



The Regional Municipality of Durham

Health and Social Services Committee Agenda

Thursday, June 8, 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](#).

	Pages
1. Roll Call	
2. Declarations of Interest	
3. Adoption of Minutes	
3.1 Health and Social Services Committee meeting - May 4, 2023	4
4. Statutory Public Meetings	
There are no statutory public meetings	
5. Presentations	
5.1 Sahar Foroutani, Manager, Income, Employment and Homelessness Support Division, and Jocelyn Siciliano, Manager, Income, Employment and Homelessness Support Division Re: A Second Update on Durham Region's Homelessness Support and Coordinated Access System (2023-SS-9) [Item 8.2 a)]	12
5.2 Erika Gilbert, Social Worker, and Sherin Surenthiran, Social Worker, Long-Term Care and Services for Seniors Division Re: Long-Term Care (LTC) Caregiver Transition Program	29
5.3 Stephanie Breurkes, Nurse Practitioner, and Heather Toll, Registered Dietitian, Long-Term Care and Services for Seniors Division Re: Palliation in Long-Term Care: A Resident Focused Approach	43
5.4 Troy Cheseboro, Chief of Paramedic Services Re: Paramedic Services Update	54

6. Delegations

- 6.1 Lorrie Hagen, CEO, The Charles H. Best Diabetes Centre
Re: Campaign Progress Update

7. Health

7.1 Correspondence

- | | | |
|----|--|----|
| a. | Correspondence from Rene Lapierre, Chair, Board of Health
Sudbury & Districts
Bill 93, Joshua's Law (Lifejackets for Life), 2023

Recommendation: For endorsement | 70 |
| b. | Information Report #2023-INFO-46 of the Commissioner &
Medical Officer of Health
Durham Region Opioid Response Plan Status Update

Pulled from June 2, 2023 Council Information Package by
Councillor Roy

Recommendation: Receive for information | 72 |
| c. | Information Report #2023-INFO-47 of the Commissioner &
Medical Officer of Health
Consumption and Treatment Services Application Overview

Pulled from June 2, 2023 Council Information Package by
Councillor Roy

Recommendation: Receive for information | 79 |

7.2 Reports

There are no Health reports to be considered

8. Social Services

8.1 Correspondence

8.2 Reports

- | | | |
|----|---|----|
| a. | Report #2023-SS-9
A Second Update on Durham Region's Homelessness
Support and Coordinated Access System | 84 |
| b. | Report #2023-SS-10
Advocacy Strategy and Policy Paper to Address
Homelessness and Related Challenges | 93 |

9. Advisory Committee Resolutions

There are no advisory committee resolutions to be considered

10. Confidential Matters

There are no confidential matters to be considered

11. Other Business

12. Date of Next Meeting

Thursday, September 7, 2023 at 9:30 AM

13. Adjournment

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The Regional Municipality of Durham

MINUTES

HEALTH & SOCIAL SERVICES COMMITTEE

Thursday, May 4, 2023

A regular meeting of the Health & Social Services Committee was held on Thursday, May 4, 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*
Regional Chair Henry

*** denotes Councillors participating electronically**

Also

Present: Councillor Garrod*
Councillor Schummer*

*** denotes Councillors participating electronically**

Absent: Councillor Dies, Vice-Chair

Staff

Present: E. Baxter-Trahair, Chief Administrative Officer
C. Boyd, Solicitor, Chief Administrative Office – Legal Services
A. Burgess, Director, Communications & Engagement
S. Danos-Papaconstantinou, Commissioner of Social Services
A. Di Pietro, Acting Director, Health Protection Division
J. Dixon, Director, Business Affairs and Finance Management, Social Services
M. Hutchinson, Program Manager, Population Health
R. Inacio, Systems Support Specialist, Corporate Services – IT
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
A. Robins, Director, Housing Services, Social Services
A. Skan, Manager, Housing Services, Social Services

C. Taylor, Manager, Budgets & Finance, Social Services
N. Taylor, Commissioner of Finance
T. Tyner Cavanagh, Manager, Strategic Initiatives and Partnerships
E. Valant, Area Manager, Income & Employment Support, Social Services
S. Ciani, Committee Clerk, 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 Foster, Seconded by Regional Chair Henry,
(19) That the minutes of the regular Health & Social Services Committee
meeting held on Thursday, April 6, 2023, be adopted.

CARRIED

4. Statutory Public Meetings

There were 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

Melissa Hutchinson, Program Manager, Population Health, Durham Region
Health Department, and Beth Brannon, Senior Director, Mental Health and
Addictions, Lakeridge Health, provided a PowerPoint presentation with regards to
Local Mental Health and Addictions Services Updates.

Highlights of the presentation included:

- Public Health Mandate: Harm Reduction Program Enhancement
- Canadian Drugs and Substances Strategy
- The Durham Region Opioid Task Force: Stewards of the Durham
Region Opioid Response Plan
- The Durham Region Opioid Response Plan
- Continued Focus On...
- New Areas of Focus...
- Key Highlights of Work Accomplished in 2022/2023
- Helping Our Most Vulnerable Populations
- Primary Care Outreach Program (PCOP)
- Together, Best Mental Health – Mental Health and Addictions Plan

- Yearly Visits Related to Mental Health and Substance Use
- Engagement and Partners
- In Depth: Five Strategic Directions
- Progress: Continued Collaboration
- Progress: Decrease of Opioid Poisoning-related Visits to Emergency Departments
- Homelessness and Mental Health and Addictions
- Durham Region Health Department Recommendation

M. Hutchinson responded to questions with regards to how information is being shared between organizations; ways to assist those struggling with drug addictions and mental health challenges; the average wait for overdose calls in emergency rooms; number of overdose and mental health calls that secure a bed in emergency rooms; the number of overdose calls in Durham Region; how overdose calls are tracked; the outcome of the harm reduction program; the naloxone kits provided to community agencies; potential dangers of administering naloxone to a patient and to the person administering it; how to increase partnerships with other agencies; building community safety well being plans with lower tier municipalities; campaigns to educate the public on naloxone kits; where naloxone kits can be picked up, expiration dates for kits, and proper disposal once used; overdose risk for Indigenous people; and whether further reports and data will be presented to Council at future meetings.

Moved by Regional Chair Henry, Seconded by Councillor Foster,

- (20) That Melissa Hutchinson, Program Manager, Population Health, Durham Region Health Department, and Beth Brannon, Senior Director, Mental Health and Addictions, Lakeridge Health, be invited to present at the June 28, 2023 Regional Council meeting with regards to Local Mental Health and Addictions Services Updates.

CARRIED ON THE FOLLOWING
RECORDED VOTE:

Yes

Councillor Anderson
Councillor Brenner
Councillor Carter
Councillor Foster
Councillor Jubb
Councillor Roy
Regional Chair Henry

No

None

Members Absent: Councillor Dies

Declarations of Interest: None

5.2 Lisa McIntosh, Director, Income, Employment and Homelessness Support Division, re: An Update on Durham Region's Homelessness Support and Coordinated Access System (2023-SS-6) [Item 8.2 c)]

Lisa McIntosh, Director, Income, Employment and Homelessness Support Division, provided a PowerPoint presentation with regards to An Update on Durham Region's Homelessness Support and Coordinated Access System.

Highlights of the presentation included:

- Two-Part Report and Presentation
- 2022 Annual Data – Take Aways
- Forecasting to 2025
- Program Reviews
- Bright Spots
- Key Challenges
- Durham Advisory Committee on Homelessness

L. McIntosh responded to questions with regards to statistics on how many families were spending more than 50% of their income on shelter; information collected for individuals on the By Name List (BNL); talent recruitment for the homelessness division; recognition done for staff working in the homelessness area; and whether Durham Region has a poverty reduction strategy.

6. Delegations

There were no delegations.

7. Health

7.1 Correspondence

A) Information Report #2023-INFO-33 of the Commissioner & Medical Officer of Health, re: Mental Health and Opioids in Durham Region

Discussion ensued with regards to ways to advocate for the mental health and opioid crisis in Durham Region and compliance with Federal and Provincial public health standards.

Moved by Councillor Foster, Seconded by Councillor Anderson,
(21) That Information Report #2023-INFO-33 of the Commissioner and Medical Officer of Health, re: Mental Health and Opioids in Durham Region, be received for information.

CARRIED

7.2 Reports

A) The Association of Local Public Health Agencies (alPHa) Call for Board of Health Nominations (2023-MOH-4)

Report #2023-MOH-4 from R.J. Kyle, Commissioner and Medical Officer of Health, was received.

Moved by Councillor Foster, Seconded by Councillor Brenner,
(22) That we recommend to 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 be endorsed; and
- B) That two members of Regional Council be identified to sponsor the nomination and complete the nomination form.

CARRIED

8. **Social Services**

8.1 Correspondence

A) Information Report #2023-INFO-32 of the Chief Administrative Officer, re: Advocacy Strategy and Engagement Plan to Address Homelessness and Related Challenges

E. Baxter-Trahair advised that Information Report #2023-INFO-32 was provided to update Council on the coordinating action to address homelessness and related challenges in response to a motion from the February 9, 2023 Health and Social Services Committee meeting.

Moved by Councillor Foster, Seconded by Councillor Anderson,
(23) That Information Report #2023-INFO-32 of the Chief Administrative Officer, re: Advocacy Strategy and Engagement Plan to Address Homelessness and Related Challenges, be received for information.

CARRIED

8.2 Reports

A) Supply and Service of Dish Machines for the Regional Municipality of Durham's Four (4) Long-Term Care Homes (2023-SS-4)

Report #2023-SS-4 from S. Danos-Papaconstantinou, Commissioner of Social Services, was received.

S. Danos-Papaconstantinou responded to a question with regards to whether due diligence was done to obtain the best value for the supply and service of dish machines.

Moved by Councillor Foster, Seconded by Councillor Carter,
(24) That we recommend to 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.

CARRIED

B) Basic Income to Support the Economy (2023-SS-5)

Report #2023-SS-5 from S. Danos-Papaconstantinou, Commissioner of Social Services, was received.

Discussion ensued with regards to bringing the report forward to the Province; preparing an advocacy strategy; employment practices to achieve desirable outcome for the Ontario living wage; and preparing a poverty prevention strategy.

Moved by Councillor Carter, Seconded by Councillor Anderson,
(25) That Report #2023-SS-5 of the Commissioner of Social Services be received for information.

CARRIED AS AMENDED

(See Following Motion)

Moved by Councillor Foster, Seconded by Councillor Carter,
(26) That the main motion (25) of Councillors Carter and Anderson be amended by adding the words, "and that a report be brought back Committee that looks at a poverty prevention strategy".

CARRIED

The main motion (25) of Councillors Carter and Anderson was then put to a vote and CARRIED AS AMENDED.

C) An Update on Durham Region's Homelessness Support and Coordinated Access System (2023-SS-6)

Report #2023-SS-6 from S. Danos-Papaconstantinou, Commissioner of Social Services, was received.

Moved by Councillor Foster, Seconded by Councillor Anderson,
(27) That Report #2023-SS-6 of the Commissioner of Social Services be received for information.

CARRIED

D) Unbudgeted Provincial Funding for the Homelessness Prevention Program (2023-SS-7)

Report #2023-SS-7 from S. Danos-Papaconstantinou, Commissioner of Social Services, was received.

Moved by Councillor Anderson, Seconded by Councillor Carter,
(28) That we recommend to 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.

CARRIED

E) 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 (2023-SS-8)

Report #2023-SS-8 from S. Danos-Papaconstantinou, Commissioner of Social Services, was received.

Moved by Councillor Foster, Seconded by Councillor Brenner,
(29) That we recommend to 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.

CARRIED

9. Advisory Committee Resolutions

There were no advisory committee resolutions to be considered.

10. Confidential Matters

There were no confidential matters to be considered.

11. Other Business

There was no other business to be considered.

12. Date of Next Meeting

The next regularly scheduled Health & Social Services Committee meeting will be held on Thursday, June 8, 2023 at 9:30 AM in the Council Chambers, Regional Headquarters Building, 605 Rossland Road East, Whitby.

13. Adjournment

Moved by Councillor Jubb, Seconded by Councillor Carter,
(30) That the meeting be adjourned.

