



The Regional Municipality of Durham

Health and Social Services Committee Agenda

Thursday, May 4, 2023, 9:30 a.m.

Regional Council Chambers

Regional Headquarters Building

605 Rossland Road East, Whitby

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

Note: This meeting will be held in a hybrid meeting format with electronic and in-person participation. Committee meetings may be [viewed via live streaming](#).

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4. Statutory Public Meetings	
There are no statutory public meetings	
5. Presentations	
5.1 Melissa Hutchinson, Program Manager, Population Health, Durham Region Health Department, and Beth Brannon, Senior Director, Mental Health and Addictions, Lakeridge Health Re: Local Mental Health and Addictions Services Updates	10
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Mental Health and Opioids in Durham Region

**Pulled from April 28, 2023 Council Information Package by
Councillor Roy**

Recommendation: Receive for information

7.2 Reports

- a. Report #2023-MOH-4 52
The Association of Local Public Health Agencies (aLPHa) Call
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8. Social Services

8.1 Correspondence

8.2 Reports

- a. Report #2023-SS-4 54
Supply and Service of Dish Machines for the Regional
Municipality of Durham's Four (4) Long-Term Care Homes
- b. Report #2023-SS-5 57
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An Update on Durham Region's Homelessness Support and
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Prevention Program
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Authorization to Extend the Existing Bulk Cable TV Services
Standing Agreement with Rogers Cable TV for the Regional
Municipality of Durham's Four (4) Long-Term Care Homes

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, June 8, 2023 at 9:30 AM

13. Adjournment

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The Regional Municipality of Durham

MINUTES

HEALTH & SOCIAL SERVICES COMMITTEE

Thursday, April 6, 2023

A regular meeting of the Health & Social Services Committee was held on Thursday, April 6, 2023 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 Roy, Chair
Councillor Anderson
Councillor Brenner
Councillor Carter
Councillor Foster
Councillor Jubb* attended for part of the meeting
Regional Chair Henry
*** denotes Councillors participating electronically**

Also
Present: Councillor Wotten*
*** denotes Councillors participating electronically**

Absent: Councillor Dies, Vice-Chair

Staff

Present: B. Ayodele, Epidemiologist, Health Analytics & Research Team
E. Baxter-Trahair, Chief Administrative Officer
C. Boyd, Solicitor, Chief Administrative Office – Legal Services
S. Danos-Papaconstantinou, Commissioner of Social Services
J. Dixon, Director, Business Affairs and Finance Management, Social Services
J. Gaskin, Director, Children's Services, Social Services
R. Inacio, Systems Support Specialist, Corporate Services – IT
R. Jagoe, Program Manager, Housing Services
R.J. Kyle, Commissioner and Medical Officer of Health
M. Laschuk, Director, Family Services, Social Services
L. MacDermaid, Director, Long-Term Care and Services for Seniors, Social Services
L. McIntosh, Director, Income & Employment Support, Social Services
P. McTavish, Associate Medical Officer of Health
M. Pietrusiak, Manager, Health Analytics & Research Team
A. Robins, Director, Housing Services, Social Services

- C. Taylor, Manager, Business Affairs and Financial Management, Social Services
- N. Taylor, Commissioner of Finance
- T. Tyner Cavanagh, Manager, Strategic Initiatives and Partnerships
- E. Valant, Area Manager, Income & Employment Support, Social Services
- N. Prasad, Assistant Secretary to Council, Corporate Services – Legislative Services
- K. Smith, Committee Clerk, Corporate Services – Legislative Services

2. Declarations of Interest

There were no declarations of interest.

3. Adoption of Minutes

Moved by Councillor Carter, Seconded by Councillor Brenner,
(14) That the minutes of the regular Health & Social Services Committee meeting held on Thursday, March 9, 2023, be adopted.

CARRIED

4. Statutory Public Meetings

There were no statutory public meetings.

S. Danos-Papaconstantinou introduced J. Gaskin, Director of Children’s Services. She advised that L. McIntosh will assume the role of Director of Income & Employment Support.

5. Presentations

- 5.1 Busola Ayodele, Epidemiologist, Health Analytics & Research Team, and Mary-Anne Pietrusiak, Manager, Health Analytics & Research Team, re: Tools to Inform: Introducing Data Trackers for Population, Cancer and Maternal & Infant Health

Busola Ayodele, Epidemiologist, Health Analytics & Research Team, and Mary-Anne Pietrusiak, Manager, Health Analytics & Research Team, provided a PowerPoint presentation with regards to Tools to Inform: Introducing Data Trackers for Population, Cancer and Maternal & Infant Health.

Highlights of the presentation included:

- Overview
- Durham Region Population Data Tracker
 - Snapshot
 - Trends
 - Population Pyramid

- Percentage Change
- Durham Region Population at a Glance
- Durham Region Cancer Data Tracker
- Cancer at a Glance
- Durham Region Maternal and Infant Health Data Tracker
 - Pregnancy & Birth
 - Maternal Health
 - Birth Outcomes
 - Breastfeeding
- Maternal and Infant Health at a Glance
 - Complementary Documents
- When are the Data Trackers updated?
- Collecting Feedback

M. Pietrusiak responded to questions with regards to the importance of providing the information in the data trackers; how the information in the data trackers will be utilized; how the data is gathered; the correlation between the information in the data trackers and services being provided; why cancer diagnoses have decreased; where population statistics are being projected from; how the changes in trends are presented to Council; whether research is conducted to identify why specific cancer diagnoses are increasing; and how Durham residents are identified if diagnosed outside of the region.

5.2 Roberta Jagoe, Program Manager, Housing Services, re: Community Housing – New Legislative Framework

Roberta Jagoe, Program Manager, Housing Services, provided a PowerPoint presentation with regards to Community Housing – New Legislative Framework.

Highlights of the presentation included:

- Community Housing Sustainability
- New Legislative Framework
 - Housing Services Act Change – July 2020
 - Regulatory Changes – July 2022
- Housing Program End Dates
- Projects Reaching End of Operating Agreement (EOA)/End of Mortgage (EOM)
- Service Level Standards
- Capital Needs
- Housing Services Act (HSA) – Part VII.1 Agreements
- Estimated Regional Funding Costs
- Opportunities
- Next Steps

R. Jagoe responded to questions with regards to providing training sessions for Councillors and/or developers for the different programs offered through Durham Region; the incentives being provided to community housing providers to keep organizations in the program; the benefits of the new legislative framework; specific requirements for annual capital requirements; how the service levels standards are set and by whom; when the service levels standards were last updated; whether it would be beneficial to Durham Region if the service level standards were increased; whether there are authoritative changes under the new legislation; and whether limited dividend programs exist or are available in Durham Region.

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

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

Highlights of the presentation included:

- Current Status – COVID-19
- COVID-19 Vaccination Administration
- COVID-19 Vaccination Coverage
- Wastewater Surveillance
- Guidance for Cases & Contacts
- Current Status – Flu
- Current Status – Respiratory Outbreaks
- Child Care & School Absenteeism
- Current Masking Requirements
- Current COVID-19 & Flu Vaccine Plans

Discussion ensued with regards to the avian influenza present in birds within Durham Region.

6. Delegations

There were no delegations.

7. Health

7.1 Correspondence

There were no communications to consider.

7.2 Reports

There were no Health Reports to consider.

8. Social Services

8.1 Correspondence

There were no communications to consider.

8.2 Reports

A) Supply of Tableware for the Region of Durham's Four (4) Long-Term Care Homes (2023-SS-3)

Report #2023-SS-3 from S. Danos-Papaconstantinou, Commissioner of Social Services, was received.

Moved by Councillor Foster, Seconded by Councillor Anderson,
(15) That we recommend to Council:

That a standardized tableware pattern for dishes and cutlery be approved for a five (5) year period at a cost not to exceed \$358,780 for the Region of Durham's four (4) Long-Term Care Homes, with dishes manufactured by Steelite across four (4) Long-Term Care Homes and the following manufacturers for cutlery:

- i) Fairview Lodge – Steelite
- ii) Lakeview Manor – Oneida
- iii) Hillsdale Estates and Hillsdale Terraces – Libbey

CARRIED

9. Advisory Committee Resolutions

There were no advisory committee resolutions to be considered.

10. Confidential Matters

There were no confidential matters to be considered.

11. Other Business

11.1 Motion re: Need for Partnership with Upper Levels of Government to Address the Growing Homelessness, Mental Health, Opioids, and Other Addictions Crises Impacting Durham Region and Municipalities Across Canada

Moved by Regional Chair Henry, Seconded by Councillor Foster,
(16) That the rules of procedure be suspended in order to introduce a motion regarding the need for partnership with upper levels of government to address the growing homelessness, mental health opioids and other addictions crises impacting Durham Region and municipalities across Canada.

CARRIED ON A 2/3RDS VOTE

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

Whereas there is a need for partnership with upper levels of government to address the growing homelessness, mental health opioids and other addictions crises impacting Durham Region and municipalities across Canada;

Now therefore be it resolved that staff be directed to develop an engagement plan that encourages the Federal government to declare these crises a national emergency and to work with the provinces to ensure that the proper actions are taken to appropriately address the emergency; and

That staff be directed to report back on the engagement plan at the next Health and Social Services Committee meeting.

CARRIED

12. Date of Next Meeting

The next regularly scheduled Health & Social Services Committee meeting will be held on Thursday, May 4, 2023 at 9:30 AM in the Council Chambers, Regional Headquarters Building, 605 Rossland Road East, Whitby.

13. Adjournment

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

CARRIED

The meeting adjourned at 11:18 AM

Respectfully submitted,

E. Roy, Chair

K. Smith, Committee Clerk

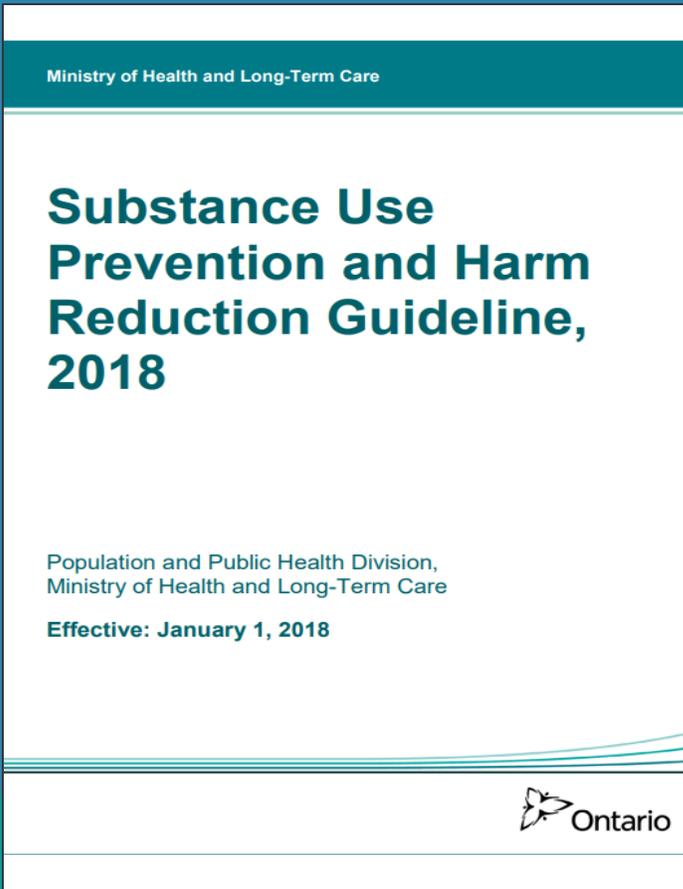
Presentation to Health & Social Services Committee: Local Mental Health & Addictions Services Updates



Opioid Response Plan: Status Update
Durham Region Health Department

Together, Best Mental Health: Mental
Health and Substance Use Services
Strategy, 2022-2025

Lakeridge Health



Public Health Mandate: Harm Reduction Program Enhancement

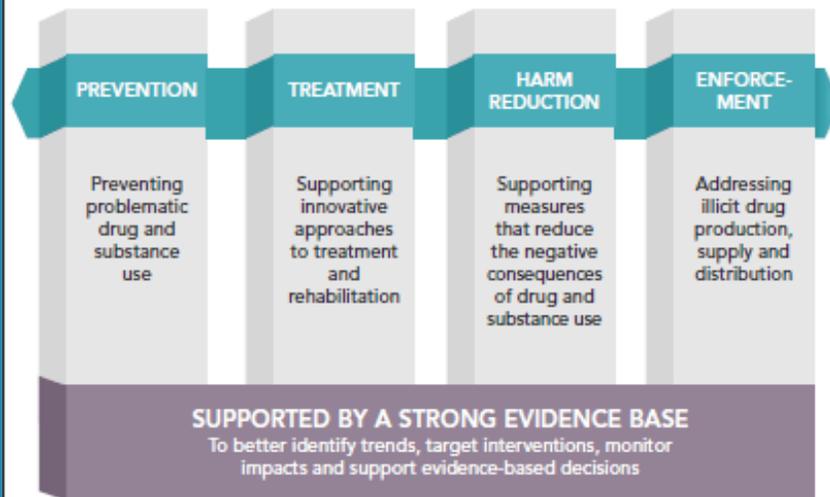
Develop a local opioid response plan

Naloxone distribution and training

Develop an [opioid overdose early warning and surveillance system](#)

