community.

7. Relationship to Strategic Plan

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

a. Goal 2: Community Vitality – To foster an exceptional quality of life with services that contribute to strong neighbourhoods, vibrant and diverse communities, and influence our safety and well-being.
b. Goal 4: Social Investment – To ensure a range of programs, services and supports are available and accessible to those in need, so that no individual is left behind.
c. Goal 5: Service Excellence – To provide exceptional value to Durham taxpayers through responsive, effective, and fiscally sustainable service delivery.

8. Conclusion

8.1 It is recommended that the Regional Municipality of Durham receive the additional unbudgeted Federal funding from ESDC in the amount of $3,057,979 as supplementary to the 2022 Business Plans and Budgets and it be allocated to eligible costs as outlined in the RH program guidelines.

8.2 It is recommended that the Regional Municipality of Durham receive the additional unbudgeted Provincial funding from MMAH in the amount of $772,483 as supplementary to the 2022 Business Plans and Budgets and it be allocated to eligible costs as outlined in the HPP guidelines.

8.3 It is recommended that the Regional Municipality of Durham receive the additional unbudgeted Provincial funding from MMAH in the amount of $2,769,200 as supplementary to the 2022 Business Plans and Budgets and it be allocated to eligible costs as outlined in the SSRF Phase 5 guidelines.

8.4 This report was 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