CARRIED

The meeting adjourned at 12:11 PM

Respectfully submitted,

E. Roy, Chair

K. Smith, Committee Clerk



An Update on Durham Region's Homelessness Support and Coordinated Access System – Part 2

June 2023

Two-Part Report and Presentation

June 2023

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

Presented May 2023

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

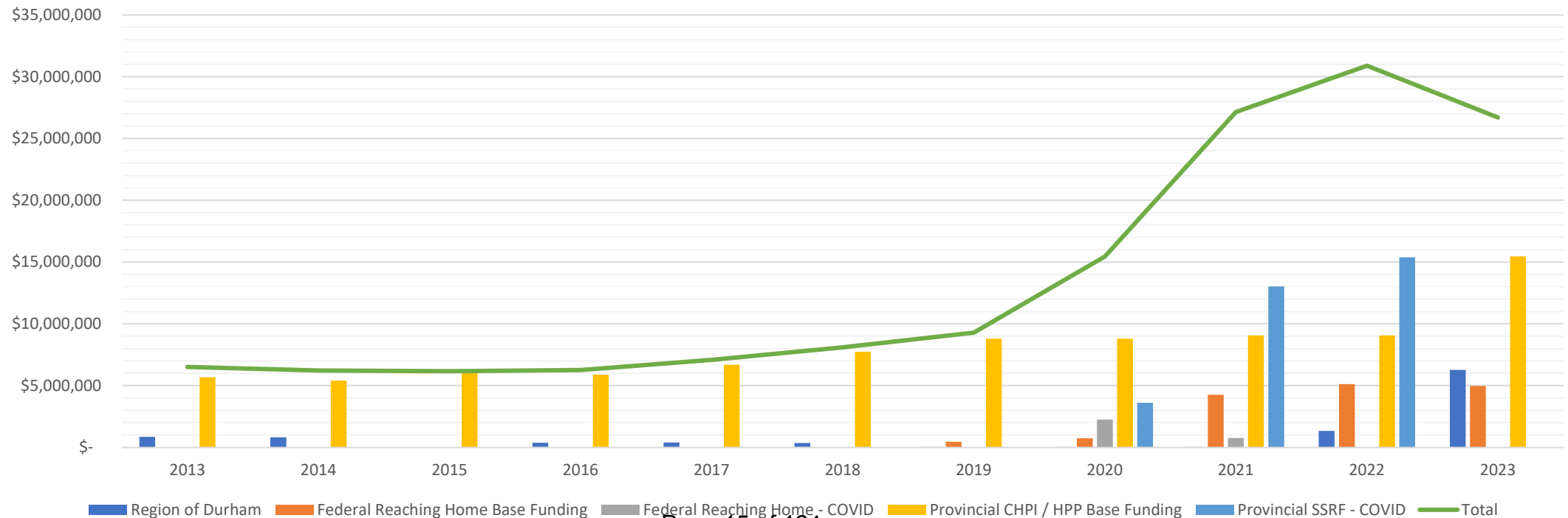
The Homelessness Initiatives Team

- The team is expanding to include:
 - A system management team with a focus on oversight of the system
 - A direct service delivery team with a focus on human centre service delivery
- Regional staff are also now engaging in the direct delivery of homelessness support programming and will be in a position to provide a fulsome overview of the homelessness support and coordinated access system

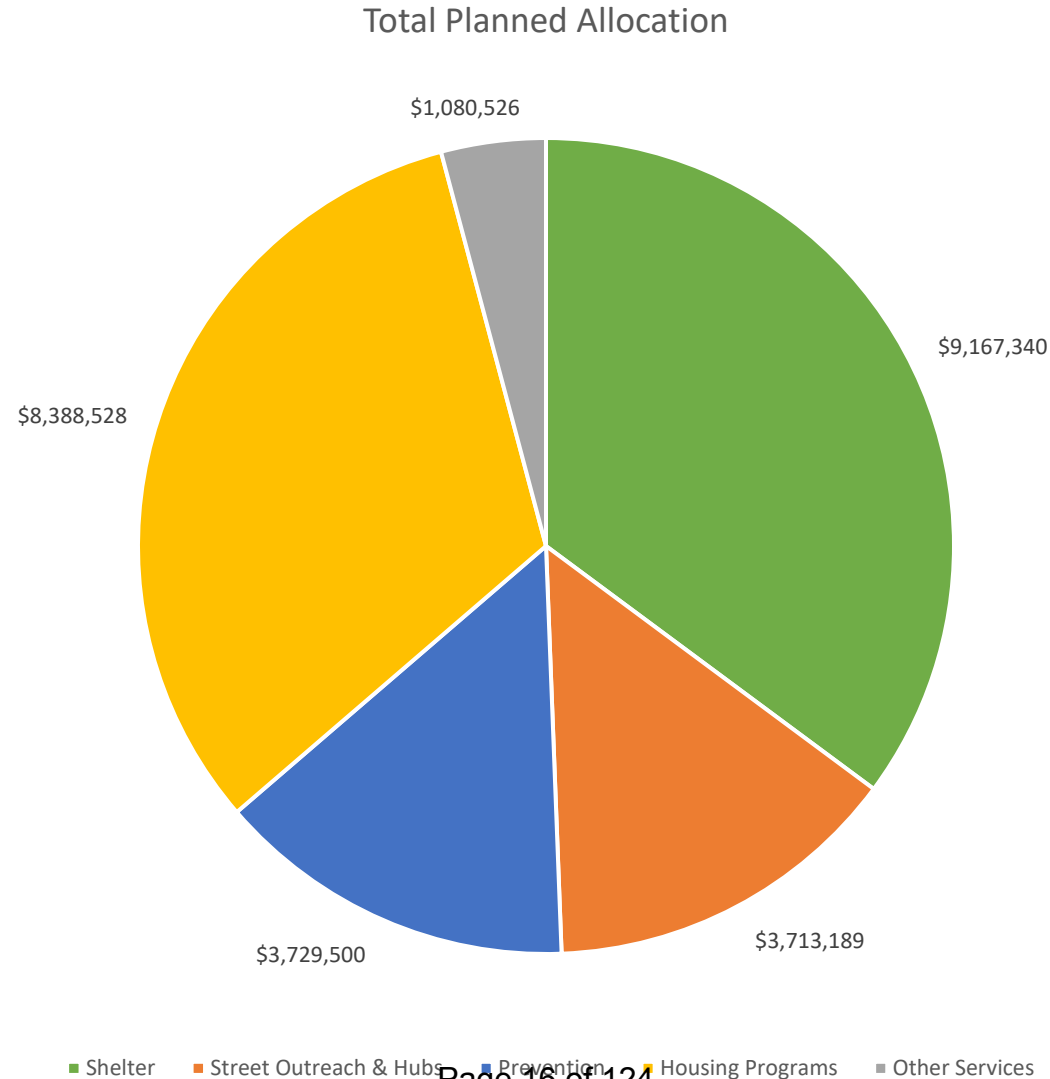
2023/2024 Homelessness Funding Investments

- Durham's homelessness support and coordinated access system is funded through federal, provincial and regional funding.
- Funding levels prior to the pandemic were stable but insufficient to drive reductions in homelessness.
- The chart below includes federal, provincial and regional investments in homelessness over time.

Homelessness Funding Over Time



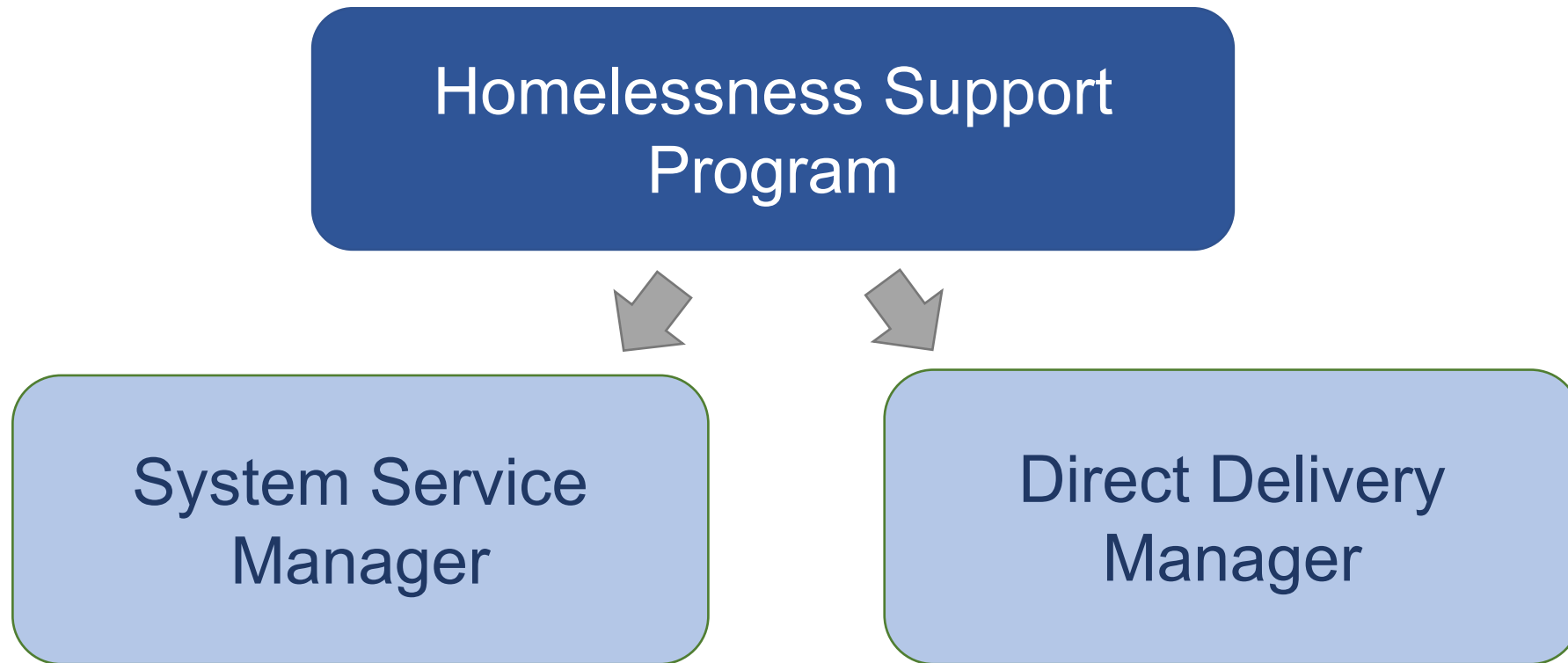
Total Planned Allocations for 2023/24



2023/2024 Homelessness Funding Investments

- Funding is targeted to deliver frontline services in partnership with community agencies across Durham.
- Increased and sustained investments are providing an opportunity to make significant, well-planned and impactful improvements to the support system to achieve better outcomes for people experiencing homelessness in Durham, as well as the ability to bolster quality assurance and contract compliance and develop additional supports provided directly by Regional staff.

Bolstering System Capacity



Increasing Housing Outflow





Improving and Expanding Durham's Street Outreach Continuum

- Community agency street outreach teams currently operate on a weekday schedule and are being expanded to continue to improve capacity and increase housing outcomes.
 - There are currently two community agency street outreach teams through Cornerstone and Carea.
 - Cornerstone's Bridges Street Outreach team consists of two staff
 - This team successfully housed 50 unsheltered clients in 2022
 - Carea's Street Outreach team consists of four staff
 - This team successfully housed 34 unsheltered clients in 2022.



Improving and Expanding Durham's Street Outreach Continuum

- The Region has specialized outreach teams that are mobile across Durham.
 - The Primary Care Outreach Program (PCOP)
 - The PCOP team had 2,952 client interactions in 2022
 - The Mental Health Outreach Program (MHOP)
 - The MHOP team had 346 client interactions in 2022. It is important to note that the program was not at full capacity in 2022.
 - The Adult Protective Services Program supports vulnerable at-risk individuals with developmental disabilities to access and maintain housing through homelessness prevention support.



Improving and Expanding Durham's Street Outreach Continuum

- The Region's Street outreach strategy is being updated to increase the number of dedicated teams across Durham
- Housing-focused street outreach teams look for people experiencing unsheltered homelessness with the goal of developing trust, meeting basic needs and ensuring people are connected to Durham's BNL and Coordinated Access System.
- The Region is developing a direct delivery street outreach program,
 - 10 frontline Regional staff
 - Two supervisors
- Regional Council endorsed a motion to create a Regional Outreach Team
 - The team is in the process of being hired and is expected to launch in the summer of 2023.
 - Coverage will be piloted on a 24/7 schedule.