CANADIAN DRUGS AND SUBSTANCES STRATEGY

A COMPREHENSIVE, COLLABORATIVE, COMPASSIONATE AND EVIDENCE-BASED APPROACH TO DRUG POLICY



Canadian Drugs and Substances Strategy

The Durham Region Opioid Task Force: Stewards of the Durham Region Opioid Response Plan

AIDS Committee of Durham Region

Back Door Mission

Carea Community Health Centre

Conseil Scolaire Catholique MonAvenir

Durham Region Health Department

Durham Catholic District School Board

Durham Community Physician

Durham District School Board

Durham Regional Police Service

East Durham Probation and Parole Office

First Steps Pharmacy

Indigenous Community Member

John Howard Society of Durham Region

Lakeridge Health Corporation

- Durham Mental Health Services
- Pinewood Addiction Services
- Emergency Department

Ontario Tech University

Ontario Shores Centre for Mental Health Sciences

Primary Care Network Durham - Ontario Health Team (OHT)

Mississaugas of Scugog Island First Nation

People with Lived Experiences

Medical Associates of Port Perry - North Durham Family Health Care Team

Peterborough Victoria Northumberland Clarington Catholic District School Board

Region of Durham Social Services

Region of Durham Paramedic Services

Salvation Army Community and Family Services

Prevention	Treatment	Harm reduction	Enforcement
Utilize the Truth and Reconciliation Commission of Canada, Call to Action Report when determining evidence-based drug prevention strategies.	Utilize the Truth and Reconciliation Commission of Canada, Call to Action Report when determining evidence-based drug prevention strategies.	Utilize the Truth and Reconciliation Commission of Canada, Call to Action Report when determining evidence-based drug prevention strategies.	Utilize the Truth and Reconciliation Commission of Canada, Call to Action Report when determining evidence-based drug prevention strategies.
Participate in knowledge exchange activities with the Health, Homelessness and Housing Committee, to foster service coordination.	Increase timely access to services for people who use substances and are seeking treatment and harm reduction services.	Increase client(s) awareness of available harm reduction and treatment services within Durham Region.	Opioid task force members will contribute to maintaining a healthy and safe community, with targeted efforts to the downtown Oshawa core.
Identify and implement evidenced-based prevention strategies for problematic substance use for the residents within Durham Region.	To provide support to the Central East Local Health Integration Network/Lakeridge Health in the development of treatment pathways and to assist with identification of gaps in care.	Identify evidenced-based recommendations to enhance naloxone distribution services within Durham Region.	Continue addressing illicit drug production, supply, and distribution.
	Identify opportunities to leverage current services to include a peer-based model of support for harm reduction, outreach, and treatment services.	Identify evidenced-based recommendations to enhance needle exchange program services within Durham Region.	Collaborate with Durham Regional Police Service to identify opportunities for transitioning individuals from police service to community-based treatment and harm reduction services.
		Implement a plan to raise awareness of how public stigma acts as a barrier to accessing treatment and harm reduction services.	
		Identify targeted evidenced-based education strategies and communication strategies that aim to increase public awareness of the benefits of harm reduction services as part of an evidenced-based drug strategy.	
		Investigate opportunities for collaboration between the Opioid Task Force and the Metis Nation of Ontario pilot program for naloxone distribution.	

The Durham Region Opioid Response Plan

Continued Focus On...

Collaboration and coordination with experts in the area of housing and homelessness

Prevention strategies for problematic substance use

Coordination with partners to foster timely access to services for people who use substances and are seeking treatment and/or harm reduction services

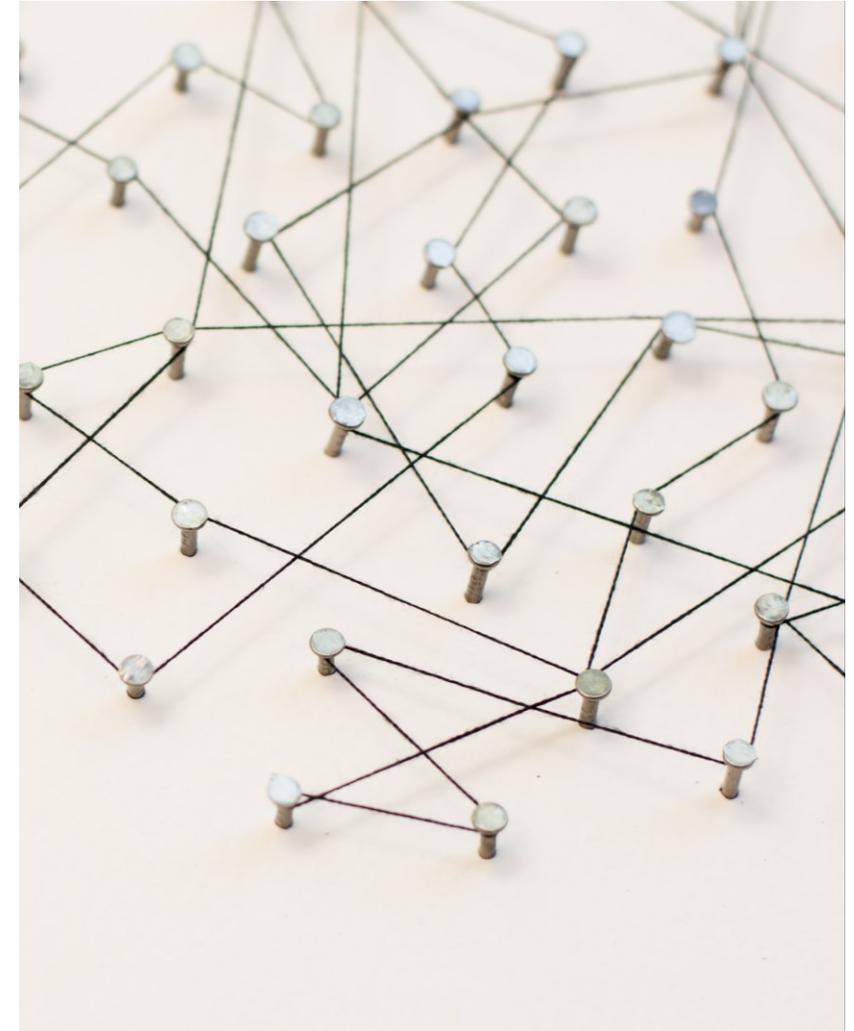
Increasing client awareness of available harm reduction and treatment services within Durham Region

Expanding access to naloxone

Employing evidence-based recommendations to enhance needle exchange services

Raising awareness of how stigma acts as a barrier to accessing treatment, harm reduction and health care services

Working in collaboration with DRPS to address illicit drug production, supply and distribution



New Areas of Focus ...

A strong focus on the Truth and Reconciliation Commission of Canada, Call to Action report and ensuring the work we do considers these important recommendations

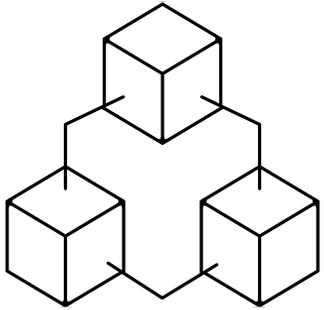
Working with Lakeridge Health to help inform the development of treatment pathways and to assist with the identification of gaps in care

Identifying opportunities to leverage current services to include a peer-based model of support for harm reduction, outreach and treatment services

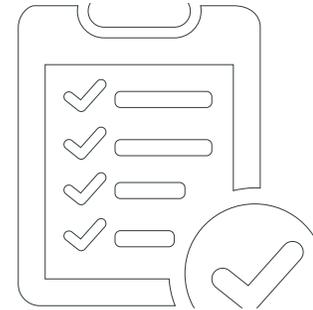
Contributing to the maintenance of a healthy and safe community in downtown Oshawa

Collaborating with Durham Regional Police Service to identify opportunities for transitioning individuals from police services to community-based treatment and harm reduction services

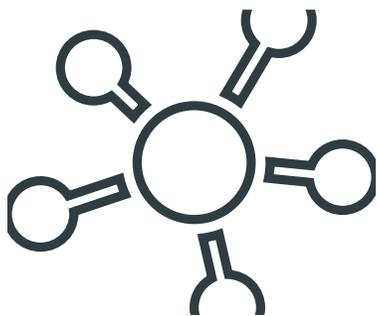
Key Highlights of Work Accomplished in 2022/2023



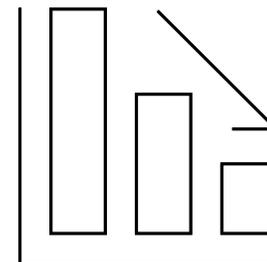
Ongoing coordination and co-planning to leverage existing services to address identified gaps, at the local level



Conducted service mapping to identify gaps in services related to police calls for public disruption and non-criminal offences



Developed and launched the Report Drugs tool to allow anonymous public reporting of qualitative data which can be used to inform DRHD's drug alerts / early warning system



Working to reduce stigma through awareness activities

Enhancing access to training for service providers

Helping our most vulnerable populations



- Naloxone distribution to reduce opioid related deaths
- Education on safer drug practices along with access to supplies to reduce harm by preventing the transmission of diseases such as HIV, hepatitis C (HCV) and hepatitis B (HBV)
- Providing an access point for other addiction services, health and social services

Primary Care Outreach Program (PCOP)

An advanced care paramedic and a social worker, working with community partners to deliver services to vulnerable populations

Services include:

- ✓ Medical assessments
- ✓ Triage and social support interventions
- ✓ Service navigation and referrals to: addiction and mental health agencies; and counselling for crises, depression, substance abuse, attempted suicide, trauma, and other health concerns

The PCOP team travels to various priority neighbourhoods providing services



Together, Best Mental Health Mental Health and Addictions Plan



Five Strategic Directions

1

Ensure inclusion

2

Create better access, navigation, and transitions

3

Improve outcomes for the most vulnerable

4

Drive integration with primary and community care

5

Demonstrate outcomes



- Roadmap to deliver a more integrated system of mental health and substance use care in Durham Region.
- Enables Lakeridge Health to lead a system-level, transformation in mental health service delivery, while provide people with the right services, from the right people, in the right place.
- Anchored in Ontario's plan to build mental health and addictions, "[Roadmap to Wellness.](#)"

Yearly Visits Related to Mental Health and Substance Use

- 100,000+ adults
- 12,000+ children and youth
- 14,000+ visits to Emergency Departments



**Lakeridge
Health**

IN-PATIENT

- Adult (Ajax)
 - General Adult Beds
 - Psychiatric Intensive Care
 - Crisis Intervention Team
- Adult (Oshawa)
 - General Adult Beds
 - Psychiatric Intensive Care
 - Crisis Intervention Team
 - **Opioid Navigator (ED)**
 - **Hospital to Home Supports**
- Child and Youth (Oshawa)
 - General Beds
 - Youth Crisis Intervention

DISTRESS CENTRE DURHAM

- Distress Line
- Suicide Survivor Support Group

OUT-PATIENT

- Child-Youth Family Program
 - Urgent Care
 - Day Treatment
 - Eating Disorders
- **Assertive Community Treatment**
- Eating Disorders (youth and adult)
- **Mental Health Support Unit with Durham Regional Police**
- Adult Day Treatment
- **Early Psychosis Intervention**
- **Psychiatry Services**
- Adult Integrated Mental Health Service

DURHAM MENTAL HEALTH SERVICES

- Crisis CALL Line
- Mobile Crisis (non-police led)
- Crisis Homes (Ajax, Whitby, Oshawa)
- Residential Program
- Case Management
 - General Case Management
 - Dual Diagnosis
 - Durham Connect
 - Seniors Support/Response
 - Homeless Rent Supplement
 - Indigenous
 - Court Support
 - Release from Custody
 - Hospital to Home (Ajax)
 - Violence Against Women
- Court Support (Youth Justice and Court Diversion)
- Regional Housing Coordination
- Peer Support
- Family Support

PINEWOOD SUBSTANCE USE AND ADDICTIONS

- Residential Withdrawl Management
- Residential Treatment
- Case Management
- Opioid Outreach
- Scarborough Addictions Support
- Umbrella's Program
- RAAM Clinic
- Concurrent Disorders Day Treatment
- Community Treatment
 - Addictions Case Management
 - Addiction Supportive Housing
 - Youth Outreach Workers
 - Drug Treatment Court
 - Opiate Case Management
 - Smoking Cessation
 - Concurrent Disorders Court Diversion
 - Youth Court Diversion
 - Back on Track
- Youth Specific
 - School-based Youth Outreach
 - DASIY (Durham Appraisal and Screening Initiative for Youth)
- Adult Court Services
 - Drug Treatment Court
 - Concurrent Disorders Court Diversion
- Specialized Teams
 - Gambling, Gaming and Technology
 - Opiate Case Management
 - Back on Track

Engagement and Partners

- Lakeridge Health, co-chair
- Carea Community Health Centre, co-chair
- Ontario Shores Centre for Mental Health Sciences
- Durham Regional Police Services
- Region of Durham
- Durham Region Health Department
- PFLAG Durham Region
- Ajax Welcome Centre
- Mississaugas of Scugog Island First Nations
- Durham Child and Youth Planning Network
- CMHA Durham
- Ontario Tech University
- Region of Durham Paramedic Services
- Community Care Durham
- Backdoor Mission
- Child and Family Mental Health services
- Seniors Network of Care



In Depth: Five Strategic Directions



1 Ensure Inclusion



2 Create Better Access,
Navigation, and Transitions



3 Improve Outcomes for
the Most Vulnerable



4 Drive Integration with
Primary and Community Care



5 Demonstrate Outcomes

Progress: Continued Collaboration

Plan Progress (Year 1)

- Consistently engaging people with lived experience.
- Central Connect: a central point of intake, access, and navigation into all programs.
- Increased outreach care in our communities, including addictions outreach.
- Partner with the Region of Durham in the Oshawa Micro-Homes and Beaverton housing initiatives.
- New school-based substance use and mental health positions.
- Enhancing Emergency Department experience.