Improving System Coordination

- Creating a Continuum of Supports
- Improving training and coordination between programs and agencies
- Improving internal/external strategic planning



Additional System Capacity Improvements



Establishing a centralized phone line and e-mail



Developing a community resource for residents and businesses



Expanding shelter capacity and locations across Durham



Increasing affordable and supportive housing outcomes

Supporting Staff Across the System

- Challenges with recruitment and retention of frontline staff
- Frontline staff are increasingly required to respond to mental health and addictions crisis
- To support staffing across the sector, the Region is taking steps to work with partner agencies to develop workforce strategies:
 - Additional training opportunities
 - Hybrid model for frontline services to support the workforce demands

Relationship to Strategic Plan



Conclusion

- Durham's homelessness support and coordinated access system will continue to experience significant challenges due to:
 - increasing rental market pressures
 - stagnant social assistance rates
 - ongoing mental health and addictions pressures, etc.
- Throughout 2023/2024, Regional staff are focusing on system improvements to:
 - Increase outflow from Durham's BNL
 - Preventing more inflow into our BNL through homelessness prevention
 - Improving supports for people who are actively homeless by redeveloping Durham's street outreach strategy and working to expand housing-focused shelter opportunities
- New, sustained investments in homelessness programs have significantly increased the Region's ability to strategically plan, strengthen and increase the response to homelessness in Durham.

Questions



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Long-Term Care (LTC) Caregiver Transition Program

ERIKA GILBERT, Social Worker (MSW, RSW)

SHERIN SURENTHIRAN, Social Worker (MSW, RSW)



PROGRAM PROPOSAL

Scope of LTC Social Worker (SW) Role

Core Tasks:

- Psychosocial assessments
- Case management
- Supportive counselling
- Psychoeducation
- Consultation
- Advocacy
- System navigation
- Facilitate support groups
- Referrals to internal & external resources
- Liaise with community supports
- Participate on internal & Divisional projects and committees

LTC Caregiver Transitions

- **Transitions to Long-Term Care**
 - **Experiences of transitional stress, anxiety, loss and grief**
 - **Significant need for psychosocial support**
- **Impact of COVID-19 Pandemic**
- **Caregivers are tasked with adjusting to the LTC environment *and* providing support to LTC Resident**

LTC Caregiver Transitions

- **COVID-19 Pandemic has visibly highlighted the importance of Caregivers for Residents' bio-psycho-emotional-social-spiritual-cultural+ health and well-being**
- **Historical and current issues may impact Caregivers (e.g., childhood abuse, trauma, mental illness, addictions issues)**
- **LTC SW role limited to supporting the *current* caregiving experience**
- **Focus: Develop programming to help educate on the context of LTC, as well as assisting Caregivers with their overall health and wellness**

Partnership with Family Services Department (FSD)

Offer intentional and tailored support to Caregivers at the beginning of their LTC journey via:

- 1. LTC Social Workers: Monthly Caregiver Orientation**
- 2. Family Services Dept.: Quarterly Caregiver Mental Health Seminar**

Goals:

- **Empower Caregivers**
- **Enhance distress tolerance and coping skills**
- **Increase caregiver mental health**
- **Improve understanding of LTC environment**
- **Cultivate realistic expectations**
- **Reduce Caregiver complaints**

Partnership with Family Services Department (FSD)

Operational Benefits:

- Provide support to large number of Caregivers at once
- Provide structured, standardized, and streamlined psychoeducation
- Help LTC Caregivers across Durham Region directly access FSD & increase FSD referrals
- Proactive mental health support for Caregivers
- Meaningful collaboration between LTC Division and FSD



PROGRAM CONTENT

Caregiver Transitions Program (LTC Social Workers)

1. CONTEXT OF LTC:

- **Legislation, Ontario Residents' Bill of Rights, & Ministry of Long-Term Care**
- **Fundamental Principle of LTC**
- **The Region's Homes & Philosophy of LTC**

2. LTC RESIDENTS' CARE TEAM:

- **Overview of Medicine, Nursing, & Allied Health teams**
- **Communication Pathways**
- **Raising Comments, Concerns, and/or Complaints**

Caregiver Transitions Program (LTC Social Workers)

3. FREQUENTLY ASKED QUESTIONS:

- Questions were developed from feedback from current LTC Residents, Caregivers, and Staff

4. LTC CAREGIVER HEALTH & WELLNESS:

- Journey of the LTC Caregiver & mental health
- Self-Care domains & strategies
- Book recommendation: *What Now? Managing the Emotional Journey of the Long-Term Care for Families* by Deborah Bakti
- Community resources
- FSD's Mental Health & Wellness Seminar

Caregiver Mental Health & Wellness Seminar

(Family Services Department)

- **Single-point group intervention that offers psychoeducation, psychosocial counselling, and experiential learning (90-minute session)**

Topics:

- **Mental health**
- **Anxiety and depression**
- **Transitional and workplace stress**
- **Current and historical trauma**
- **Loss and grief**
- **Distress tolerance**
- **Self-care skills**
- **Emotion regulation**
- **Community resources**



FUTURE GOALS

FUTURE GOALS

- **Assess turnout and feedback received for first 6 months (January 2023 – June 2023)**
- **Offer in-person sessions (depending on COVID-19 restrictions)**
- **Develop admissions brochure to support with further sharing of information**



THANK YOU

ERIKA GILBERT,
Social Worker (MSW, RSW)

SHERIN SURENTHIRAN,
Social Worker (MSW, RSW)

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





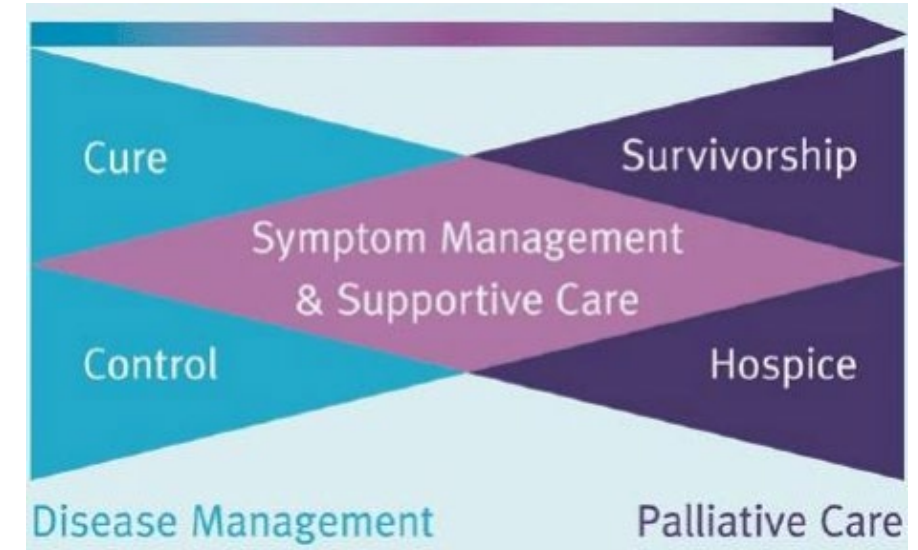
Palliation in Long-Term Care: a Resident Focused Approach

Stephanie Breurkes, *Nurse Practitioner-Hillsdale Terraces*

Heather Toll, *Registered Dietitian-Hillsdale Terraces*

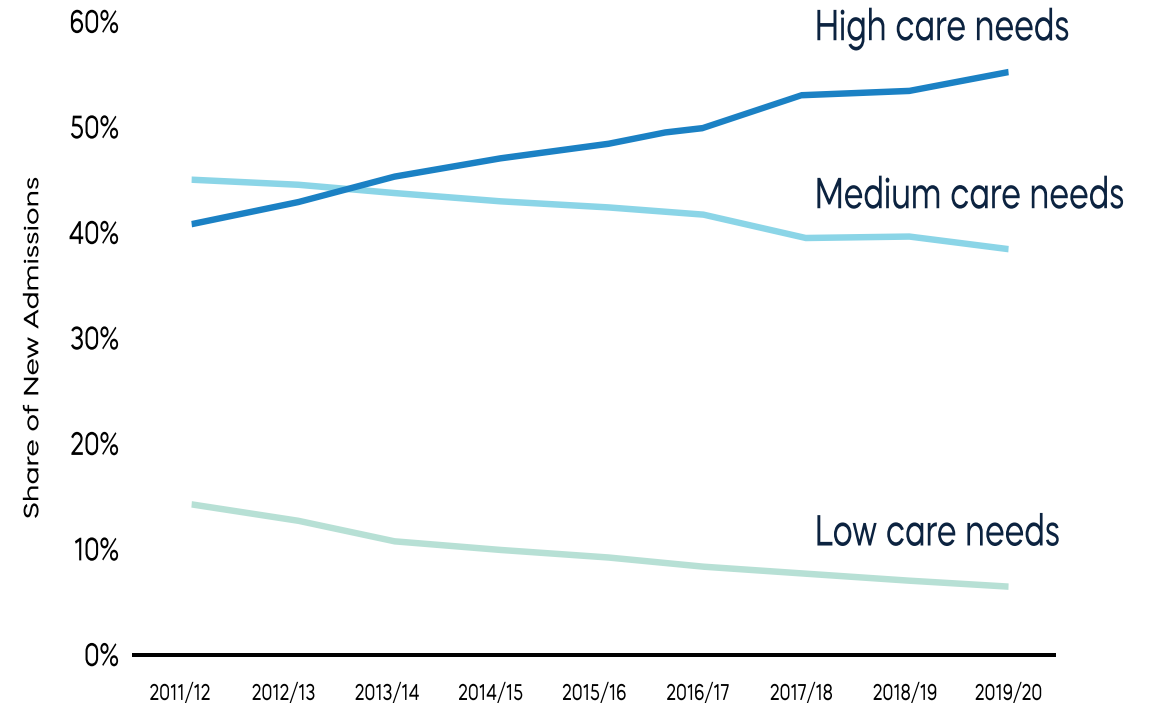
What is Palliative Care & Why is it Important?

- **Palliative care (PC)**
 - Specialized medical care for people living with serious illness
 - Symptom and stress relief
 - Improve quality of life
 - Can be provided for months/years
- **End-of-Life Care (EOL)**
 - Provided in the final days/hours of life.
 - Focused on relief of symptoms, resident and family support
- **Access to Palliative Care**
 - **Diagnosis:** Cancer patients are the most likely to be identified as having palliative care needs in their last year of life (77%), while those with dementia are the least likely (39%).
 - **Age:** Canadians 85 and older are least likely to receive palliative care.
 - Residents are admitted to long-term care with more advanced disease and increased frailty

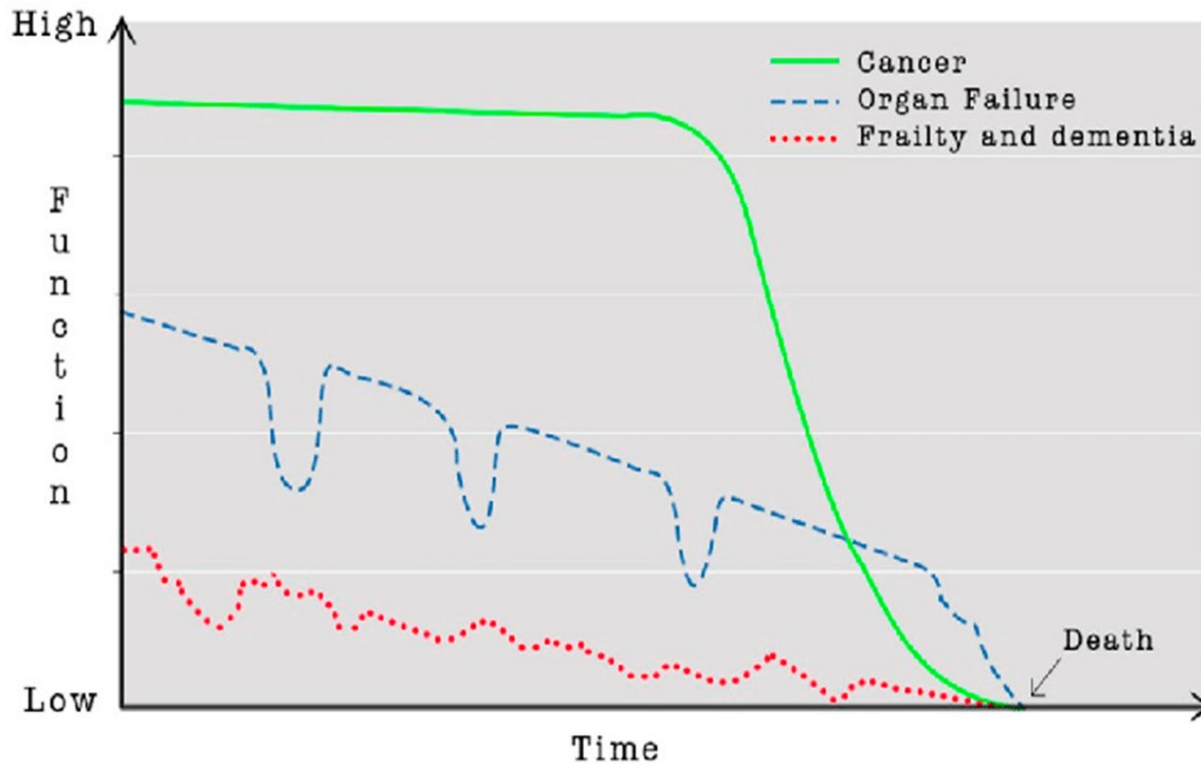


Current Long-Term Care Population

- Average age in LTC **83yrs old**
- Length of stay has declined by **100 days** each year since 2019 at Hillsdale Terraces (HT)
- 75% of admitted residents have 3 or more **complex medical conditions**
 - At HT residents have an average of 10 diagnoses
- 75% of resident have some form of **cognitive impairment**
 - 25% increase when compared to data from 2011



Disease Trajectories



- Residents will have different experiences over time depending on the disease process
- **Medically Complex Conditions**
 - Heart/lung diseases
 - Many recurrent illnesses as disease progresses
 - Increase in symptoms
- **Late Stage Dementia**
 - Slow decline in function
 - Eating and drinking slowly declines over time
 - Total care for all activities of daily living
 - Sleeping more

Fixing Long-Term Care Act, 2021

- In April 2022 the *Fixing Long-Term Care Act (2021)* regulation changes came into effect
- The Act includes the following statements:
 - 61. (3) The licensee shall ensure that the resident or Substitute Decision Maker... are **provided with an explanation of the palliative care options** that are available based on the assessment of the resident's palliative care needs, which may include, but are not limited to, early palliative care and end-of-life care.
 - (4) ...the palliative care options made available to the resident include, at a minimum,
 - (a) quality of life improvements;**
 - (b) symptom management;**
 - (c) psychosocial support; and**
 - (d) end-of-life care, if appropriate.**



Divisional Long-Term Care Palliative Care Program

- **Program enhancements include:**
- **Assessment**
 - Standardized assessment and communication tools
 - Interdisciplinary approach to assessment/care need identification
 - Standardized medication orders as a starting point for symptom relief at end-of-life
- **Communication**
 - Primary focus on early identification for close monitoring throughout the disease trajectories
 - clearly outlining residents wishes/goals of care as their health declines
 - Enhancing the care conference structure which allows for residents, families and team members to collaborate on the plan of care

Divisional Long-Term Care Palliative Care Program

- **Program enhancements include:**
- **Collaboration**
 - Built sustainable partnership with hospice volunteer, grief and bereavement services
 - Early education and collaboration with families and residents
 - Supporting front-line education to build knowledge and capacity
 - The addition of a dedicated palliative care program lead



Positive Outcomes

- **Avoiding Emergency Room transfers** when health decline is expected
- **Improving symptom management** for medically complex deaths, instituting and updating an EOL symptom management order set
- **Increasing hospice volunteer support** through expanding our internal volunteers and through our partnership with the Victoria Order of Nurses (VON)
- **Improving family experience** of death through improving comfort at the bedside (chairs, cart with nourishment and supplies)
- **Improved communication** throughout disease trajectory (increased care conference) staff and families



On average, over 86% of residents of Hillsdale Terraces died at the long-term care home vs in the hospital since October 2021

Future Goals



- **Increase opportunities for front-line staff to access education**
 - Build capacity and confidence of direct care/allied health staff to provide focused support for our residents and families
- **Continuing to explore ways to incorporate goals of care discussions in the admission process as appropriate**
 - Fostering team based practice for ongoing interdisciplinary assessment to supports a holistic approach to care
- **Encouraging an upward trend in the following statistics:**
 - End-of-life care occurring with supports in the LTC home vs hospital
 - Residents receiving palliative care within their last 6 months of life
 - Team based goals of care discussions with increased opportunities to review care options

References

- Ontario Long-Term Care Association(OLTCA) -Data webpage
 - <https://www.oltca.com/about-long-term-care/the-data/>
- Access to Palliative Care in Canada (CIHI) 2023
 - <https://www.cihi.ca/sites/default/files/document/access-to-palliative-care-in-canada-2023-report-en.pdf>



Thank You!

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Paramedic Services Update

Durham Region Health Department
Region of Durham Paramedic Services

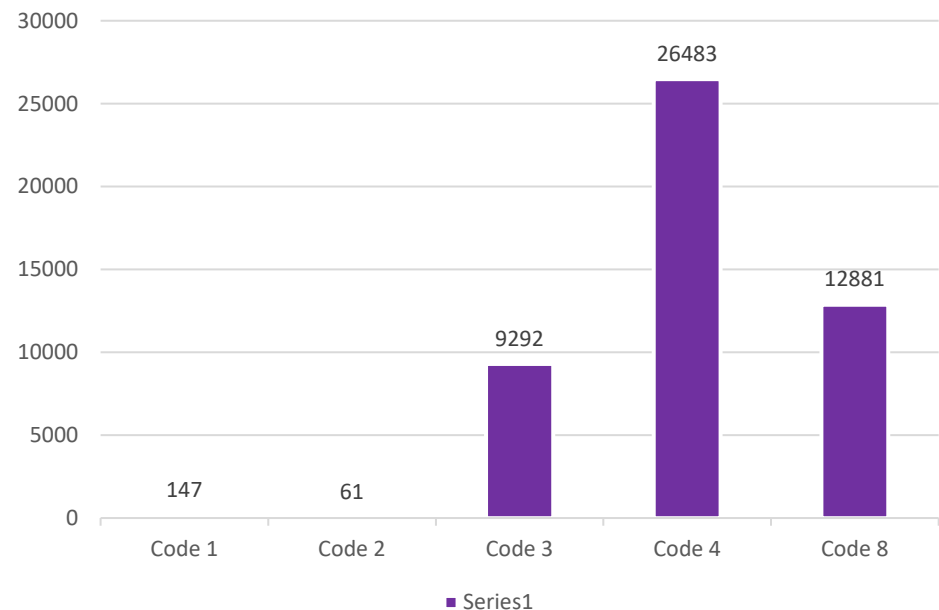
Health & Social Services Committee
June 8, 2023



Call Volume Jan to Apr 2023

- Code 1 Responses-147
- Code 2 Responses-16
- Code 3 Responses-9292
- Code 4 Responses-26483
- Code 8 Responses-12881

Call Volumes





Offload Delay

LHAP 90th Percentile

- Jan 1:35:31
- Feb 1:57:15
- Mar 1:17:32
- Apr 1:20:16

LHO 90th Percentile

- Jan 2:28:52
- Feb 2:04:58
- Mar 1:40:58
- Apr 1:27:48



Seaton Paramedic Response Station





PCOP Overview

- Consists of an Advanced Care Paramedic (ACP) and Social Worker providing outreach and service navigation services to vulnerable priority populations in Oshawa/Ajax and other parts of Durham
- The PCOP team uses a rapid response vehicle (RRV) to commute to priority neighbourhoods throughout Durham Region
- Services are provided Sunday to Saturday from 8 am to 6 pm with two teams



PCOP Goals

- To address the health and social service needs of hard to reach populations with complex needs
 - Address urgent health needs and support individuals in crisis
 - Support individuals to get help for physical (primarily wound care) and mental health issues, and substance abuse
 - Assist with service navigation and ongoing connections to/use of physical and mental health services
 - Support transition to more stable housing situations
- To improve coordination between Health and Social Services
- Continue to build on the trust relationships established



Outreach Services

Paramedic Services

- Blood glucose tests
- Medical counselling
- Referrals for medical care/service navigation
- Urgent care (e.g., intravenous treatment, Naloxone)
- Wound care (IV/Oral antibiotics)
- IM Anti-psychotic injections q14-28 days

Social Services

- Crisis, addictions and general counselling
- Engagement, assessment and triage, coordinated referrals and follow up
- Service navigation
 - To provide support for addictions, food insecurity, housing and physical and/or mental health issues



Enhanced Medications

- Dr. Moran and Mission United Medical established a relationship to support unsheltered population
- IV antibiotics were added to the list of medications in late 2022 to support wound care (i.e., Ancef, Vancomycin, Ceftriaxone)
- Anti-psychotic injections q14-28 days were added in 2023 and include Risperidone, Fluanxol, Abilify, and Invega
- Recently oral antibiotics were added for a medical directive on Cellulitis



PCOP Stats Oct 1 – Dec 31, 2022

- 18 visits
- 5 wellness checks
- 2 pregnancy urine HCG tests completed
- 8 urine drug screens completed



PCOP Stats Jan 1 – Mar 31, 2023

- 58 Visits
- 19 Wellness checks
- 8 Wound care
- 1 Influenza Vaccination
- 1 COVID swab
- 1 Pregnancy Urine HCG test
- 14 Urine Drug Screens
- 2 Anti-psychotic Injections
- 2 Naloxone Distribution Kits
- 1 Medication Assist/Prompt
- 1 IV Antibiotics for wound care



Success Example

- **This first picture was taken on April 27**
- Skin infection issues are related to poor hygiene. Reached out to Dr. Ho and he prescribed an Cefadroxil 1G daily x 5 days and strongly suggested client take daily showers
- PCOP cultured it for appropriate medication treatment and dropped off at Mission United Medical
- PCOP obtained fresh pants, socks, underwear and a shirt leaving client in the shower at the Hub





- **May 3**
- Adherent with medication and completed dose
- PCOP sprayed all of patient's wounds with iodine and he stood to allow it to soak in. Patient showered afterwards
- Right lower leg was painted with iodine and then dressed with Bactigras dressing, 6 inch cling and a tubular dressing
- Follow up x 2 days



- **May 6**
- Healing well and resolving from original





Future Growth

- Evaluation results show that the greatest needs of the client population are for social services
- Clients would further benefit from:
 - Transportation support
 - Supplies (e.g., bathroom tissue, blankets, bottled water, clothing, etc.)
- Expanding the reach of the program will help support vulnerable populations in all lower tiers



Opioid Update

- 2012-Hospitalizations from an opioid overdose - 15/100,000 Durham Residents
- 2021-Hospitalizations from an opioid overdose - 18/100,000 Durham Residents
- Durham rate is below Provincial rate



Questions?



May 16, 2022

VIA ELECTRONIC MAIL

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto ON M7A 1A1

Dear Premier Ford:

Re: Bill 93, Joshua's Law (Lifejackets for Life), 2023

On behalf of the Board of Health for Public Health Sudbury & Districts, I am writing to convey the Board's support for Bill 93 Joshua's Law (Lifejackets for Life), 2023 which recently passed second reading.

The matter of boating safety and drowning prevention is of great interest to the Board of Health for Public Health Sudbury & Districts. On September 22, 2022, we advised your office of the Board's [resolution](#) to request the Government of Ontario to enact legislation requiring all individuals in a pleasure boat to wear a lifejacket or PFD.

Over the 10-year period from 2012 to 2021, 2147 Ontarians (65 Sudbury and districts) had emergency department visits that resulted from a drowning or submersion injury related to watercraft and, over the last 10 years of available death data (2009-2018), 198 Ontarians (8 Sudbury and districts) died of a drowning or submersion injury related to watercraft. The Board of Health is aware that of the nationally reported boating deaths from 2013 to 2017 for which data were available, 79% were not wearing a lifejacket or personal floatation device (PFD). Not wearing a lifejacket is the most common behavioural risk factor associated with boating drownings across the lifespan. In Canadian drowning deaths from 2013 to 2017 for which PFD data were available, 87% of 15–34-year-olds, 75% of 35–64-year-olds, and 80% of 65+ year olds were not wearing lifejackets. Not wearing lifejackets continues to be identified as the most common risk factor in drowning deaths beyond childhood.

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phsd.ca



Letter to the Premier of Ontario
Re: Bill 93 – Joshua’s Law (Lifejackets for Life), 2023
May 16, 2023
Page 2

Bill 93 is an important first step to saving lives. Public Health will continue to strongly advocate for the Government of Ontario to enact legislation requiring all individuals to wear a personal flotation device (PFD) or lifejacket while on a pleasure boat that is underway, or while being towed behind a pleasure boat using recreational water equipment.

Thank you for your attention on this important issue.