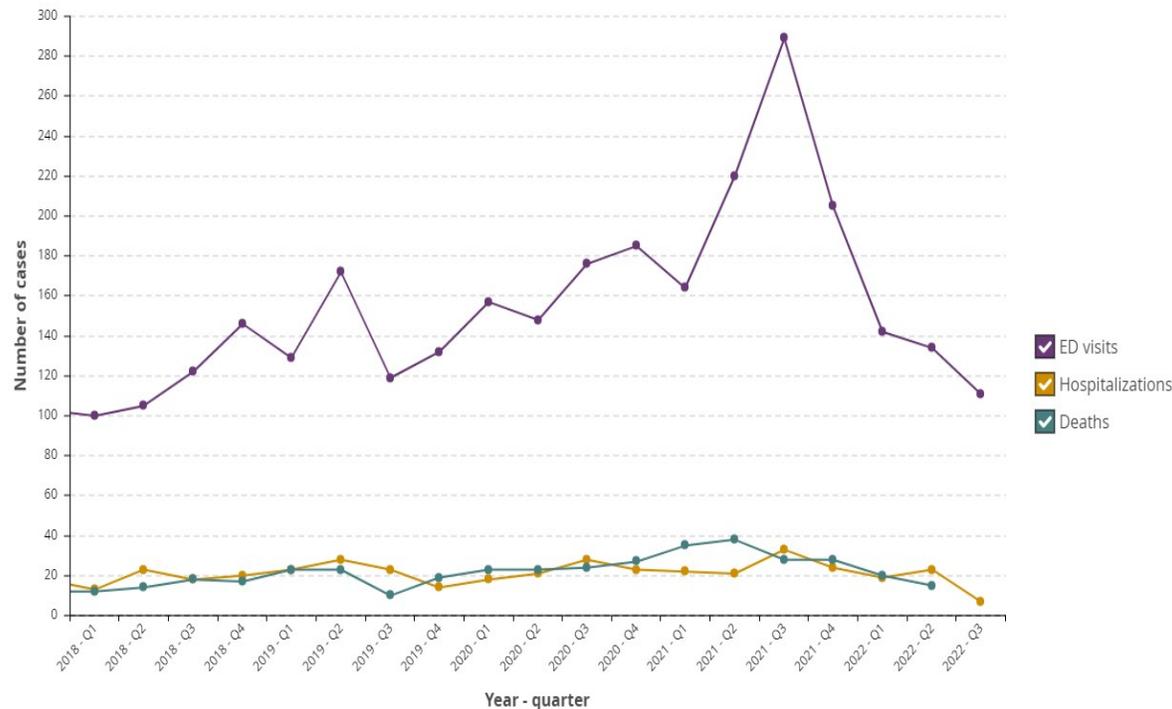
Partnerships

- More than 40 Memorandums of Understanding with our partners.
- Attend 35+ working groups and committees across Durham Region

Progress: Decrease of Opioid Poisoning-related visits to Emergency Departments



Cases of opioid-related morbidity and mortality, Durham Region Health Department , 2003 - Q1 - 2022 - Q3



- Data shows steady decline in opioid poisoning-related visits in Lakeridge Health Emergency Departments (peak volumes observed in summer 2021 with progressive decline thereafter).

Homelessness and Mental Health and Addictions

- Complex population requiring innovative and integrated system responses to improve population health.
- Mental Health and Addictions Care is **one piece** of a large community approach to supporting this vulnerable population.
- At Lakeridge Health, we believe we are on the right path forward.

EDITORIAL

All hands on deck to end homelessness

Governments have taken a fragmented approach to homelessness at the expense of a shared strategic plan.



By Star Editorial Board
Sat., April 15, 2023 © 3 min. read

GTA

Why the homelessness crisis could get even worse

Emergency funding has dried up, and the head of Toronto's shelter department says without \$317 million, the city will have to shut more shelters

How to Slow the 'Wave' of Homelessness in Canadian Cities

Increased financial supports, not just new affordable housing, are needed to prevent people from falling into homelessness, says advocate.

ATLANTIC | News

New research suggests Canada's homeless crisis is bigger than current data shows

DRHD Recommendation



- That Regional Council:
 - Advocates for boards of health to sit on central and regional Ontario Health MHA tables as key partners informing the delivery of mental health and addiction services
 - Endorses AMO's [submission](#) to the Ministry of Health (August 2022)

Questions:

Melissa Hutchinson RN, BA, MN

Program Manager, Population
Health Division

Durham Region Health
Department

T. 905-668-7711, ext. 3095

melissa.hutchinson@durham.ca

Beth Brannon, RN, Bsc, MN

Senior Director, Mental Health
and Addictions,

Pinewood Centre, Distress Centre
Durham & Durham Mental
Health Services

Lakeridge Health
T. 905.576.8711 ext.36212

bbrannon@lh.ca



An Update on Durham Region's Homelessness Support and Coordinated Access System

May 4, 2023



Two-Part Report and Presentation

May 2023

- 2022 Data Overview
- Current Forecasting
- Program Reviews
- Key Challenges & Bright Spots
- Durham Advisory Committee on Homelessness

June 2023

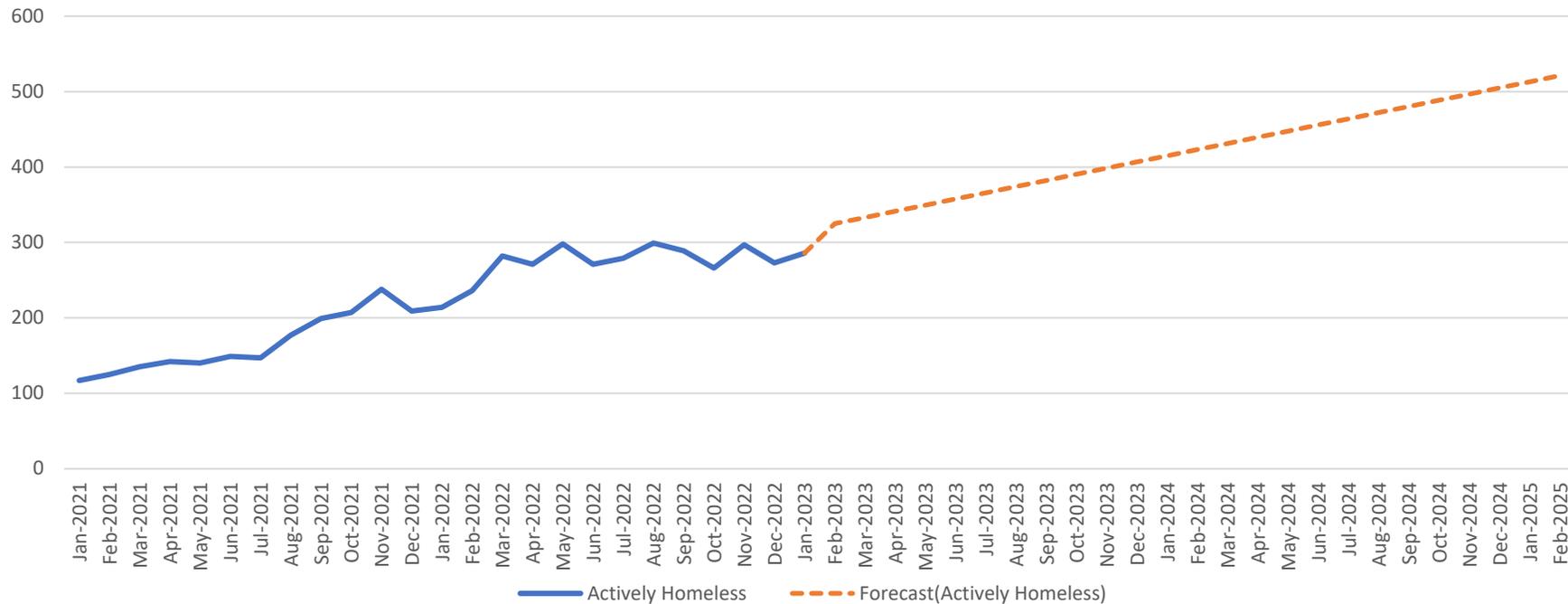
- 2023/2024 Funding
- Planned Improvement Projects
 - Improving System Coordination
 - Improving System and Program Oversight
 - Improving Street Outreach
 - Increasing Housing Program Opportunities

2022 Annual Data – Take Aways

- Whitby and Ajax had the most significant increase in 2022
- Oshawa had the second lowest increase but maintains the highest per-capita
- On average, there are 42 people added to the BNL every month
- 60% of shelter users in 2022 had never needed to access shelter before
- 85% increase in families experiencing homelessness
- 67% increase in people experiencing unsheltered homelessness
- As the BNL continues to increase, the number of people on the BNL who have more complex support needs also increases. In 2021, 54% of BNL clients had high acuity. This increased to 64% in 2022.

Forecasting to 2025

- Current trends indicate that homelessness in Durham Region will exceed 500 people within 2 years



Program Reviews

What is Included

- Document review of policies, procedures and program models
- Solicited feedback from other agencies and clients
- Site visits to understand program operations and meet with staff
- Agency report with findings and action items

What it is Used For

- To identify key areas for improvement and any potential deficiencies for immediate action
- To identify areas to expand as funding is made available
- To support benchmarking that compares programs to sector standards
- To better coordinate programs operating within the system
- To identify trends across sectors and the system for strengths, weaknesses, opportunities and threats

Bright Spots

- Despite increasing inflow, Durham's support system was able to maintain relative stability throughout 2022
 - The system was able to house 218 people in 2022
- The Region's Homelessness Initiatives Team has expanded and now includes two Area Managers
- Expanding client-facing Regional teams
 - Transitional Support Program
 - Primary Care Outreach Program
 - Mental Health Outreach Program

Key Challenges

Homelessness is a complex and multifaceted issue caused by the cumulative failure of many intersecting systems. To end homelessness, a coordinated response from multiple sectors is required. The Homelessness Support System cannot solve this crisis alone.



Key Challenges Continued



Increasing Inflow



System-Wide Staffing Pressures

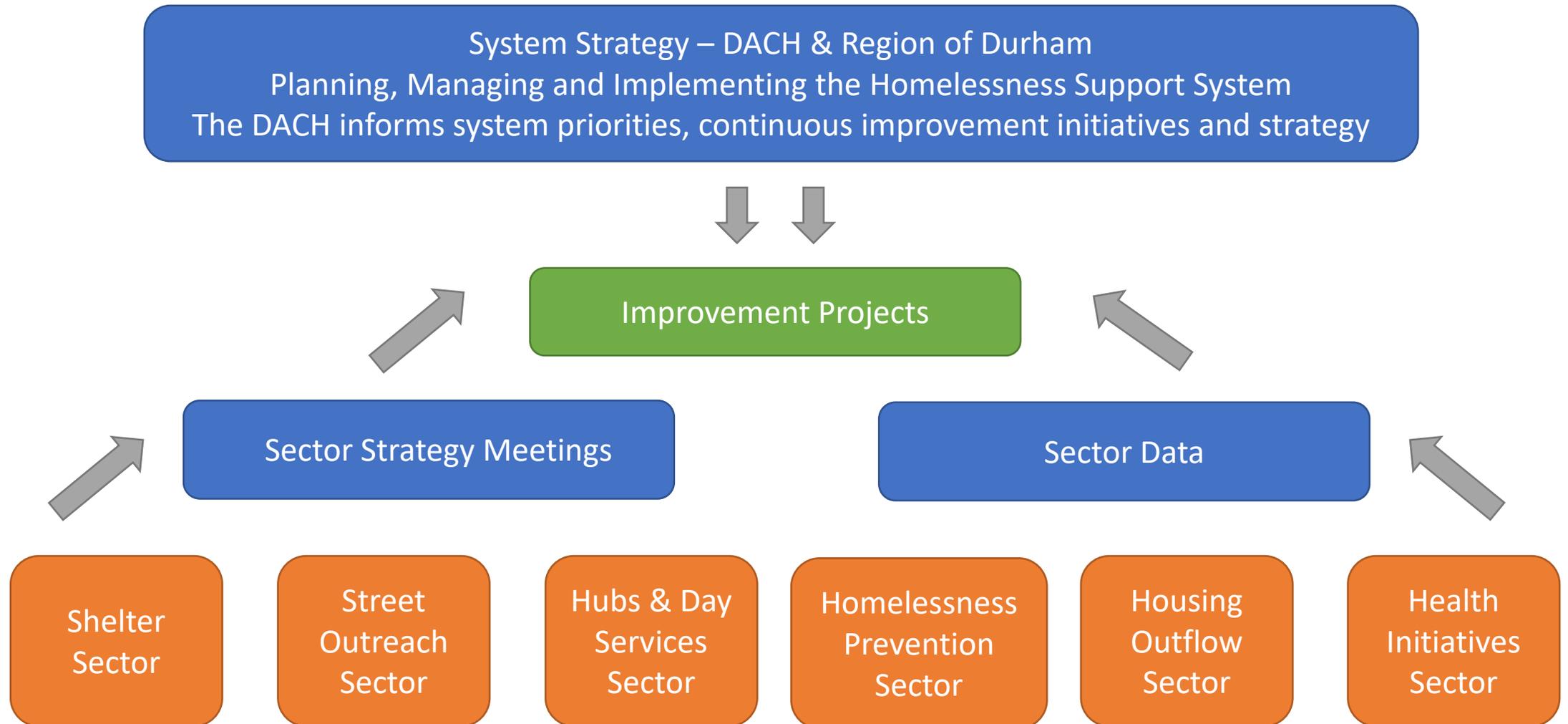


Rental Market Pressures



Lack of Treatment Programs and Supportive Housing

Durham Advisory Committee on Homelessness





Questions

Lisa McIntosh

Director – Income, Employment & Homelessness
Support Division

Lisa.McIntosh@durham.ca

durham.ca

[@RegionofDurham](https://www.instagram.com/RegionofDurham)





The Regional Municipality of Durham Report

From: Commissioner & Medical Officer of Health
Report: #2023-INFO-33
Date: April 28, 2023

Subject:

Mental Health and Opioids in Durham Region

Recommendation:

Receive for information

Report:

1. Purpose

1.1 To provide an update on local trends and strategies to address mental health and opioids in Durham Region.

2. Background

2.1 On March 27, 2023, the co-chairs of the federal, provincial, and territorial Special Advisory Committee on the Epidemic of Opioid Overdoses [issued a statement](#) on the release of [the latest surveillance data](#) on opioid and stimulant related harms in Canada.

2.2 In Ontario, the impact of mental health, mental illness, and addictions on life expectancy, quality of life, and health care utilization is more than 1.5 times that of all cancers and more than 7 times that of all infectious diseases.

2.3 Public Health Units (PHU's) do not oversee or provide mental illness treatment programs or substance use treatment programs. In Durham Region, mental health and addiction treatment services are funded by Ontario Health and the Ministry of Health (MOH) and delivered by several health professionals within the community, including:

- a. Primary care providers, hospitals, and community agencies such as:
 - Canadian Mental Health Association, Durham (CMHA Durham)

- Durham Mental Health Services (DMHS).
 - Lakeridge Health, including Pinewood Centre.
 - Ontario Shores Centre for Mental Health Sciences (Ontario Shores).
 - [Rapid Access Addiction Medicine](#) (RAAM) clinics, methadone clinics, private treatment facilities, and service hubs.
- 2.4 There are many local front-line mental health and addictions services offering acute and long-term support for those experiencing mental health issues or requiring crisis intervention (see Attachment #1).
- 2.5 In accordance with the [Ontario Public Health Standards: Requirements for Programs, Services, and Accountability](#) (OPHS) under the [Health Protection and Promotion Act](#), Durham Region Health Department (DRHD) is mandated to fulfill requirements under the [Mental Health Promotion Guideline](#) and the [Substance Use Prevention and Harm Reduction Guideline](#).
- a. DRHD delivers services that provide upstream interventions to reduce the burden of mental illnesses and addictions and promote positive mental health, resiliency, and well-being across the lifespan.
 - b. DRHD delivers services using a [comprehensive health promotion approach](#) focused on primary prevention and harm reduction. Substance use related primary prevention aims to prevent or delay substance use. Harm reduction aims to reduce harms associated with use and refers to policies, programs and practices to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption.
- 2.6 In August 2022, the Association of Municipalities in Ontario submitted its recommendations for an integrated response to mental health and addictions to the MOH in [An Integrated Approach to Mental Health and Addictions](#).
- ### 3. Local Trends
- 3.1 According to the [Rapid Risk Factor Surveillance System](#), between 2014 to 2018, 69 per cent of Durham residents aged 18+ rated their mental health as excellent or very good.
- a. Less residents in Lakeview (59 per cent), downtown Ajax (55 per cent), and downtown Oshawa (54 per cent) rated their mental health as excellent or very good when compared to Durham Region.
- 3.2 According to the [Canadian Community Health Survey](#), in 2018:
- a. 18 per cent of Durham residents aged 12+ needed help for their mental health, including for alcohol or drug use, compared to 14 per cent in Ontario.
 - b. 62 per cent of Durham residents aged 12+ who needed mental health care reported that their need for care was met (53 per cent in Ontario).

- c. 11 per cent of Durham residents (approximately 61,000 people) aged 12+ reported they experienced mood disorder, which is comparable to Ontario at 10 per cent.
 - d. 12 per cent of Durham residents (approximately 68,000 people) aged 12+ reported they experienced anxiety disorder, compared to 10 per cent in Ontario.
- 3.3 Each year, Lakeridge Health has more than 100,000 mental health visits for adults, more than 12,000 visits for children and youth, and more than 14,000 visits to its emergency departments related to mental health and substance use.
- 3.4 DRHD has the seventh lowest opioid toxicity mortality rate compared to all 34 Ontario PHUs, as reported in the [Preliminary Patterns in Circumstances Surrounding Opioid-Related Deaths in Ontario during the COVID-19 Pandemic](#) report.
- 3.5 Local data available on the [Durham Region Opioid Information System](#) show that:
- a. In 2022, approximately 573 suspected opioid overdose calls were received by Region of Durham Paramedic Services (RDPS), which is a decrease compared to 998 calls in 2021, and 725 calls in 2020. The majority of RDPS calls were in Oshawa.
 - b. There was a general decrease in the monthly number of confirmed opioid overdose emergency department visits by Durham Region residents in 2022.
 - c. There were approximately 78 opioid-related deaths among Durham Region residents from January to December 2022. This is a decrease from 130 deaths in 2021.
 - d. There has been a notable trend locally and provincially related to individuals who use substances shifting away from injection methods and choosing inhalation methods.

4. Funding

- 4.1 The [2023 Federal Budget](#) included funding allocated towards suicide prevention efforts and a renewed Canadian Drugs and Substances Strategy with a focus on combatting the opioid crisis (see Attachment #2).
- 4.2 In 2020, the [Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System](#) was launched. It is a guide to build a comprehensive and connected mental health and addictions system that is easier to navigate and access.
- a. A new [Mental Health and Addictions Centre of Excellence](#) will support Ontario in building a comprehensive and connected mental health addictions system. It will play a critical role in the provincial oversight of delivery and quality of mental health and addictions services and supports.

- 4.3 The Province announced that the [2023 Ontario Budget](#) will include [an additional \\$425 million](#) over three years towards mental health and addictions programs and services (see Attachment #3).
- 4.4 In June 2022, one time funding was received from the MOH to enhance outreach services for the Needle Syringe Program. The funding supports a pilot project for peer outreach services to provide services, education, and support to those precariously housed or unhoused.

5. Local Highlights and Actions

- 5.1 In 2020, Lakeridge Health and DMHS integrated their operations to better coordinate services. DMHS was able to support Lakeridge Health with a range of mental health services, including three crisis locations and eight group homes across Durham Region.
- 5.2 The [Durham Region Opioid Response Plan](#) was first developed by the [Durham Region Opioid Task Force](#) in 2017 and updated in 2022.
- a. DRHD co-chairs the Task Force which is comprised of members from agencies that provide harm reduction and/or treatment services, first responders, individual residents with lived experience, school boards, and health care professionals.
- 5.3 The current focus of the Opioid Task Force is to leverage existing services to address identified gaps at the local level. In circumstances where it is not feasible to leverage existing services, due to financial and/or resource constraints, advocacy options and other strategies are considered.
- 5.4 DRHD provides the following services and programs related to mental health and opioids:
- a. School services and youth engagement – DRHD staff provides support to all schools within Durham Region. Services include innovative and varied comprehensive strategies to promote mental health, prevent substance use, and address risk and protective factors such as social inclusion and social determinants of health.
 - b. Parenting services and support – DRHD staff provides parenting support, including support to community groups and in-home visits to foster parent/child connectedness, infant and child health, and healthy family dynamics. Public health nurses conduct postnatal depression assessments and future programming will include cognitive behavioural therapy (CBT) sessions for new parents/caregivers in a group setting.
 - c. Population health strategies including community assessments, education and awareness raising efforts, skill building activities and community engagement on issues and concerns.

- d. Education on safer drug practices along with the distribution of safer drug use supplies. Efforts also focus on providing a point of access into health and social services for clients who may not otherwise have access to such services.
 - e. Consultation and collaboration with stakeholders in the health, education, municipal, non-governmental, and other relevant sectors, including Ontario Health. Key collaborative groups, networks and organizations include:
 - Lakeridge Health – Integrated Mental Health and Addictions Planning Committee and Emergency Care Working Group.
 - Durham’s Child & Youth Planning Network – [Youth Suicide Prevention Durham](#).
 - Cognitive Behavioural Therapy, Perinatal Mood Disorder (PMD) Community of Practice.
 - Durham District School Board – School Mental Health Steering Committee.
- 5.5 In November 2021, the Region of Durham released the [Community Safety and Well-Being \(CSWB\) Plan](#). Mental health and substance use are among the seven priority risk factors of the CSWB Plan. The plan creates a framework to intentionally align existing relationships, plans, and strategies at the regional, area municipal, and community level to make the best use of resources, avoid duplication, learn best practices, and facilitate effective cross-sectoral collaboration. DRHD is actively involved in the work of the CSWB Plan.
- a. The [CSWB Plan Data Dashboard](#) integrates data from many community data sources to provide a thorough, real-time, snapshot of local data including mental health and substance use.
- 5.6 DRHD implemented the ‘People who Use Drugs are Real People’ campaign in the fall of 2022 to reduce stigma and promote harm reduction and treatment services.
- 5.7 Over the past several years, many partnerships and new strategies have formed because of the Opioid Task Force’s work, including:
- a. Enhanced outreach services to Downtown Oshawa, funded by Lakeridge Health and DRHD (2018).
 - b. Implementation of the [On-Point Needle Collection Project](#) which is a partnership between Social Services, DRHD, and John Howard Society (2019).
 - c. [Enhanced public education](#) regarding substance use disorder and problematic substance use.
 - d. Development and launch of the Opioid Alert System to alert front line workers and agencies about a statistically significant increase in paramedic calls for suspected opioid overdoses.

- e. The [Durham Region Opioid Information System](#) which provides the latest local statistics, including paramedic services calls, emergency department visits and opioid related overdoses.
 - f. Completion of a service mapping exercise to clearly identify the service pathways for individuals who have contact with Durham Regional Police Service (DRPS) and enter custody, as well as service calls related to a non-criminal offence. As a result of the service mapping exercise, further collaboration has taken place with Durham Region Primary Care Outreach Program (PCOP) and DRPS to identify strategies to address police calls related to non-criminal offences.
 - g. Development and launch of Lakeridge Health's [Together, Best Mental Health: Mental Health and Substance Use Services Strategy \(2022-2025\)](#).
 - The strategy advances mental health and substance use services in Durham Region to create a central point of intake, access, and navigation into all outpatient mental health, Pinewood Centre, and DMHS programs.
 - h. Launch of the [Report Drugs Durham](#) tool that allows the public to anonymously report a bad or unexpected reaction to a street drug.
 - i. Active participation on the Central East Opioid Strategy Table, which influenced the creation and launch of RAAM services in Oshawa, and development of the Opioid Navigator role at Lakeridge Health.
- 5.8 To support enhanced access to opioid addiction treatment, reduce drug related harms, and support long term recovery, DRHD staff will be working with Lakeridge Health and other key stakeholders to promote access to safe supply/opioid agonist therapy.
- 5.9 Durham Region provides [housing-focused street outreach](#) to help people accept offers of help with housing while meeting basic needs to ensure people can move from unsheltered homelessness to housing.
- 5.10 Durham Region is exploring a [Non-Police Led Mental Health Crisis Response Service](#). The service would aim to offer a new approach to crisis intervention, led by mental health professionals. Community engagement activities were planned and are now complete.
- 5.11 [Access MHA](#), funded by the Province, provides regional mental health and addictions service referral and coordination for people that require support in eastern Ontario. Currently the service is available to those in Ottawa, Pembroke, Cornwall, Hawkesbury and surrounding areas. In future years, the service will expand further west and include additional eastern Ontario regions, including Durham Region.

6. Previous Reports

- 6.1 Report [2021-INFO-60](#) provided an update on the report: [Changing Circumstances Surrounding Opioid-Related Deaths in Ontario During the COVID-19 Pandemic](#), released on May 19, 2021.
- 6.2 Report [2022-INFO-10](#) provided an update on the report: [Patterns of Medication and Healthcare Use Among People Who Died of Opioid-Related Toxicity During the COVID-19 Pandemic in Ontario](#), released on January 18, 2022.
- 6.3 Report [2022-INFO-67](#) provided an update on the report: [Lives Lost to Opioid Toxicity Among Ontarians Who Worked in the Construction Industry](#), released on July 27, 2022.
- 6.4 Report [2023-INFO-26](#) provided information on the appearance of benzodiazepines and xylazine in the unregulated drug supply.

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:
- Enhance community safety and well-being.
 - Influence the social determinants of health to improve outcomes for vulnerable populations.
 - Support a high quality of life for all through human services delivery.
- b. Goal 5: Service Excellence:
- Optimize resources and partnerships to deliver exceptional quality services and value.
 - Collaborate for a seamless service experience.