Sincerely,



René Lapierre
Chair, Board of Health

cc: Honourable C. Mulroney, Minister of Transportation
Honourable S. Jones, Minister of Health
Jamie West, Member of Provincial Parliament, Sudbury
France Gélinas, Member of Provincial Parliament, Nickel Belt
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin
Viviane Lapointe, Member of Parliament, Sudbury
Marc Serré, Member of Parliament, Nickel Belt
Carol Hugues, Member of Parliament, Algoma-Manitoulin-Kapuskasing
Association of Local Public Health Agencies
All Ontario Boards of Health



The Regional Municipality of Durham Information Report

From: Commissioner & Medical Officer of Health
Report: #2023-INFO-46
Date: June 2, 2023

Subject:

Durham Region Opioid Response Plan Status Update

Recommendation:

Receive for information

Report:

1. Purpose

1.1 To provide an update on the Durham Region Opioid Response Plan.

2. Background

2.1 Opioids are a class of drugs that are usually prescribed to treat moderate to severe pain, coughs and/or diarrhea. Opioids can cause euphoria (feeling high) which gives them the potential to be used improperly. The risks of using opioids include physical dependence, substance use disorder and poisoning. While opioids can be prescribed and obtained through pharmacies, they can also be produced and obtained illegally.

2.2 The opioid crisis is a complex public health issue and is the result of multiple complex factors which include:

- a. A misunderstanding of the addictive risk of prescription opioids.
- b. Psychological, social and biological risk factors like genetics, mental health, early life experiences, trauma, poverty, lack of secure housing and other social determinants of health.
- c. Stigma towards substance use disorders.

- d. Frequent opioid prescribing and high amounts being prescribed for pain relief.
 - e. Lack of awareness or access to alternative treatments for pain.
 - f. Use of prescription opioids by individuals to whom they are not prescribed, such as friends and family members.
 - g. Lack of access to prescription opioids leading to illicit opioid use.
 - h. Illegal drugs that are laced with fentanyl and its analogues.
 - i. A lack of comprehensive care to respond to all the mental and physical health needs of an individual.
- 2.3 The opioid crisis can impact anyone, but it disproportionately impacts individuals living in low-income situations, individuals who are unemployed, people with disabilities, and Indigenous communities contending with systemic racism, trauma, and intergenerational trauma.
- 2.4 In August 2017, the Ministry of Health and Long-Term Care (MOHLTC) announced that that public health units across the province were accountable under the Ministry's [Harm Reduction Program Enhancement](#) plan to address the opioid situation through three key components:
- a. Develop a local opioid response plan.
 - b. Naloxone distribution and training.
 - c. Develop an opioid overdose early warning and surveillance system.
- 2.5 Local opioid response requirements include building on and leveraging existing programs and services to increase access to programs and services. It is expected that public health units will engage stakeholders and identify partners to support development and implementation of a local overdose response plan, informed by population health and a situational assessment to identify local needs, gaps, community challenges and issues.
- 2.6 In October 2017, Durham Region Health Department (DRHD) held an [Opioid Forum](#) with approximately 100 stakeholders in attendance. During the forum a situational assessment was conducted, which included next steps in developing a coordinated opioid response plan for the Region.
- 2.7 The Durham Region Opioid Response Plan aligns with the pillars of [Health Canada's Canadian Drugs and Substances Strategy](#) to ensure the work is comprehensive and supported by a strong evidence base.
- 2.8 The first [Local Opioid Response Plan](#) included the following priority areas for action:

- a. Develop an opioid poisoning early warning and surveillance system (coordinate surveillance activities and use “real-time” data from across sectors).
- b. Support on-going knowledge exchange/intelligence sharing related to opioids.
- c. Increase public and service provider awareness of the connection between mental health, trauma and substance use.
- d. Increase treatment options that are relevant and accessible within Durham Region.
- e. Develop a local evidence-based harm reduction strategy that fosters service coordination and increased access to harm reduction services and supplies to priority populations.
- f. Implement naloxone distribution and training.
- g. Continue addressing illicit drug production, supply and distribution.

2.9 An [Opioid Response Plan Status Report](#) was released in June 2018.

2.10 The [Durham Region Opioid Overdose Early Warning and Surveillance System \(DROIS\)](#) was launched in July 2018, to coordinate surveillance activities and use of real-time data. The system is accessible to the public and allows community agencies, first responders and public health to tailor services to meet the needs of community members and specifically, people who use drugs.

2.11 The Durham Region Opioid Task Force members are stewards of the opioid response plan who come together regularly to ensure a wide variety of perspectives are considered in discussions and decisions. This ongoing communication and collaboration works to: advance service coordination and service access, and identify service gaps and opportunities to address the gaps, where feasible.

2.12 In fall 2018, the Durham Region Opioid Task Force conducted service mapping exercises to identify gaps and barriers with respect to local harm reduction and treatment services. One of the key learnings from the exercise identified a gap in knowledge and understanding of the local services being provided, across the many service organizations. The need for a central database of local harm reduction and treatment services was identified. Task force members worked with the 211Durham service providers to further populate the existing database, ensuring it contained current and detailed information about local addictions and mental health services. The 211Durham service was integrated into the provincial database of services called [211Ontario.ca](https://211ontario.ca), which allows Durham Region residents and service providers to find and access local harm reduction and treatment services.

2.13 DRHD, in collaboration with Task Force members, continued to assess the local

situation regularly. Additional consultation occurred with people who have lived experience of drug use, the Downtown Oshawa Business Improvement Association as well as members of the public. The [DRHD Opioid Consultation Report](#) was published in March 2019.

- 2.14 DRHD in collaboration with the Task Force, developed and launched a local anti-stigma campaign entitled [People Who Use Drugs are Real People. Get Informed. Get Involved. Get Help.](#) The purpose of this campaign was to increase public and service provider awareness of the connection between mental health, trauma, and substance use. Evidence shows that stigma acts as a significant barrier to individuals who are seeking services and support.
- 2.15 On March 11, 2020, the World Health Organization (WHO) declared the novel coronavirus (COVID-19) outbreak a global pandemic. The Task Force paused its work to enable DRHD staff to fully support the local pandemic response. During this time, naloxone distribution to community agencies and monitoring of the [Durham Region Opioid Information System](#) continued.

3. Current Status

- 3.1 In 2022, Durham Region males, across all age groups, were more likely to visit the Emergency Department for an opioid poisoning. Males aged 25 to 44 years had the highest rate of hospitalizations, while females aged 45 to 64 had the highest rate of hospitalizations.
- 3.2 The [rate of hospitalizations](#) from an opioid overdose in Durham Region residents increased slightly from 2012 to 2021. There were approximately 15 opioid-related hospitalizations per 100,000 Durham Region residents in 2012 compared to 18 hospitalizations per 100,000 Durham Region residents in 2021
- 3.3 The [rate of opioid-related deaths](#) in 2021 is five times higher than in 2012. There were approximately four opioid-related deaths per 100,000 Durham Region residents in 2012 compared to 18 deaths per 100,000 Durham Region residents in 2021.
- 3.4 In 2020 and 2021, Durham Region was below the [Provincial rates for hospitalizations and deaths.](#)
- 3.5 DRHD has the seventh lowest opioid toxicity mortality rate compared to all 34 Ontario Public Health Units (January to December 2022).
- 3.6 [Neonatal abstinence syndrome](#) (NAS) is a set of withdrawal symptoms experienced when a newborn is exposed to certain substances (e.g., opioids, antidepressants, barbiturates, and benzodiazepines) in the womb before birth. NAS is most often a result of exposure to opioids. A NAS diagnosis usually occurs in the first 28 days of life.
- 3.7 [NAS rates in Durham Region](#) have remained stable since 2014. In 2021, 27

newborns were admitted to a hospital and diagnosed with NAS in the first 28 days of life. This represents 3.5 newborns for every 1,000 live births to Durham Region residents. The rate of NAS among newborns born to Oshawa residents has decreased in recent years. Between 2017 and 2021, the rate of neonatal abstinence syndrome hospitalizations in newborns born to Oshawa residents decreased from 18.1 to 7.6.

- 3.8 Hepatitis C, human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) are infectious diseases commonly associated with injection drug use. Consistently, [Durham Region has lower incident rates of Hepatitis C, HIV and AIDS](#) compared to Ontario (Interpret 2020 and 2021 data with caution due to changes in the availability of health care and health seeking behaviour during the COVID-19 pandemic).
- 3.9 During the height of the COVID-19 pandemic in 2021, Durham Region experienced a higher-than-normal number of [paramedic service calls](#) related to suspected opioid poisonings. In 2022, a decline was noted with approximately 573 suspected opioid poisoning calls received by Region of Durham Paramedic Services (RDPS), compared to 998 calls in 2021, and 725 calls in 2020. The 2022 data closely reflect pre-pandemic trends.
- 3.10 In fall 2021, an updated [Opioid Response Plan](#) was created. The updated plan is an evolution of the work completed within the first response plan. There continues to be a strong focus on collaboration and coordination to reduce opioid related overdoses and deaths.
- 3.11 The [multi-year plan](#) includes the following areas for action:
 - a. Collaboration and coordination with experts in the field of housing and homelessness.
 - b. Prevention strategies for problematic substance use.
 - c. A strong focus on the Truth and Reconciliation Commission of Canada, Call to Action report and ensuring the work carried out considers these important recommendations.
 - d. Coordination with partners to foster timely access to services for people who use substances and are seeking treatment and/or harm reduction services.
 - e. Contributing to the maintenance of a healthy and safe community in downtown Oshawa.
 - f. Increasing client awareness of available harm reduction and treatment services within Durham Region.

- g. Working with Lakeridge Health to help inform the development of treatment pathways and to assist with the identification of gaps in care.
- h. Identify opportunities to leverage current services to include a peer-based model of support for harm reduction, outreach and treatment services.
- i. Expanding access to naloxone.
- j. Employing evidence-based recommendations to enhance needle exchange services.
- k. Raising awareness of how stigma acts as a barrier to accessing treatment, harm reduction and support services.
- l. Working in collaboration with Durham Regional Police Service (DRPS) to address illicit drug production, supply and distribution.
- m. Collaborating with DRPS to identify opportunities for transitioning individuals from police services to community-based treatment and harm reduction services.

3.12 The task force prioritized the following areas, within the first phase of the action plan:

- a. To ensure work is coordinated across many areas the Opioid Task Force is represented and actively involved with the: Mental Health and Addictions Integrated Planning Committee and Emergency Care Working Group, the Central East Opioid Strategy Table, and the Community Safety and Wellbeing Plan.
- b. The development and launch of the [Report Drugs tool](#), which allows anonymous reporting of qualitative data that can be used to inform the DRHD's Drug Alert and Early Warning System.
- c. Conducting service mapping to identify potential gaps in services related to police calls for public disruption and non-criminal offences. As a result of the service mapping exercise, key stakeholders (DRPS, Social Services and the Primary Care Outreach Program) planned additional strategies and service connections for Downtown Oshawa.
- d. Implementing a public awareness campaign to help community members understand how stigma can act as a significant barrier for individuals seeking help, and what residents can do to help address stigma within the community.
- e. In 2022, there were a total of 573 suspected opioid overdose calls received by RDPS. Of these calls, 398 (69 per cent) were in Oshawa, while Ajax had

11 per cent of the calls. A 2022 density map (heat map) for RDPS calls related to suspected opioid overdoses is available on [Durham.ca](https://durham.ca).

4. Conclusion

- 4.1 The Opioid Task Force continues to meet regularly to assess the current situation related to opioid overdose and to address the areas identified within the updated [Durham Region Opioid Response Plan](https://durham.ca).
- 4.2 The Opioid Response Plan 2023 Status Update will be available on [Durham.ca](https://durham.ca) in June 2023.

Respectfully submitted,

Original signed by

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



The Regional Municipality of Durham Information Report

From: Commissioner & Medical Officer of Health
Report: #2023-INFO-47
Date: June 2, 2023

Subject:

Consumption and Treatment Services Application Overview

Recommendation:

Receive for information

Report:

1. Purpose

- 1.1 To provide information on the application process for Consumption and Treatment Services (CTS) in Ontario to support individuals that use opioids and other drugs.