8. Conclusion

- 8.1 DRHD will continue to engage stakeholders and Durham Region Opioid Task Force members to ensure a coordinated, evidence-based strategy is employed at the local level to address drug poisonings.
- 8.2 DRHD will release the Opioid Response Plan Status Report to the public in June 2023.
- 8.3 DRHD will continue to provide programs and services, as per the OPHS.

9. Attachments

Attachment #1: Key Mental Health and Addictions Services in Durham Region

Attachment #2: 2023 Federal Budget Highlights

Attachment #3: 2023 Ontario Budget Highlights

Respectfully submitted,

Original signed by

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

Attachment #1 Key Mental Health and Addictions Services in Durham Region

211 Ontario:

- Connects individuals to social services and community programs including mental health and addiction, homelessness, health care, housing, newcomers, youth, older adults, employment assistance, abuse, emergency/crisis etc.

AIDS Committee of Durham Region:

- Provides naloxone and naloxone training, harm reduction services, fentanyl drug test kits, counselling, outreach, peer support, and equipment/supply clean-up.

Back Door Mission:

- Mission United provides wrap-around support services to individuals in Durham Region who are dealing with homelessness, housing insecurity, mental health and addiction concerns, and food access challenges.

Canadian Mental Health Association Durham:

- Community mental health services including nurse practitioner-led clinic and assertive community treatment team for people 18-65 with serious and persistent mental illnesses.

Carea Community Health Centre:

- Offers services and programs addressing mental health including a walk-in counselling clinic for children and youth ages 3-19 years and their families, and brief counselling services (6-12 sessions) to individuals, families, and couples.

Community Care Durham:

- Community Care Durham (CCD) is a multi-service registered charitable organization providing a broad range of support services for individuals over the age of 16 including mental health supports, food security programming, health and wellness etc.

Connex Ontario:

- Ontario-wide information and referral for people experiencing mental health and/or addiction issues. Service is provided 24/7/365 by toll-free telephone, email, text, or web chat. Funded by the Government of Ontario.

COPE Mental Health | Community Care Durham:

- Community-based program that supports adults with mental health concerns to live in their community. The goal is to assist adults aged 16 and up with emotional or mental health concerns to remain in the community and function as effectively as possible while maximizing their quality of life.

Cornerstone:

- 24-hour emergency shelter to men aged 16 years and above who are currently homeless – max. 7 day stay.
- Services include assistance securing a source of income, housing search, referrals to community resources, mental health support and referral, crisis supports, and identification replacement.

Durham Mental Health Services:

- Short term crisis beds, 24-hour crisis line, residential programs, housing support, community outreach programs including mobile crisis team, justice initiatives, seniors support.
- Services individuals 16+ with a history of mental illness.

Durham Regional Police Service - Mental Health Support Unit (MHSU):

- Consists of five teams, each comprised of a police constable partnered with a registered nurse from Lakeridge Health. MHSU provides daily coverage between the hours of 7:00 a.m. and 12:00 a.m.
- MHSU is a secondary response unit, providing support to front line officers.

Lakeridge Health:

- Lakeridge Health is one of Ontario's largest hospital systems, and operates the province's second-largest mental health and addictions program.
- Child, Youth and Family Program (CYFP) provides services for children and adolescents, aged 5 to 18, who are struggling with serious mental health issues. Services include crisis intervention, inpatient unit and outpatient services.
- The Adult Mental Health Program at Lakeridge Health provides support for adults 18 and over who are struggling with serious mental health issues. Services include crisis intervention, an inpatient unit and outpatient services at the Lakeridge Health Oshawa site and many community locations.

Lakeridge Health's Pinewood Centre:

- Provides a variety of services to help people with alcohol, drug, concurrent mental health and gambling related concerns. Treatment services include residential withdrawal management services, residential treatment services, structured community-based individual and group services, and walk-in and telephone support.

Lakeridge Health's Rapid Access Addiction Medicine (RAAM) clinics:

- Offers fast access to quality care for people living with alcohol and opioid-related addictions. Services include medical treatment and counselling services without a doctor's referral.

Distress Centre Ontario:

- Offers 24-hour text/live talk helpline, crisis call-out program, community contact call-out program, suicide survivor support groups, community training/education.

Metis Nation of Ontario:

- Métis Nation of Ontario (MNO) offers a 24-hour Mental Health and Addictions Crisis Line.
- Services include culturally specific Métis health and addiction supports for adults, youth, and families in Ontario.

Mental Health Outreach Program (MHOP):

- Offers mobile outreach counselling/psychotherapy across Durham.
- Social worker visits local and north communities including Cannington, Uxbridge, Port Perry & Beaverton once a month to offer community supports and referrals.
- Program within Family Services Durham.

Ontario Shores Centre for Mental Health Sciences:

- Ontario Shores is a public teaching hospital providing a range of specialized assessment and treatment services to those living with complex and serious mental illness.
- Ontario Shores offers specialized recovery-focused interprofessional programs and services designed to provide successful treatment as interprofessional teams work with patients and families throughout their journey of recovery. Assessment and crisis services are provided, as well as consultation and education.

Primary Care Outreach Program (PCOP) – mobile team across Durham:

- Consists of an advanced care paramedic and a social worker, working with community partners to deliver services to vulnerable populations. Paramedic provides medical assessments, triage and interventions and the social worker provides client engagement and assessment, service navigation and referrals to community supports, such as addiction and mental health agencies, and counselling for crises, depression, substance abuse, attempted suicide, trauma, and other health concerns.
- The PCOP team travels to various priority neighbourhoods providing services Monday to Friday, 8 a.m. to 4 p.m.

Attachment #2 2023 Federal Budget Highlights

[988 Suicide Prevention Line](#)

Budget 2023 proposes to provide \$158.4 million over three years, starting in 2023-24, to the Public Health Agency of Canada to support the implementation and operation of 988. As of November 30, 2023, Canadians will be able to call or text 988 at any time to access quality, effective, and immediate suicide prevention and mental health crisis support.

[Renewed Canadian Drugs and Substances Strategy](#)

Budget 2023 proposes to provide a total of \$359.2 million over five years, starting in 2023-24, with \$5.7 million ongoing and \$1.3 million in remaining amortization, to support a renewed Canadian Drugs and Substances Strategy. This includes:

- \$144 million over five years, starting in 2023-24, to Health Canada for the Substance Use and Addictions Program to fund community-based supports, including safer supply, supervised consumption sites, and other evidence-based health interventions.
- \$20.2 million over five years, starting in 2023-24, to the Public Health Agency of Canada for a new community-based program to prevent substance use among young people.
- \$73.9 million over five years, starting in 2023-24, with \$4.6 million ongoing, to Health Canada to streamline authorizations for supervised consumption sites and drug checking services, scale-up access to safer supply, and evaluate innovative approaches.
- \$50.8 million over five years, starting in 2023-24, with \$1.1 million ongoing and \$1.3 million in remaining amortization, to Health Canada; and \$16 million over five years, starting in 2023-24, to the Public Health Agency of Canada to support vital data collection on substance-related harms and lab-based analysis of the illegal drug supply.
- \$4.6 million over five years, starting in 2023-24, to Public Safety Canada to develop an overdose monitoring app for paramedics and other first responders.
- \$42 million over five years, starting in 2023-24, to the Royal Canadian Mounted Police; \$6.2 million over five years, starting in 2023-24, to Public Services and Procurement Canada; and \$1.6 million over five years, starting in 2023-24, sourced from existing resources to Global Affairs Canada to take further action to work with our partners to tackle drug trafficking and stem the global flow of these devastating substances.

Attachment #3 2023 Ontario Budget Highlights

Ontario launched [Roadmap to Wellness](#) to better connect people to mental health services that are convenient for them. Building on this investment of \$3.8 billion over 10 years, the government is providing an additional \$425 million over three years, mainly to:

- Support mental health programs that are community-led and delivered, making it more convenient for people to connect to mental health services closer to home.
- Make a broad range of addictions services available across Ontario that are easy to access and there when needed.
- Support children and youth, by providing access to mental health and addictions services, primary care, and social and community supports to youth aged 12-25 through Youth Wellness Hubs.
- Support for children and youth suffering from eating disorders, including inpatient and specialized outpatient services.
- Identify the data and digital health needs of service providers to deliver better care for clients.
- Maintain supportive housing and services for people living with mental health and addictions challenges as they transition from hospital to the community.
- Work with Indigenous partners and communities to maintain co-developed programs and services that support Indigenous people's access to high-quality, culturally appropriate care.
- Provide community-based mental health and addictions service providers, funded by the MOH, with a five per cent increase in base funding.



The Regional Municipality of Durham Report

To: Health & Social Services Committee
From: Commissioner & Medical Officer of Health
Report: #2023-MOH-04
Date: May 4, 2023

Subject:

The Association of Local Public Health Agencies (ALPHA) Call for Board of Health Nominations

Recommendations:

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

- A) That the nomination of Councillor Elizabeth Roy for election to the ALPHA Board of Directors for a two-year term to represent the Central East region is endorsed; and
 - B) That two members of Regional Council are identified to sponsor the nomination and complete the nomination form.
-

Report:

1. Purpose

- 1.1 To seek Regional Council's endorsement of the nomination of Councillor Elizabeth Roy for election to the ALPHA Board of Directors for the two-year term, June 2023 to June 2025.

2. Background

- 2.1 ALPHA is accepting nominations for a board of health representative from the Central East region for its Board of Directors for the two-year term of June 2023 to June 2025.
- 2.2 An election to determine the representatives will be held at the ALPHA Board of Health Section meeting on June 14, 2023, at the ALPHA Annual General Meeting and Conference.
- 2.3 The qualifications for the board of health representative include: active member of an Ontario board of health or regional public health committee; knowledge and skills

in the areas of not-for-profit governance (i.e., policy, finance, programs and human resources); strong commitment to public health and the work of the organization; and previous volunteer leadership experience in a not-for-profit is an asset.

- 2.4 Regional Councillor Elizabeth Roy is the Chair of the Health & Social Services Committee and has expressed an interest in serving on alPHa's Board of Directors for the two-year term.
- 2.5 Regional Councillor Bob Chapman has served as the Central East board of health representative since October 2022.

3. Conclusion

- 3.1 In order to secure the nomination of Regional Councillor Elizabeth Roy as the Central East board of health representative on the alPHa Board of Directors for 2023 to 2025, the nomination form must be submitted to alPHa by June 7, 2023.
- 3.2 A copy of Regional Council's motion to approve the nomination is required as well as identification of two members to sponsor the nomination. alPHa also requires a biography of Councillor Elizabeth Roy, outlining her suitability for candidacy.

Respectfully submitted,

Original signed by

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

Recommended for Presentation to Committee

Original signed by

Elaine C. Baxter-Trahair
Chief Administrative Officer



The Regional Municipality of Durham Report

To: Health and Social Services Committee
From: Commissioner of Social Services
Report: #2023-SS-4
Date: May 4, 2023

Subject:

Supply and Service of Dish Machines for the Regional Municipality of Durham's four (4) Long-Term Care Homes

Recommendation:

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

- A) That authorization be granted to award a sole source agreement to Hobart Canada for the procurement of new and replacement dish machine equipment and that the Hobart Canada dish machine be the Regional standard for a period of five (5) years effective July 1, 2023, at a total estimated cost not to exceed \$704,000 at the Regional Municipality of Durham's four (4) Long-Term Care Homes, subject to financing being approved in the annual Social Services Business Plans and Budgets; and
 - B) That authorization be granted to award a sole source agreement to Hobart Canada effective July 1, 2023, for a period of five (5) years for non-warranty maintenance and service repair at an annual cost not to exceed \$47,600 at the Regional Municipality of Durham's four (4) Long-Term Care Homes, subject to financing being approved in the annual Social Services Business Plans and Budgets; and
 - C) That the Commissioner of Finance be authorized to execute any necessary agreement.
-

Report:

2. Purpose

- 2.1 The purpose of this report is to provide details and seek approval to standardize to Hobart Canada for new and replacement dish machine and negotiate a sole source agreement with Hobart Canada for non-warranty maintenance and repair of existing

Hobart Canada equipment installations at the Regional Municipality of Durham's (Region) four (4) Long-Term Care Homes (LTCH) for a five (5) year period.

3. Background

- 3.1 To provide superior warewashing, there is a need for continued purchase of replacement dish machines as well as ongoing preventative maintenance and service of this equipment.
- 3.2 Dish machines are operated three times daily. Efficient, well functioning machines are required to adhere to Public Health regulations for food safety and sanitation.
- 3.3 Since 2002, all four (4) LTCHs have been purchasing Hobart dish machines. The LTCHs will continue to replace aging and obsolete units, at a total cost not to exceed \$704,000 over the next five (5) years, to be funded from within the annual Social Services Business Plans and Budget for twenty-three (23) dish machines.
- 3.4 Over the course of the next five (5) years, preventative maintenance and repairs on existing and new dish machines is estimated to cost a maximum of \$238,000.
- 3.5 The current preventative maintenance contract with Hobart Canada will expire on June 30, 2023.

4. Justification for Sole Source

- 4.1 Standardization of dish machines in each of the homes through one manufacturer continues to be beneficial.
- 4.2 From an operational perspective, less training for staff is required and there is less chance of operator error.
- 4.3 Staff continue to be pleased with the dish machines currently supplied by Hobart Canada and recommend continued deployment of this type of dish machine exclusively throughout the Region's LTCHs
- 4.4 Hobart Canada has been in the food industry for over 100 years. They are the industry leader in utilizing advanced technology in the design of their dish machines.
- 4.5 Hobart Canada is the exclusive dealer and service provider of Hobart dish machines. Hobart Canada offers an 18-month warranty for their dish machines. The industry standard is 12-months.
- 4.6 The LTCHs have been pleased with the preventative maintenance and service provided to date. This equipment is essential to operations and the ability to have service staff on-site quickly is very important to staff at the LTCHs.

5. Financial Implications

- 5.1 The Region of Durham's Purchasing By-law #16-2020, permits the acquisition of goods and services through sole source negotiations under specific circumstances outlined in Appendix C of the By-law. Section 1.1 of Appendix "C" permits negotiations where the goods or services can be supplied only by a particular supplier, to ensure compatibility with existing goods, or to maintain specialized goods that must be maintained by the manufacturer of those goods or its representative.
- 5.2 Financing for the acquisition of replacement dish machines and the preventative maintenance agreement will be included in the annual Social Services Business Plans and Budget submissions.

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 5: Service Excellence – To provide exceptional value to Durham taxpayers through responsive, effective, fiscally sustainable service delivery.

7. Conclusion

- 7.1 It is recommended that authorization be granted to negotiate an agreement with Hobart Canada for the provision of Hobart dish machines and the ongoing preventative maintenance of Hobart kitchen equipment at the Regional Municipality of Durham's four (4) Long-Term Care Homes for a five (5) year term commencing July 1, 2023, with the actual number of dish machines purchased determined based on financing approved in the annual Social Services Business Plans and Budget.
- 7.2 This report has been reviewed by the Finance Department and the Commissioner of Finance concurs with these 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



The Regional Municipality of Durham Report

To: Health and Social Services Committee
From: Commissioner of Social Services
Report: #2023-SS-5
Date: May 4, 2023

Subject:

Basic Income to Support the Economy

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 overview of a Durham context of basic income and what is required to assist in supporting Durham residents and the local economy.

2. Background

2.1 During the February 9th, 2023, Health & Social Services committee meeting, staff were asked to provide a report regarding the level of basic income that would support the economy and outline ways to solve some of the identified issues.

2.2 The Regional Municipality of Durham (Region) is the Service System Manager (SSM) for Durham region, as selected by the Ontario government. As the Service System Manager, the Region is responsible for responding to local needs and building system capacity within Early Learning and Child Care, Housing and Homelessness, Social Assistance and Employment Services.

- 2.3 According to Statistics Canada, Durham has a population of 696,992 residents as of the end of 2021¹. In Durham, there are an estimated 45,800 residents (6.6%) living with low income².
- 2.4 The 2020 low-income measure after tax (LIM-AT) for an individual is \$26,570 and for a family of four it is \$53,140³. Individuals living with low income includes individuals who are receiving employment income and/or social assistance under the Ontario Works (OW) and Ontario Disability Support Programs (ODSP).
- 2.5 As living costs continue to rise, the ability for people living with low income to manage, and contribute to the local economy, will become more challenging.
 - a. The average rental for a one-bedroom apartment in Durham is reported at over \$1,600 per month and a two-bedroom can be over \$2,000⁴.
 - b. The latest Consumer Price Index released by Statistics Canada indicates that food prices in Ontario have increased 10.1% between January 2022 and January 2023⁵.
 - c. Feed the Need in Durham identified as many as 23,600 individuals accessed a food bank program in Durham at least one time in 2022. This is a 58% increase in the number of visits to food banks⁶.

3. Low-income Programs

Social Assistance and Claw Backs

- 3.1 As of January 2023, the number of OW cases in Durham were 7,358 and the number of individual beneficiaries were 12,835. The number of ODSP cases were 14,769 and number of individual beneficiaries were 19,952. A case could include both a beneficiary and dependents living in the same household.
- 3.2 OW and ODSP rates are deeply inadequate. A report from the Maytree Foundation in February 2023, highlighted that existing income supports, including social assistance benefits, are not enough for people to live with dignity⁷.
- 3.3 OW rates have not seen an increase since 2018. ODSP rates were increased by 5% in 2022. Some advocates⁸ suggest immediately raising OW rates by at least 12% against current rates, and for ODSP, an equivalent increase would mean 7%, based on the recent September 2022 increase.

1 [Report#2022-INFO-31](#) 2021 Census Population- Population and Dwelling Counts Release

2 [Profile table, Census Profile, 2021 Census of Population - Durham, Regional municipality \(RM\) \[Census division\], Ontario \(statcan.gc.ca\)](#)

3 [Low income measure \(LIM\) thresholds by income source and household size \(statcan.gc.ca\)](#)

4 [Rentals.ca March 2023 Rent Report](#)

5 [The Daily — Consumer Price Index: Annual review, 2022 \(statcan.gc.ca\)](#)

6 [Blue Black & White Minimal Project Outline Report \(feedtheneedindurham.ca\)](#)

7 [Recommendations to strengthen the social safety net for people in greatest need - Maytree](#)

8 [Recommendations to strengthen the social safety net for people in greatest need - Maytree](#)

- 3.4 Social assistance rates are determined and set by the Province, Ministry of Children, Community and Social Services. Monthly social assistance rates, which include shelter and basic needs, are:

	Ontario Works	Ontario Disability Supports Program
Single Person	\$733	\$1,228
Single parent/one child	\$1,002	\$1,907
Family/two children	\$1,250	\$1,982

- 3.5 Social assistance recipients also qualify for various benefits that can include basic dental and health benefits, such as prescription eyeglasses, prescription drugs, and medical transportation.
- 3.6 As of January 2023, approximately 10.9% of Durham's OW caseload reported employment income. OW recipients who have employment income, keep the first \$200 of monthly employment earnings, with a 50% reduction applied to any additional amounts.
- 3.7 In September 2022, the ODSP earnings exemption amount of \$200 was increased to \$1000 per month. The amount that is deducted on employment earnings above the exemption amount has been increased from 50% to 75%. These changes apply to ODSP only and not OW.
- 3.8 The maximum monthly employment earnings a single person on OW can earn, while still maintaining eligibility for social assistance is \$1,466, meaning they will receive no social assistance income, but will still be eligible for drug and health benefits. For a single person on ODSP, this amount is \$2,637.
- 3.9 There could be a significant disincentive for individuals to earn higher employment income while in receipt of social assistance, as they will become ineligible for dental and health benefits once their employment earnings exceed their OW or ODSP entitlements.

Basic Income Pilot

- 3.10 In 2017, the provincial government introduced The Ontario Basic Income pilot to test if a basic income could provide a more efficient way of delivering income support, strengthen the attachment to the labour force, and achieve savings in other areas, such as health care and housing supports.
- 3.11 The pilot followed a tax credit model and ensured a minimum level of income to participants without the conditionality and eligibility rules attached to current social assistance programs.

- 3.12 Payments were based on 75% of the low-income measure (LIM). For a single person, the payment amount was approximately \$16,989 annually. This is approximately \$1,416 per month, less 50% of any earned income⁹.
- 3.13 Evidence from The Southern Ontario's Basic Income Experience¹⁰, authored by McMaster University, the Hamilton Roundtable for Poverty Reduction, and Hamilton Community Foundation, highlights that 80% of respondents in their study reported better overall health, including less reliance on substances, decreased anxiety, and improvement in diet and housing, while receiving a basic income.
- 3.14 In a 2019 report¹¹, prepared for the Basic Income Canada Network, policy considerations for a basic income program in Canada include modeling of three options for basic income programs, all of which start with a standard basic income of \$22,000 per year for an individual. This amount was close to the 2019 LIM-AT.
- 3.15 The report further suggests that funding for a basic income program includes existing tax credits and programs that provide direct income support, like the GST/HST credit, as well as social assistance and that the provincial contribution comes in part from current social assistance budgets.
- 3.16 Most basic income advocates have moved away from a call for more pilots, indicating that there is enough evidence from programs and research around the world to show that basic income, in various forms, has a positive impact on the lives of people who receive it. Additionally, pilots have proven ethical and moral considerations for those citizens who participate in timebound projects as evidence by Ontario's Basic Income Pilot in 2017.

Living Wage

- 3.17 The Ontario Living Wage Network (OLWN) is a network of employers, employees, non-profits, and researchers, who champion a growing wave of living wage initiatives in Ontario by certifying paying member employers as supporters, leaders or champions of a living wage.
- 3.18 OLWN's living wage estimates what earners from three family types would need to earn, after tax, based on their estimated costs of living in a specific region including shelter, food, clothing, adult education, medical, communications (phone and internet), child care, transportation and other expenses.
- 3.19 In 2022, the OLWN moved to a new calculation system, based on StatsCan Census Divisions, which consolidated 51 previous Ontario living wage rates into 10 new living wage rates. The rate is now recalculated yearly each November.

9 [Ontario's Basic Income Pilot | Ontario Newsroom](#)

10 [southern-ontarios-basic-income-experience.pdf \(mcmaster.ca\)](#)

11 [Basic Income- Some Policy Options for Canada.pdf \(basicincomecanada.org\)](#)

- 3.20 The OLWN calculated the 2022 living wage for the Greater Toronto Area economic region, which includes the Regions of Durham, Halton and Peel, and the City of Toronto, to be \$23.15 per hour¹². There are currently 14 certified living wage employers in Durham through OLWN.
- 3.21 There are some complexities involved in incorporating a Living Wage commitment, whether through certification with OLWN or other potential avenues. The OLWN champion certification requires all direct full-time and part-time employees to be paid based on the OLWN calculation of a Living Wage, as well as paying the Living Wage to all third party contracted staff that provide regular service (or providing a commitment of intent to recontract at contract renewal at the Living Wage, including collective bargaining contracts).
- 3.22 Staff from Social Services have recently met with staff from the Office of the CAO and Finance Department and together regional staff are considering the development of a living wage strategy that would strive to ensure that the Region pays a living wage. In doing so, the Region can become a local innovator, by supporting a local living wage.

4. Considerations

- 4.1 Increased Municipal, Provincial and Federal investments for housing benefits would help more low-income households with housing costs.
- 4.2 Increased rates of social assistance rates and exemptions, including changes to claw backs, would help achieve a minimum standard of living, and lift people out of poverty.
- 4.3 Adjustments to social assistance income exemptions for both employment income and other forms of government income, would allow recipients to develop greater financial independence and autonomy from government assistance, and create opportunities for civil engagement, training, and employment.
- 4.4 There are currently key poverty reduction initiatives in place across Durham Region, however there is no formal Durham specific poverty reduction strategy. A collaborative effort to help identify a local systems approach to addressing poverty can help strengthen evidence-based methods and approaches to ending poverty at the community level.

5. Relationship to Strategic Plan

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

¹² [Living Wage Week 2022 - Ontario Living Wage Network](#)

- a. Goal 2: Community Vitality – To foster 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.

6. Conclusion

- 6.1 As living costs continue to rise the ability for people living with low income to manage, and contribute to the local economy, will become more challenging.
- 6.2 Staff will continue to explore strategies within low-income programs that can be beneficial to improving basic income levels to Durham residents.
- 6.3 The Social Services department will continue advocacy efforts through the Ontario Municipal Social Services Association (OMSSA) for affordable housing investments and improved social assistance rates.
- 6.4 Continued efforts of the Association of Municipalities of Ontario (AMO) towards ending homelessness are crucial for addressing those living in poverty and unsheltered across our communities.

Respectfully submitted,

Original signed by

Stella Danos-Papaconstantinou
Commissioner of Social Services

Recommended for Presentation to Committee

Original signed by

Elaine C. Baxter-Trahair
Chief Administrative Officer



The Regional Municipality of Durham Report

To: Health and Social Services Committee
From: Commissioner of Social Services
Report: #2023-SS-6
Date: May 4, 2023

Subject:

An Update on Durham Region's Homelessness Support and Coordinated Access System

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 the first half of an update on the Regional Municipality of Durham's (Region) Homelessness Support and Coordinated Access System.

2. Background

2.1 The Region acts as Service System Manager legislated by the province and as Community Entity designated by the federal government. This role is responsible for the planning and coordination of the homelessness support system across Durham.

- a. Development, oversight and ongoing improvement of the homelessness support system is included in this role with the goal to reduce and ultimately end chronic homelessness in Durham.
- b. Financial management of Federal and Provincial funding streams is included in this role as well as the oversight of funded programs that support people experiencing homelessness across our communities.

2.2 Built for Zero Canada (BFZ-C) is led by the Canadian Alliance to End Homelessness. BFZ-C 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.

- a. A BNL is a real-time list of all known people experiencing homelessness in Durham that provide consent and 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.
 - 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.
 - c. Durham achieved a Quality Coordinated Access System in April 2021. Durham is only the fifth community to achieve this milestone.
- 2.3 The Homelessness Initiatives Team has historically been small and provided oversight and system management to meet minimum requirements for funding. This team is now being expanded to increase oversight and system planning capacity. In addition, Regional staff are now engaging in direct delivery of homelessness support programming to provide enhanced leadership within the homelessness support and coordinated access system.
- 2.4 Regional financial investments to complement federal and provincial funding allocations for system planning and coordination were limited prior to 2022. The Regional investment has increased from \$27,000 in 2021 to \$6,268,770 in 2023.
- a. Pandemic funding, received from the Province, through Social Services Relief Funding and additional federal Reaching Home funding supported response to changing and increasing needs during the pandemic.
 - b. Increased Regional investments are providing an opportunity to make significant improvements to the support system.