2. Background

- 2.1 [Canadian](#) and [international](#) evidence demonstrates that supervised consumption services help to save lives, connect people to social services, serve as pathways to treatment and lower rates of public drug use and infectious diseases associated with shared needles.
- 2.2 The federal government (Health Canada) remains responsible for granting exemptions to Section 56.1 of the *Controlled Drugs and Substances Act* (CDSA) to operate [Supervised Consumption Services \(SCS\)](#).
- 2.3 Ontario augments Health Canada's SCS program to include requirements for treatment and support services (herein referred to as Consumption and Treatment Services [CTS]).
- 2.4 In October 2018, the Ministry of Health and Long-Term Care announced a new [CTS model](#) to replace the former Supervised Consumption Services and Overdose Prevention Site models established by the previous government.
- 2.5 In 2019, Lakeridge Health, John Howard Society of Durham Region and Durham

Region Health Department (DRHD) partnered to complete a [public consultation regarding CTS](#), including a [public survey](#) to assess the need for a CTS in Durham Region.

- 2.6 At its meeting on May 4, 2023, the Health & Social Services Committee inquired as to whether municipal consent is still required in order for a local CTS to be established.

3. Current Status

- 3.1 Organizations applying for a CTS must also [apply to Health Canada for an exemption to Section 56.1](#) of the CDSA to operate supervised consumption services.
- 3.2 Applicants who apply to the [CTS funding program](#) typically apply simultaneously to the CTS program and to [Health Canada for the CDSA exemption](#).
- 3.3 Mandatory services include supervised consumption and overdose prevention services, access to addictions treatment services, primary care, mental health, housing and/or other social supports, and harm reduction services.
- 3.4 CTS are not to be concentrated in one area or neighbourhood, and proximity to similar services is to be considered. Additionally, proximity to childcare centres, parks and/or schools (including post-secondary institutions) is to be considered.
- 3.5 CTS operators will be required to support ongoing community engagement and liaison initiatives to address local community and neighbourhood concerns on an ongoing basis.
- 3.6 The Ministry of Health (MOH) accepts applications for CTS on an ongoing basis. The [Consumption and Treatment Services: Application Guide](#) provides information and guidance on the provincial CTS program requirements and application process.
- 3.7 CTS applications are assessed based on the following program criteria:
- a. Local conditions (mortality/morbidity data, proxy measures for drug use).
 - b. Capacity (to provide treatment and consumption services).
 - c. Proximity (to similar services, and to childcare centres, parks, and schools, including post-secondary institutions).
 - d. Community support and ongoing community engagement.
 - e. Accessibility.
- 3.8 Eligible applicants include Community Health Centres (CHC), Aboriginal Health Access Centres or similar incorporated health care or community-based organizations that can offer the full range of mandatory services.
- 3.9 The applicant must either be the proprietor of the site or submit a letter of permission from the proprietor with the application.

3.10 It is encouraged that sites offer consistent hours of operation, seven days per week. Proposed hours should be based on the local context and consultation with community stakeholders, local community groups, and persons with lived experience.

3.11 Applicants must meet minimum site requirements:

- a. Provide a floor plan indicating where:
 - Service intake, consumption, and post-consumption care (i.e., aftercare room) will be located
 - Other mandatory services will occur
 - Hand hygiene sink and foot wash station will be located
 - Accessible washrooms will be located.
- b. Verify the facility meets municipal by-laws and provincial regulations for accessibility.
- c. Verify the site meets MOH design standards for a consumption service.
- d. Verify physical safety and security measures are in place to ensure client, staff and community safety including:
 - Provincial and municipal safety requirements
 - Fire safety plan
 - Security plan
 - Paramedics and other first responders have access to the consumption and post-consumption (i.e., aftercare) rooms
 - Occupational health and safety requirements
 - Infection prevention and control requirements.

3.12 Community consultation is a requirement of the federal CDSA exemption application and does not have to be carried out separately for the Ontario program application, provided the consultation meets provincial requirements.

- a. Examples of consultation tools include, but are not limited to:
 - Door-to-door or other canvassing (e.g., flyers)
 - General email account (to receive feedback and respond to inquiries)
 - Information meetings/open houses
 - Presenting at community associations or other meetings
 - Survey
 - Website, including opportunities for individuals to submit feedback.
- b. At a minimum, the following stakeholders should be consulted on the CTS:
 - Health and social service stakeholders (e.g., addictions treatment, mental health, housing)
 - Local businesses and/or business associations

- Local citizens and/or community groups
- Local municipality
- Police and other emergency services
- Public health (local board of health)
- Persons with lived experience.

3.13 As part of their application, applicants:

- a. Must submit a consultation report that provides:
 - Who was consulted
 - A summary of feedback from each stakeholder group
 - Concerns raised by stakeholder groups, if any
 - How concerns will be addressed.
- b. Must obtain and submit local municipal council support (i.e., council resolution) endorsing the CTS
- c. Should submit other evidence of support for the CTS. This can include, but is not limited to:
 - Letters of support from partnering organizations, local businesses and/or other stakeholders
 - Board of health resolution.
- d. Applicants must also submit a community engagement and liaison plan which outlines how the community will be engaged on an ongoing basis. The plan may include:
 - Follow-up(s) after initial consultations
 - Public education about CTS
 - Engagement mechanisms to identify and address community concerns on an ongoing basis.

3.14 Applicants must submit a budget which provides a breakdown of all the operational costs, including a brief description and rationale for the quantity and cost for each item requested.

3.15 Operational cost items can include: salaries and benefits, supplies and services, and program, administrative, phone and IT expenses. The program will fund up to a maximum of 10 per cent of the total operating budget for administrative and IT expenses. Operating costs will be assessed against comparative provincial services of similar size and scale.

3.16 As part of the monitoring and reporting requirements, CTS operators will be required to report on [pre-established indicators](#) on a monthly basis.

4. Conclusion

- 4.1 Completed CTS application forms and accompanying documents should be submitted to: Addiction and Substances Unit, Health Protection, Policy and Partnerships Branch, Office of the Chief Medical Officer of Health, Public Health, Ontario Ministry of Health.
- 4.2 As in the past, DRHD will continue to assist and support the preparation of CTS applications, and if approved, with the implementation and evaluation of CTS.

Respectfully submitted,

Original signed by

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



The Regional Municipality of Durham Report

To: Health and Social Services Committee
From: Commissioner of Social Services
Report: #2023-SS-9
Date: June 8, 2023

Subject:

A Second 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 an update on the Region of Durham's (Region) Homelessness Support and Coordinated Access System.

2. Background

- 2.1 This report complements the information report provided to the Health and Social Services Committee in May 2023 (Report #2023-SS-6). Combined, the May and June reports represent a full update on Durham's homelessness support and coordinated access system.
- 2.2 The Homelessness Initiatives Team has historically been small and provided oversight and system management to meet minimum requirements for funding.
- 2.3 Regional staff are now engaging in direct delivery of homelessness support programming to provide enhanced leadership within the homelessness support and coordinated access system.

3. Previous Reports and Decisions

3.1 2023-SS-6: Homelessness Support and Coordinated Access System Update

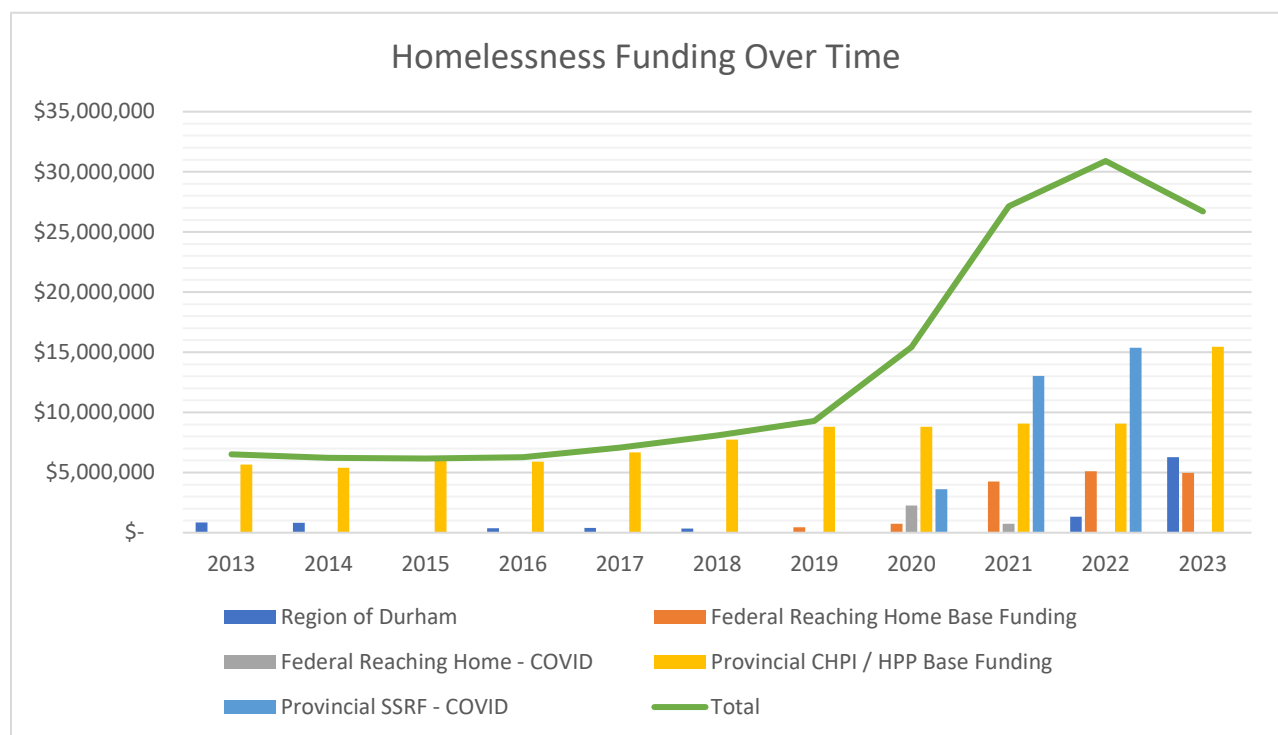
3.2 2023-SS-7: Unbudgeted Provincial Funding for the Homelessness Prevention Program

3.3 2023-INFO-11: A Review and Renewed Homelessness Support and Coordinated Access System for Durham Region

4. 2023/2024 Homelessness Funding Investments

4.1 Durham's homelessness support and coordinated access system is funded through federal, provincial and regional funding. Funding levels prior to the pandemic were stable but insufficient to drive reductions in homelessness.

4.2 The chart below displays federal, provincial and regional investments in homelessness over time.

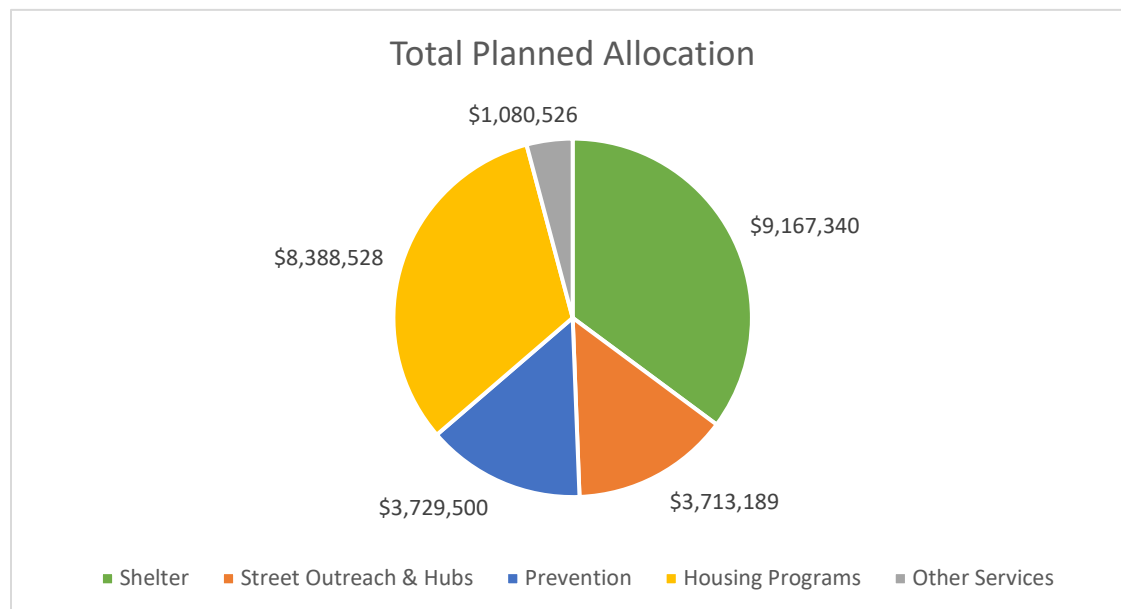


4.3 Prior to 2020, funding to support the system was below \$10 million dollars, with most of the funding being contributed provincially. Funding increased in 2020 through federal Reaching Home COVID-19 funding and the provincial Social Services Relief Fund. This was one-time funding to support community response to COVID-19 and capital projects to increase housing facilities connected to Durham's By-Name List (BNL).