3. Previous Reports and Decisions

- 3.1 2023-INFO-11: A Review and Renewed Homelessness Support and Coordinated Access System for Durham Region

4. Two-Part Information Report for the Health and Social Services Committee

- 4.1 The provincial budget released on March 23, 2023, included an additional investment of \$202 million for the Homelessness Prevention Program and Indigenous Supportive Housing Program.
- 4.2 To provide the most up to date information on funding and allow for additional consultation for this new investment, the Health and Social Services Committee will be receiving a second report and presentation in June 2023. Combined, the May

and June reports represent a full update on Durham's homelessness support and coordinated access system.

4.3 The second report will include:

- a. An overview of federal, provincial and Regional homelessness funding for 2023/2024.
- b. An overview of priority projects planned for 2023/2024 to address key challenges within the homelessness support and coordinated access system and accelerate housing move-ins from Durham's BNL.

5. 2022 Homelessness Support and Coordinated Access System Statistics

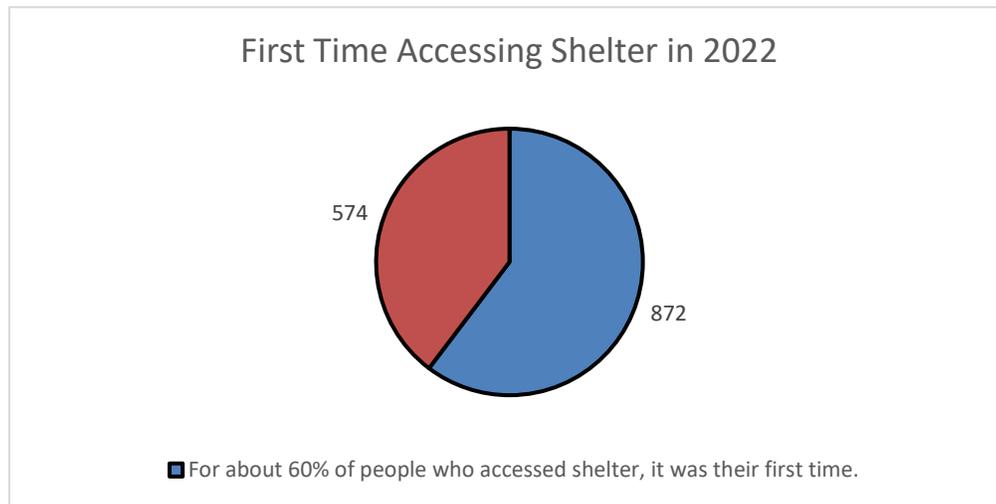
5.1 Throughout 2022, the homelessness support system helped more than 29,000 households across Durham Region. This number equates to roughly four percent of Durham's population who needed support. Supports provided include:

- a. Homelessness prevention activities such as mediating concerns between tenants and landlords, supporting tenants at the Landlord and Tenant Board, financial assistance with rental and utility arrears, family reunification programs for youth, etc. Preventing as many people as possible from becoming homeless is critical to maintaining capacity within the support system.
- b. Shelter and street outreach activities such as physical shelter spaces, hotel programs for families, case management, identification support, etc.
- c. Housing activities such as housing outreach to help people look for appropriate housing, financial assistance for last month's rent and moving costs, housing programs attached to the By-Name List, etc.

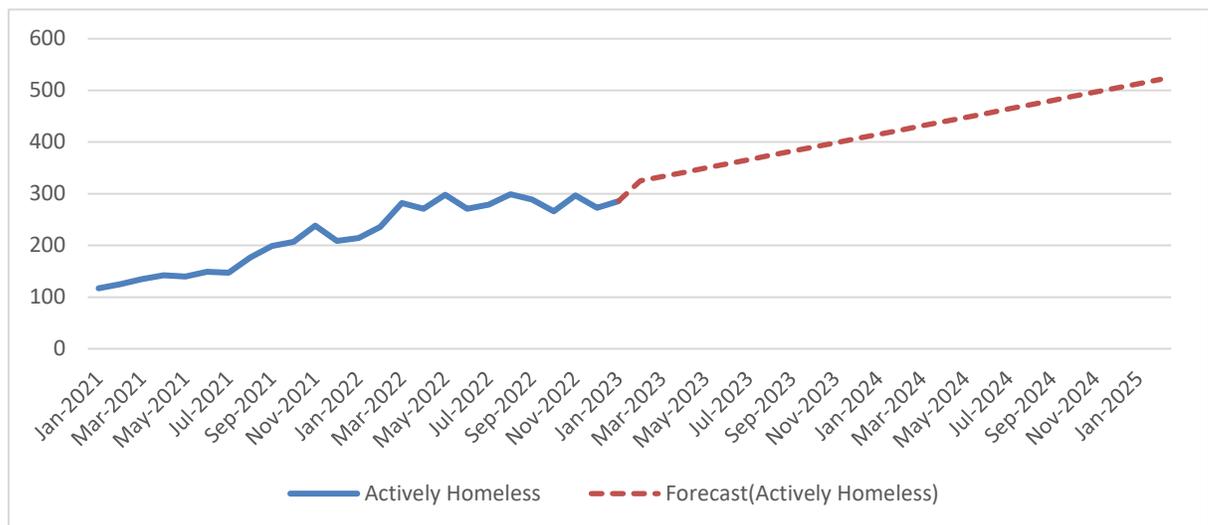
5.2 Housing-focused shelters help people move from homelessness to housing as quickly as possible. Shelter programs are designed to be part of the process of helping people end their homelessness while helping to meet their basic needs. A comparison of data from 2020-2022 is provided below:

Data Point	2020	2021	2022
# of people who accessed shelter	1,318	1,431	1,446
Occupancy Rate	54.5%	97.4%	92.0%
Average Length of Stay	16.9 days	20.2 days	18.9 days
Average Age of individuals who accessed shelter	35.8 years old	37.4 years old	38.8 years old
Average Number of Clients who stayed each night	101	139	163

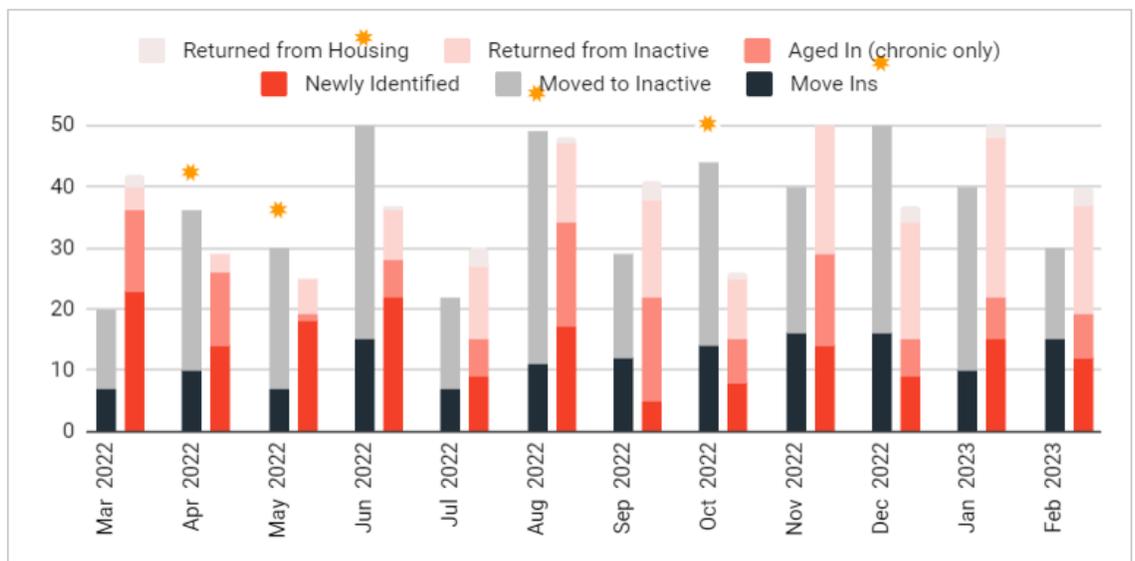
- Despite increasing the number of available shelter spaces in 2022, demand continues to exceed available supply.
 - Shelter occupancy rates below 100% do not necessarily mean that beds are underutilized. Beds may be offline due to shelter repairs/renovations or room composition where a household may occupy a whole room but not all beds in the room. The impact of COVID-19 resulted in long-term capacity restrictions due to the requirement of physical distancing.
- b. Of the 1,446 people who accessed shelter in 2022, for 872 of them it was their first time. This highlights the number of people experiencing homelessness for the first time in Durham.



5.3 Based on data from Durham’s By-Name List, the number of people actively experiencing homelessness has been steadily increasing since 2021. Forecasting using current trend data highlights that Durham is not able to achieve progress on reducing homelessness unless changes are made to the support system.



- a. Although the Region had six months in 2022 where our Outflow out of homelessness was higher than our Inflow into homelessness, it is not consistent over time and subsequently does not decrease our Actively Homeless numbers.
 - The average monthly number of newly identified households experiencing homelessness in 2022 was 42 households. This contributes to the Inflow.
 - The average monthly number of move-ins in 2022 was 18 households. This contributes to the Outflow.



* = outflow > inflow

- b. Until we can sustain having a greater number of Outflows than Inflows each month over time, we will not see any progress in reducing homelessness, despite strong housing outcomes each month.

5.4 As per the municipal BNL data of Durham’s Actively Homeless population, there has been an increase in people experiencing homelessness in most municipalities from 2021 to 2022.

Municipality	*2021	*2022	% Difference	Per Capita ¹
Ajax	19	42	121% increase	.033%
Clarington	4	6	50% increase	.006%
North Durham (Brock, Scugog, Uxbridge)	16	18	13% increase	.032%
Oshawa	136	165	21% increase	.094%

1 (Statistics Canada, 2023)

Pickering	10	4	60% decrease	.004%
Whitby	9	22	144% increase	.016%
Other/ Unknown ²	15	16	7% increase	N/A

*Based on the December BNL of each year.

(Other/Unknown refers to people who may have not been living in Durham but have a meaningful connection to Durham, or who are working with the homelessness support system to complete intake information.)

5.5 As per the demographics of Durham's Actively Homeless population, there has been an increase in most sub-populations of our By-Name List

- a. This includes an 85% increase in families experiencing homelessness, a 50% increase in adults experiencing homelessness, and a 67% increase in people who are experiencing homelessness being unsheltered.

Age	*2021	*2022	% Difference
Youth (aged 16-24)	36	30	16% decrease
Adult (aged 25-59)	146	220	50% increase
Senior (aged 60+)	27	23	15% decrease
Household Type			
Single	175	210	20% increase
Family	34	63	85% increase
Housing Status			
Unsheltered (includes makeshift/street, transient, vehicle, encampment or other unsheltered housing types)	61	102	67% increase
Emergency Shelter/ Hotel	100	111	11% increase
Couch surfing – staying with family/ friends	43	49	14% increase
Unknown/ Other	5	11	120% increase

*Based on the December BNL of each year.

- b. The top 5 contributing factors leading to homelessness include: financial crisis, family/relationship breakdown, lack of family support, lack of housing, mental health, chronically homeless.

5.6 Acuity refers to a person's vulnerability and the level of supports needed to help them end their homelessness. A person's Acuity Level helps service providers determine areas where people may be more vulnerable and need further supports to obtain and sustain housing.

- a. From 2021 to 2022, there has been a 53% increase of people on the BNL who have High Acuity, an 18% increase of those who have Very High Acuity, and a 55% decrease in those who have Low Acuity.

² Refers to people who may have not been living in Durham but have a meaningful connection to Durham, or who are working with the homelessness support system to complete intake information.

- b. This highlights how most people experiencing homelessness have increasing needs outside the scope of housing and homelessness supports.
- c. People with High to Very High Acuity who require increased supports, such as health and mental health supports, made up 60% of our overall By-Name List at the end of 2022.