- a. In March 2023, the province announced an additional investment of \$202 million annually for the Homelessness Prevention Program and Indigenous Supportive Housing Program. The Region's 2023/2024 allocation increased by \$7.1 million to a total of \$18.7 million (Report #2023-SS-7).
 - b. The Regional investment to complement federal and provincial funding allocations for system planning and coordination increased from \$27,000 in 2021 to \$6.3 million in 2023.
 - c. The total amount of funding available to support programs and services within Durham's homelessness support system in 2023 is \$25.6 million. This amount excludes administrative funding and a portion of provincial HPP funding used to sustain the strong communities rent supplement through the Housing Services Division.
- This new, sustained Regional and Provincial base funding has significantly increased the ability to strategically plan and improve services across the system.

4.4 The graph below represents current planned funding allocations for sectors within the support system in 2023/2024.

- a. These allocations include placeholders for programs that are currently under development as well as the expansion of the Region's service manager staffing positions.
- b. Strategic planning is ongoing. Finalized program and system allocations will be determined within the next months.



4.5 Funding is targeted to deliver frontline services in partnership with community agencies across Durham. The support system includes programs to:

- a. Prevent people from becoming homeless through areas such as eviction prevention, rental and utility arrears support, support at the Landlord Tenant Board.
 - b. Support people who are experiencing homelessness through housing-focused shelter programs, service hubs, street outreach.
 - c. Provide a range of housing programs to end peoples' homelessness through transitional housing, housing first, supportive housing, housing outreach programs.
- 4.6 Increased and sustained investments are providing an opportunity to implement an improved homelessness response plan to achieve better outcomes for people experiencing homelessness in Durham. This plan will include:
- a. System improvement plans in accordance with the OrgCode review and identified priorities for an improved coordinated homelessness system
 - b. Using information and data gathered through program reviews
 - c. Improvement priorities established at the DACH sector tables

This is a comprehensive, data driven process to develop a system of services that meet individual needs and align with community priorities in Durham.

To support strategic planning and program redevelopment, six-month service agreements are being issued in 2023.

5. Increasing Regional Staff Support

- 5.1 The Region is taking steps in 2023 to significantly expand direct support and oversight of the homelessness support system. This includes one new management lead within the Income, Employment and Homelessness Supports Division to manage the homelessness portfolio.
- 5.2 The Region is expanding the Service Manager team and hiring additional staff to increase capacity for oversight and coordination of funded programs as well as improving data integrity on the BNL.

6. Increasing Housing Outflow

- 6.1 A portion of the new investment in homelessness programming will increase targeted housing interventions for specific population groups on Durham's BNL. This includes 60 new housing placements that include different programs and support models to specifically target:
- a. Chronically homeless, high-acuity BNL clients: implementing a new partnership to add 20 program spaces to support pre and post-addiction treatment transitional housing, as well as post-treatment support for other transitional housing programs.
 - b. Chronically homeless, low acuity BNL clients: developing a housing benefit to target people with low support needs who do not require long-term support.

- c. Chronically homeless youth BNL clients: expanding a successful Housing First model for youth to add an additional 15 placements.
 - d. Veteran BNL clients: implementing a new partnership to target all veterans on the BNL including the ability to double capacity to sustain.
- 6.2 The Beaverton Supportive Housing Project is scheduled to open in the second half of 2023. This new location will provide 47 units of supportive housing.
- 6.3 Continuing to explore opportunities to increase transitional and supportive housing opportunities across Durham.
- 7. Improving and Expanding Durham's Street Outreach Continuum**
- 7.1 The Region's Street outreach strategy is being updated to increase the number of dedicated teams across Durham, including Regional teams and partnerships with community agencies. Increasing investment in street outreach programs will ensure more appropriate coverage across Durham to support the increased instances of people experiencing unsheltered homelessness.
- 7.2 Housing focused street outreach teams look for people experiencing unsheltered homelessness with the goal of developing trust, meeting basic needs and ensuring people are connected to Durham's BNL and Coordinated Access System. The goal of housing-focused street outreach is to help people accept offers of help with housing while meeting basic needs to ensure people can move from unsheltered homelessness to housing.
- 7.3 The Region is developing a direct delivery street outreach program, including 10 frontline Regional staff and two supervisors, to operate across Durham. Regional Council endorsed a motion at the May Committee of the Whole to create a Regional Outreach Team mid year. The team is in the process of being hired and is expected to launch in the summer of 2023. Coverage will be piloted on a 24/7 schedule
- 7.4 Community agency street outreach teams are also being expanded to continue to improve capacity and increase housing outcomes. There are currently two community agency street outreach teams through Cornerstone and Carea. These teams operate Monday to Friday.
 - a. Cornerstone's Bridges Street Outreach team consists of two staff and operates from Monday to Friday. The team works in partnership with Cornerstone's retention staff to work with clients once they are housed to retain their housing.
 - Cornerstone's Bridges Street Outreach team successfully housed 50 unsheltered clients in 2022.

- b. Carea's Street Outreach team consists of four staff and operates from Monday to Friday. The team includes a retention staff to work with clients once they are housed to retain their housing.
 - Carea's Street Outreach team successfully housed 34 unsheltered clients in 2022.

7.5 The Region has specialized outreach teams that are mobile across Durham.

- a. The Primary Care Outreach Program (PCOP) includes two teams, each comprised of an Advanced Care Paramedic and Social Worker providing social and primary care to people who are homeless and/or at risk of homelessness.
 - The program operates 7 days a week providing service 10hrs per day between 8:00 am-6:00 pm with the flexibility to adjust start/end times to meet operational/service needs between the hours of 7:00 am-8:00 pm. The new hours/shift rotation launched at the end of April 2023.
 - The PCOP team had 2,952 client interactions in 2022.
- b. The Mental Health Outreach Program (MHOP) includes one team consisting of two Social Workers/Psychotherapists who provide outreach clinical counselling/psychotherapy services to vulnerable populations in Durham, including those who are unsheltered or under-housed and who may have mental health and addictions challenges.
 - The MHOP team had 346 client interactions in 2022. It is important to note that the program was not at full capacity in 2022.
- c. The Adult Protective Services Program supports vulnerable at-risk individuals with developmental disabilities to access and maintain housing through homelessness prevention support.
 - In 2022 this program supported 95 vulnerable at-risk individuals with developmental disabilities to maintain their housing through homelessness prevention support.
 - Ongoing provincial funding has been confirmed under "Support to Access Housing" to expand housing and homelessness supports for individuals with developmental disabilities.

8. Improving System Coordination

- 8.1 Updating Coordinated Access matching process to leverage case conferencing by establishing a continuum of supports model for Durham's BNL and Coordinated Access System to better coordinate the pathway between engagement, street outreach, shelter, case management and flow between housing programs. This will clearly define how clients are supported along the continuum. This includes:

- a. Updating Durham's Community Priorities, used to prioritize access to housing opportunities within the Coordinated Access System.
- b. Strengthening data integrity of the BNL by adding Regional staff data integrity checks for each new BNL intake.
- c. Regular case conferencing will be used to support this new matching process to ensure barriers to achieving housing stability are addressed and to support troubleshooting barriers.
- d. This will be tested to identify whether this model is able to reduce the length of time it takes to match BNL clients to housing programs and result in more suitable matches.

8.2 Improving training and coordination between programs and agencies.

- a. The annual review process highlighted the need to provide Mental Health First Aid and Crisis Prevention Institute training for all frontline positions within the support system. Regional staff will be organizing this training for 2023.
- b. Recognized need for improved coordination across system sectors and agencies. Regional staff will support shadowing between system sectors and programs to help build relationships and collaboration across the support system.

8.3 Improving homelessness system outcomes by hosting a strategic planning day using the Theory of Change framework. This event will include internal and external stakeholders who have an interest or a mandate to support vulnerable populations. This event is being planned for the second half of 2023.

9. Additional System Capacity Improvements

9.1 Establishing a centralized phone line and e-mail to support residents to navigate homelessness support services 7 days a week.

- a. This centralized point of contact will ensure coordinated responses for all referral sources and reduce the number of touchpoints that a resident has before their concerns can be addressed.

9.2 Developing a community resource for residents and businesses on homelessness including who to call, what resources are available, etc. This resource will be held on durham.ca and flyers with QR codes directing to the toolkit will be made available.

9.3 Expanding shelter capacity and locations across Durham to support increasing demand.

- a. A new family shelter in Whitby is being established as Durham's first family shelter and will provide dedicated capacity for up to 5 families. This will help create capacity to respond to the significant increase in families experiencing homelessness in Durham.

- b. Continuing to support the new shelter location in Ajax and redeveloping the program model from a winter warming program to a housing-focused shelter program.
 - c. Improving and expanding shelter supports for seniors experiencing homelessness through partnerships with Cornerstone, Carea and Lakeridge Health. This includes expansion of the seniors motel program and aftercare supports as well as nursing, personal support worker and health-led case management.
 - d. Exploring a potential opportunity to establish a supportive, low barrier emergency shelter that includes holistic onsite services to better support clients with complex and concurring needs.
- 9.4 Increasing affordable and supportive housing outcomes is critically important as shelter capacity expands. To prevent creating bottlenecks within the shelter system, each new shelter bed should be accompanied by approximately six housing outflow opportunities. This ensures that there can be appropriate turnover within the shelter system that results in positive housing outcomes for clients.

10. Supporting Staff Across the System

- 10.1 It was identified in report #2023-SS-6 that there are persistent challenges with recruitment and retention of frontline staff due to limited funding for staff wages and increasing levels of client acuity across the support system. 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. To support staffing across the sector, the Region is taking steps to work with partner agencies to develop a workforce strategy.
- a. Additional training opportunities are being explored to deliver across the support system to ensure staff have the training required to support their clients.
 - b. The Region is exploring a model for frontline services to support the workforce demands within the system by continuing to support and value community based service providers and increasing involvement in direct delivery of homelessness supports across Durham.
 - c. Regional staff are developing plans to compile and analyze 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.

11. Relationship to Strategic Plan

- 11.1 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.

12. Conclusion

- 12.1 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.
- 12.2 Regional staff are committed to system improvements to:
 - a. Increase outflow from Durham's BNL by increasing the number of housing opportunities connected to the BNL.
 - b. Preventing more inflow into our BNL through homelessness prevention.
 - c. Improving supports for people who are actively homeless by redeveloping Durham's street outreach strategy and working to expand housing-focused shelter opportunities.
 - d. Strengthening service system partnerships with identified priorities, outcomes and planning
- 12.3 New, sustained investments in homelessness programs have significantly increased the Region's ability to strategically plan, strengthen and increase the response to homelessness in Durham.

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-10
Date: June 8, 2023

Subject:

Advocacy Strategy and Policy Paper to Address Homelessness and Related Challenges

Recommendation:

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

That the Advocacy Strategy and Policy Paper to Address Homelessness and Related Challenges be endorsed

Report:

1. Purpose

- 1.1 The purpose of this report is to seek Committee endorsement of a federal and provincial Advocacy Strategy and Policy Paper to address homelessness and related challenges.
- 1.2 This report is a response to the motion from April Health and Social Services Committee requesting that staff develop an engagement plan that encourages the federal government to declare homelessness, mental health, and opioid addiction a national emergency and to work with provinces to ensure that the proper actions are taken to appropriately address the emergency.
- 1.3 This report outlines a proposed advocacy approach including:
 - a. an initial set of advocacy positions outlined in a Durham Region Policy Paper
 - b. ongoing stakeholder engagement; and
 - c. an advocacy strategy for senior levels of government.

2. Background

- 2.1 Durham Region, along with cities and towns across the country, have seen an increase in the number of people experiencing homelessness, mental illness and addictions issues.
- a. In 2022, approximately 42 people per 100,000 Durham residents experienced homelessness which is projected to increase to approximately 62 people per 100,000 Durham residents who will be experiencing homelessness in 2025.
 - b. Feed the Need in Durham identified as many as 23,600 individuals accessing a food bank program in Durham at least one time in 2022.
 - c. 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.
- 2.2 The impacts of the challenges related to homelessness, mental health and addictions are often felt most acutely in downtown neighbourhoods, affecting residents, local businesses and community safety and well-being.
- 2.3 Despite expanded homelessness funding, the increasing rates of homelessness are outpacing the ability to create new housing units and wrap-around support programs.
- a. The 2023 Property Tax Supported Business Plans and Budget included expanded Regional investments of \$75 million of the property tax budget towards Housing and Homelessness. Approximately \$6 million is dedicated to homelessness.
 - b. As part of the provincial 2023 budget, the Region received increased annual funding of \$7,147,800 to the Housing Prevention Program.
- 2.4 Given a restricted municipal revenue stream and senior-government responsibility for healthcare including mental health, the criminal justice system and income supports, partnership with upper levels of government is required to address the homelessness, mental health, and addictions crises.