Acuity Level	Actively Homeless at the end of 2021	Actively Homeless at the end of 2022	% Difference	Housed throughout 2022
Low Acuity (0-3)	22	10	55% decrease	15
Mid Acuity (4-7)	58	65	12% increase	60
High Acuity (8-13)	90	138	53% increase	94
Very High Acuity (14+)	22	26	18% increase	15
Unknown	17	34	100% increase	18

6. Program Reviews

- 6.1 The annual review process includes monitoring and reviewing funded services and supports within Durham's homelessness support and coordinated access system.
- 6.2 There are several steps included in the annual review process.
 - a. Document Review: A shared software system is used to streamline this component. All funded programs and agencies must upload program manuals, financials, staff lists, client feedback, and service statements for review by Regional staff.
 - b. Cross-Agency Interview: Interviews are conducted with other agencies within each sector (ex. shelters sector). A structured interview solicits feedback to promote collaboration and transparency between agencies within the same sector and identify areas for improvement as well as bright spots.
 - c. Key Performance Indicators (KPI): Performance indicators have been set for each sector within the support system. This allows for comparison across programs within a sector. Data is pulled from a shared information system used by funded programs within the support system. The KPIs are being reviewed in 2023.
 - d. Client Feedback Survey: A standardized client survey is required to be available at every funded program and agency partner. The survey solicits regular client feedback that is accessible to Regional staff. Survey questions include which agency was accessed, which service was used and feedback on that service.
 - e. Site Visits: Regional staff attend each program and agency site and spend a full day monitoring service, interviewing staff and speaking with clients when appropriate. This component provides an in-depth understanding of program operations and acts as a follow up for the previous components. Onsite

- interviews with staff identify the strengths and pain points within the program as well as receiving and providing feedback for program improvements.
- f. Agency Report: This component includes a summary of the findings of the review including recommendations and requirements for follow up. Recommendations are included to highlight where the program excels, acknowledges any challenges and provides recommendations for improvement.
- 6.3 Annual reviews are used to provide program/agency specific recommendations for follow up and monitoring by Regional staff. Information from the reviews is also used to provide broader recommendations for each sector within the support system. This is done by grouping similar challenges and bright spots experienced by all programs/agencies within a sector. The annual review in 2022 identified seven system-wide recommendations including:
- a. Providing new training for each sector within the support system, as well as standardized training for all frontline staff on mental health first aid and Crisis Prevention Institute.
 - b. Reviewing frontline staff wages across the system to clearly identify wage gaps.
 - c. Facilitating cross-agency job shadowing to build better collaboration, idea sharing, and relationships across agencies.
 - d. Clearly articulating the specific needs for mental health, addictions and primary healthcare to partner with the support system for this population group.
 - e. Establishing a centralized database of all available homelessness resources and services that is regularly maintained and up to date to support service navigation from support organizations outside of the homelessness system.
 - f. Improving oversight and more frequent check-ins on programs to ensure service agreements are followed and standards are upheld.
 - g. Facilitating staff appreciation days to provide agency staff with a greater sense of community with their peers and a sense of appreciation from the service manager.
- 6.4 In addition to the annual review process, financial reports are submitted and reviewed by Regional staff.

7. Bright Spots

- 7.1 Durham's support system continues to demonstrate strong and consistent housing move-ins despite significant pressures in the rental market.
- 7.2 Durham has been recognized for maintaining a low return from housing rate. This demonstrates that retention practices across the system are successful. Of the 218 people housed through the BNL in 2022, 30 returned from housing and 8 of those people were quickly re-housed.

- 7.3 The Transitional Support Program (TSP) continued to expand on outcomes and deliverables throughout 2022. This team works directly with chronically homeless BNL clients to provide assertive case management to support clients to move from homelessness to housing.
- a. In 2022, the TSP supported 33 people to move from chronic homelessness to stable housing. The program also celebrated a one-year stable housing milestone for the first client housed through the program.
 - b. The TSP also built relationships with 23 community agencies to collaborate and build individualized and coordinated support plans for each client.
- 7.4 The Primary Care Outreach Program (PCOP) continued to expand and now includes:
- a. Two teams that are each comprised of an Advanced Care Paramedic and Social Worker providing social and primary care to people experiencing homelessness and/or at risk of homelessness.
 - b. Updated program hours to operate seven days a week providing service from 8:00am to 6:00pm with flexibility to adjust times to meet service needs between the hours of 7:00am to 8:00pm.
 - c. PCOP had 2952 client interactions in 2022.
- 7.5 The Mental Health Outreach Program (MHOP) continued to expand and now includes:
- a. One team consisting of two Social Workers/Psychotherapists who provide outreach clinical counselling/psychotherapy services to vulnerable populations in Durham Region, including those who are living unsheltered and under-housed and who may have mental health and addictions challenges
 - b. MHOP had 346 client interactions in 2022 while operating at half capacity.

8. Key Challenges

- 8.1 While Durham has many achievements to celebrate, it also has persistent challenges inhibiting our ability to reduce chronic homelessness. Inflow into homelessness continues to increase putting capacity pressures on the support system.
- a. With the current monthly inflow and outflow rates, it is expected that homelessness in Durham Region will continue to rise annually. It is projected that homelessness will increase to more than 500 people by 2025. This represents an annual increase of approximately 100 people.
 - Durham Region's population is rapidly growing. The population is projected to grow to 798,900 people by 2025.³

³ [Monitoring of Growth Trends \(durham.ca\)](https://www.durham.ca/monitoring-growth-trends)

- In 2022, approximately 42 per 100,000 Durham residents experienced homelessness.
 - In 2025, it is projected that this number will increase to approximately 62 per 100,000 Durham residents who will be experiencing homelessness.
- b. Unsheltered homelessness in Durham accelerated throughout 2022 and represents a 67 percent increase from 2021. There are now more than 100 people across Durham experiencing unsheltered homelessness.
- 8.2 Rental market pressures continue to increase, inhibiting housing move-ins.
- a. Increasing challenges securing units in the rental market due to high demand and low supply.
- Rentals that were once considered affordable are seeing significant price increases.
 - A 2013 study found that rent increases were the strongest predictor of homelessness, and that for every \$100 increase in median rent, homelessness increased by 15% to 39%, depending on the urban or rural jurisdiction.⁴
 - Renters in the lowest income quintiles can only afford between 4 and 7% of the available housing stock.⁵
- b. OrgCode Consulting Inc's 2022 system review highlighted increasing discrimination and racism being experienced by rental applicants as landlords are increasingly filtering applicants due to supply shortages and increased demand.
- 8.3 Continued staffing pressures within the homelessness support system.
- a. Increasing challenges with recruitment and retention due to limited funding for staff wages and increasing levels of client acuity. Frontline staff are increasingly required to respond to mental health and addictions crisis – advanced levels of training and education are now required for these frontline roles. Appropriate health positions are needed throughout the support system to respond to crisis and support increasing levels of client acuity.
- Agencies continue to have challenges filling roles and responding to turnover, creating inconsistencies in programming.
 - Despite staffing challenges, the homelessness support system continues to have strong monthly housing and retention outcomes.
 - The Region is exploring a hybrid model for frontline services to support the workforce demands within the system by increasing involvement in direct delivery of homelessness supports across Durham.

4 (Cente News, Growth, 2023)

5 (Cente News, Growth, 2023)

- b. Regional staff are compiling wage information from funded agencies to identify disparities in wages and highlight the need for targeted funding to specifically support increases in wages for staff within the sector.

8.4 Homelessness supports are not a replacement for proper health supports.

- a. The critical lack of mental health and addictions treatment programs as well as supportive housing to support people with high acuity and very complex support needs will continue to exacerbate the current crisis. The homelessness support system is not able to provide these needed resources.
- b. This level of healthcare is not within the scope of the Region's role as provincial Service Manager and federal Community Entity for homelessness funding and systems planning.
- c. The homelessness support system is not equipped to successfully house people with significant mental health and addictions challenges.
- d. The decision to accept treatment is a choice. Legislation permits people including people with high acuity complex issues to refuse treatment and affords the freedom to actively move around and participate in the community.

9. Durham Advisory Committee on Homelessness

- 9.1 The Durham Advisory Committee on Homelessness (DACH) was established by the Health and Social Services Committee in December 1998 to address the issue of homelessness in Durham Region. At the time, community service organizations and homeless people were invited to participate in a reference group that would provide input into the distribution of newly announced Provincial and Regional homelessness funds.
- 9.2 The Chair of DACH is appointed from the Region of Durham's Health and Social Services Committee for a term that coincides with the Committee member's term of office.
- 9.3 The Health and Social Services Committee can make requests of DACH including presentations on agencies or programs, information, research, feedback and input, etc.

10. Relationship to Strategic Plan

- 10.1 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.

11. Conclusion

11.1 Durham’s homelessness support and coordinated access system will continue to experience significant challenges throughout the foreseeable future due to increasing rental market pressures, stagnant social assistance rates, ongoing mental health and addictions pressures, etc.

11.2 The Health and Social Services Committee can solicit the Durham Advisory Committee on Homelessness for information, presentations, etc.

11.3 A second report coming to Health and Social Services Committee in June 2023 will include an overview of 2023/2024 federal, provincial and Regional investments as well as priority projects to address key challenges and accelerate housing move-ins from Durham’s BNL.

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. 2463



The Regional Municipality of Durham Report

To: Health and Social Services Committee
From: Commissioner of Social Services
Report: #2023-SS-7
Date: May 4, 2023

Subject:

Unbudgeted Provincial Funding for the Homelessness Prevention Program.

Recommendation:

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

- A) That the 2023 portion of unbudgeted Provincial funding from the Ministry of Municipal Affairs and Housing in the amount of \$5,360,850 for the period of April 1, 2023, to December 31, 2023, be expended in accordance with the Homelessness Prevention Program guidelines; and
 - B) That the Commissioner of Social Services be authorized to enter into all necessary agreements related to the Homelessness Prevention Program.
-

Report:

2. Purpose

- 2.1 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).

3. Background

- 3.1 On February 3, 2023, Social Services staff received notice from MMAH outlining that the Region's planning allocation 2023-2024 for the Homelessness Prevention

Program (HPP) was \$11,536,100, and that MMAH was conducting a review of the funding allocation model.

- 3.2 On March 24, 2023, Social Services staff received notice from MMAH outlining the Region's revised HPP allocation for 2023-2024. Under this new allocation, the Region's 2023-2024 incremental increase to base funding is \$7,147,800 for a total investment of \$18,683,900.
- 3.3 The submission of the HPP Investment Plan was due back to MMAH by May 1, 2023.

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 HPP 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.
- 4.4 New for the 2023-2024 fiscal year, the Region will be required to update/verify, on a semi-annual basis, facility-level information about emergency shelters and congregate living supportive housing facilities, which are either wholly or in-part funded by MMAH to support risk management, preparedness, and service capacity planning by the Ministry.
- 4.5 A subsequent report and presentation in June will be provided to the Health and Social Services Committee outlining Regional, Provincial and Federal investments in homelessness as well as priority projects funded.

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 \$5,360,850, calculated as 75% of the \$7,147,800 incremental increase to base funding noted in section 3.2, will be expended in accordance with the HPP funding guidelines.

- 5.3 Funding will be allocated to community agencies, subject to terms and conditions set out in the program funding guidelines.
- 5.4 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.

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 MMAH in the amount of \$5,360,850 as supplementary to the 2023 Business Plans and Budget and it be allocated to eligible costs as outlined in the HPP 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



The Regional Municipality of Durham Report

To: Health and Social Services Committee
From: Commissioner of Social Services
Report: #2023-SS-8
Date: May 4, 2023

Subject:

Authorization to Extend the Existing Bulk Cable TV Services Standing Agreement with Rogers Cable TV for the Regional Municipality of Durham's four (4) Long-Term Care Homes

Recommendation:

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

- A) That authorization be granted to award a single source extension of the existing standing agreement to Rogers Cable TV for the supply and delivery of bulk cable TV services for a period of one (1) year expiring April 30, 2024, at a total estimated cost not to exceed \$274,000 for the Regional Municipality of Durham's four (4) Long-Term Care Homes, subject to financing being approved in the annual Social Services Business Plans and Budgets; and
 - B) That the Commissioner of Finance be authorized to execute any necessary agreement.
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Report:

1. Purpose

- 1.1 The purpose of this report is to provide details and seek approval to extend the existing standing agreement with Rogers Cable TV for a period of one (1) year at an estimated cost of \$274,000 for the Regional Municipality of Durham's (Region) four (4) Long-Term Care Homes (LTCH).

2. Background

- 2.1 As part of the resident experience in the Region's LTCHs, the provision of cable television is offered as an option to residents at a monthly cost.

- 2.2 Rogers Cable TV has been providing cable television services to residents for several years (Hillsdale Estates-2002, Hillsdale Terraces-2006, Lakeview Manor-2006, Fairview Lodge-2011).
- 2.3 The cable television services being provided to the residents is centrally managed and billed to the Region. However, residents have control over which additional channels they would like to pay for.
- 2.4 The cable television services currently being provided to residents are analog services. Most televisions services are now digital, and analog cable services are being phased out by cable providers.
- 2.5 Research by Regional staff has found that the current solutions provided by Rogers for digital cable television services may not be the best alternative for the residents.
- 2.6 To provide residents with digital services, a competitive bid process is required to find the best long-term solution.
- 2.7 In order to have sufficient time to develop the scope of work and to prepare and execute the Request for Proposals, a one (1) year extension of the existing standing agreement is required so that the provision of this service to the LTCH is uninterrupted.

3. Financial Implications

- 3.1 Section 7.2 of the Region's Purchasing By-law 16-2020 allows for the negotiation of purchases and permits limited tendering (single/sole source purchases) in situations for additional deliveries by original supplier for goods/services not included in the original procurement if a change of supplier cannot be made due to interchangeability/interoperability with existing goods/services from initial procurement and would cause significant inconvenience or substantial duplication of costs.
- 3.2 Appendix "D" of the Purchasing By-Law #16-2020 requires the approval of Regional Council to award single/sole source procurements in excess of \$100,000.
- 3.3 The supply and delivery of bulk cable TV service is included in the annual Business Plans and Budget for the four (4) LTCHs. The pricing for the services being received will remain at the current rates for the one (1) year extension.

4. Relationship to Strategic Plan

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

5. Conclusion

- 5.1 It is recommended that authorization be granted to extend the existing standing agreement to Rogers Cable TV for the supply and delivery of bulk cable TV service for a period of one (1) year expiring April 30, 2024, at a total estimated cost not to exceed \$274,000 for the Regional Municipality of Durham's four (4) Long-Term Care Homes, subject to financing being approved in the annual Social Services Business Plans and Budgets.
- 5.2 This report has been reviewed by the Finance Department and the Commissioner of Finance concurs with these 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