3. Previous Reports and Decisions

- 3.1 Durham Region Opioid Response Plan Status Update #2023-INFO-46
- 3.2 Consumption and Treatment Services Application Overview #2023-INFO-47
- 3.3 Durham Region's Homelessness Support and Coordinated Access System #2023-SS-9
- 3.4 Updated Regional Response to the City of Oshawa Request for Cost Sharing for Dedicated Downtown Patrol Enforcement [#2023-COW-19](#)

- 3.5 An Update on Durham Region's Homelessness Support and Coordinated Access System [#2023-SS-6](#)
- 3.6 Basic Income to Support the Economy [#2023-SS-5](#)
- 3.7 Mental Health and Opioids in Durham Region [#2023-INFO-33](#)
- 3.8 Durham Region Government Relations Update Report [#2023-COW-5](#)

4. Policy Paper and Advocacy Positions

- 4.1 A Policy Paper, which will serve as a public facing advocacy tool for use in communications and engagement with elected officials, is in Attachment 1. The paper outlines the current challenges in Durham Region, the bright spots in Durham that are making a difference and the opportunities for advocacy to the federal and provincial government.
- 4.2 The initial set of advocacy items fall under the three main themes of homelessness, mental health and addictions and victimization and criminal behaviour.
- 4.3 The initial advocacy items have been informed through staff conversations and recent reports to Regional Council, workshops with community agencies, engagement with local municipalities, Lakeridge Health and Durham Regional Police Service, input from StrategyCorp and alignment with relevant associations including the Association of Municipalities of Ontario, Ontario Big City Mayors and the Canadian Urban Transit Association.

Homelessness

- 4.4 Homelessness advocacy is related to ensuring a basic income for individuals, investments in supportive housing with wrap-around supports and accessible, low barrier supports for individuals experiencing homelessness. Specific recommendations for advocacy include:
 - a. Declare homelessness as a national emergency
 - b. Provide flexible funding to create more deeply affordable and supportive housing
 - c. Increase wages for homelessness support sector workers
 - d. Reduce poverty by increasing OW income
 - e. Increase portable housing benefits

Mental Health and Addictions (MHA)

- 4.5 MHA solutions focus on investment in the health care system, funding for frontline supports and endorsing AMO's integrated approach. Specific recommendations for advocacy include:
 - a. Support the health care sector in Durham Region

- Support the Ontario Shores EmPATH model
- Approve the Lakeridge Health Planning Grant
- Invest in best practice approaches to Mental Health and Addictions at all Durham hospitals
- Increase mental health and addictions stabilization beds
- Invest in frontline supports such as the Primary Care Outreach Program and Mental Health Outreach Program

- b. Endorse [AMO's Integrated Approach to Mental Health and Addictions](#)

Victimization and Criminal Behaviour

- 4.6 Homelessness is associated with victimization highlighting the need to address criminal behaviour with strategic and targeted approaches to helping people out of homelessness. A review of bail conditions would protect vulnerable populations from repeat offenders while increased supports for offenders during incarceration and following release to make community reintegration a success. Specific recommendations for advocacy include:

- a. Ensure access to MHA programs to incarcerated individuals as well as those serving sentences in the community and on parole
- b. Fully implement the Community Reintegration program across all Correctional Facilities in Ontario
- c. Implement bail reform for repeat offenders
- d. Strengthen penalties for assaults on all transit works

5. Ongoing Engagement

- 5.1 This advocacy plan will continue to evolve and be refined over the coming weeks to account for developing trends, partner input and outcomes from the planned work outlined below:

- a. Creation of a poverty prevention strategy with the community following direction from the Regional Health and Social Services Committee meeting in May
- b. Planned improvement projects (e.g. system coordination, additional street outreach teams, etc.) including deployment of additional funding in 2023/24 funding
- c. Ongoing collaboration with healthcare partners including Ontario Health, East Region
- d. The AMO Health Transformation Task Force's advocacy approach with the provincial government

- 5.2 The Policy Paper will be posted on the Region's website so that it can easily accessed and referenced by residents, Regional partners and service providers.

- 5.3 To increase awareness of challenges in the community and the supports available, an informational webpage will be developed. It will include information about who to contact and when, to assist community members in navigating situations of individuals in crisis and supporting individuals experiencing homelessness. The information and format will draw from current local area municipalities' websites to create support for the community.
- 5.4 A flyer, specifically targeted to downtown businesses, will offer clear information to help business owners navigate various situations.

6. Advocacy Plan with Senior Level Governments

- 6.1 The advocacy contained within the Policy Paper require collaboration from both the provincial and federal governments. The Region, working with StrategyCorp, has developed a three phase Advocacy Plan to engage government partners.
- 6.2 StrategyCorp will support the implementation of this advocacy plan by leading stakeholder socialization in Phase 1, securing meetings with senior political policy staff for Regional briefings in Phase 2, supporting the planning for an advocacy day in Phase 3, and identifying on-going opportunities to profile the Policy Paper.
- a. **Phase 1 – Socialization (June 19 – June 30):** Once the Policy Paper has received input from all the Region's identified partners, senior political policy staff at the priority provincial and federal Ministries/Departments will be informed of the paper's development and approach. StrategyCorp will engage these stakeholders before Council approves the Policy Paper to ensure a "no surprises" approach is followed with senior level government.
- **Federal:** Housing and Diversity and Inclusion; Intergovernmental Affairs, Infrastructure and Communities; Justice Canada; Health Canada; Prime Minister's Office; local MPs
 - **Provincial:** Ministry of Municipal Affairs and Housing; Ministry of Health; Associate Ministry of Mental Health and Addictions; Ministry of the Attorney General; Ministry of Children, Community, and Social Services; Ministry of Finance; Premier's Office; local MPPs
- b. **Phase 2 – Direct Advocacy (July 3 – July 28):** Following the release of the Policy Paper, senior political policy staff at the priority provincial and federal Ministries/Departments will be offered a briefing on the paper and relevant policies to understand the Region's position in greater detail. The briefings will follow a letter to the federal government seeking declaring a national emergency on homelessness and a letter to the provincial government to call for ongoing collaboration and support. Proposed signatories for these letters are the Chair and the Mayors of Whitby, Oshawa, and Ajax. Regional staff are suggested to lead the briefings in Phase 2.

- c. Phase 3 – Senior Level Advocacy Opportunities (August 1 – August 25):**
As awareness of the Policy Paper increases over the summer, the Region will plan to hold a provincial Advocacy Day in late July/early August. The Advocacy Day will be planned in coordination with provincial partners in order to select the most appropriate time/location to ensure elected officials' participation. Regional and local elected officials and Regional and local staff are suggested to attend the Advocacy Day in Phase 3. The Region also has the opportunity to advocate for these policy proposals at the AMO Conference in London at the end of August.

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: Objective 2.2 Enhance community safety and well-being.
 - b. Goal 5 Service Excellence: Objective 5.1 Optimize resources and partnerships to deliver exceptional quality services and value.

8. Conclusion

- 8.1 A Policy Paper with advocacy positions have been developed under the themes of homelessness, mental health and addictions and victimization and criminal behaviour.
- 8.2 Ongoing engagement will continue to inform and refine the advocacy.
- 8.3 The Policy Paper will serve as a public relations document that will be used in advocacy efforts with the provincial and federal government and will be posted on the Region's website to be widely available to community members.
- 8.4 An initial three-phase advocacy plan has been developed in collaboration with StrategyCorp that details the near-term timeline for engagement with senior level government.
- 8.5 For additional information, contact:
 - a. Alison Burgess. Director Communications and Engagement, at 289-830-9474
 - b. Dr. Robert Kyle, Medical Officer of Health
 - c. Stella Danos-Papaconstantinou, Commissioner of Social Services

9. Attachments

Attachment #1: Durham Region Policy Paper: Addressing Homelessness and Related Challenges

Prepared by: Bronwyn Hannelas, Policy Advisor Government Relations, 289-928-3342
Alison Burgess, Director Communications and Engagement, 289-830-9474

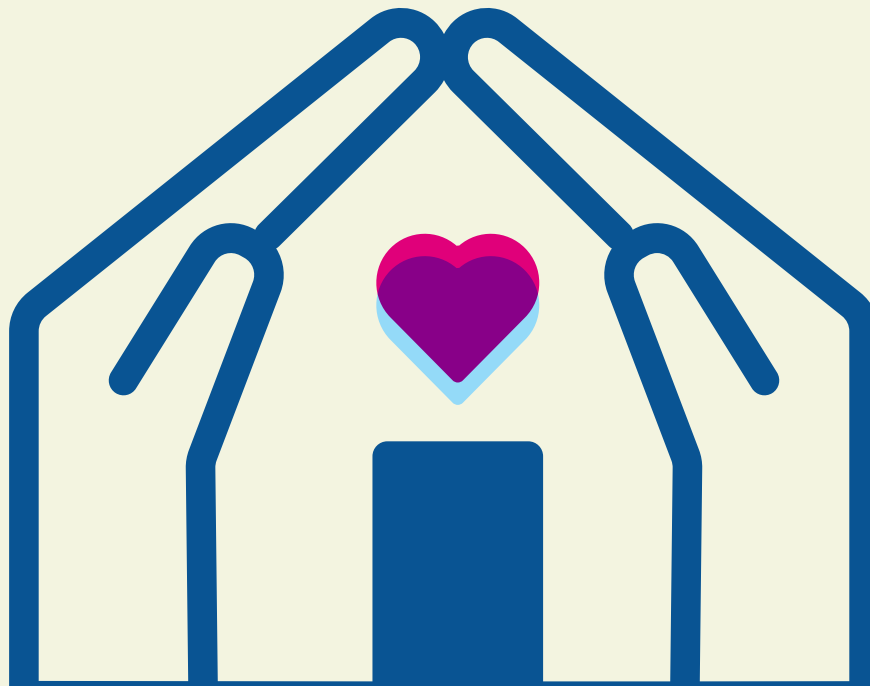
Respectfully submitted,

Original signed by

Stella Danos-Papaconstantinou
Commissioner of Social Services

Original signed by

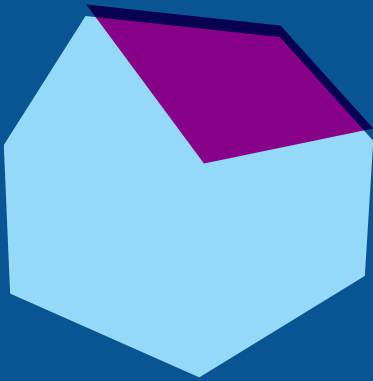
Elaine Baxter-Trahair
Chief Administrative Officer



Durham Region Policy Paper:

Addressing Homelessness and Related Challenges

Durham Region is experiencing a homelessness, mental health and addictions crisis. Like other cities and towns across the country, Durham has seen a significant increase in the number of people experiencing homelessness and struggling from mental illness and addictions. The needs are outpacing our ability to provide support. Our community is suffering and no one agency or organization can address the problem alone. The homelessness, mental health and addictions crises are complex and the risk factors leading people to crisis often intersect. People with poor mental health are more susceptible to the factors that can lead to homelessness. People with mental illness are at greater risk of experiencing homelessness. Homelessness, in turn, amplifies poor mental health. This is a cycle that Durham Region is working to end.



This paper:

1. Describes the challenges that the Durham community faces
2. Highlights the 'bright spots' – the Durham models and programs that are making a difference
3. Identifies the areas where collaboration and investment by provincial and federal governments can address the challenges

In this paper, we identify solutions that will improve the outcomes of people experiencing homelessness and struggling from mental illness and addictions. The solutions have been informed by staff, workshops with community agencies, engagement with local municipalities, and alignment with relevant associations including the Association of Municipalities of Ontario, Ontario Big City Mayors, and the Canadian Urban Transit Association.

Everyone around the table agrees that further action is needed by the Region, the province, and the federal government to support our community and so many others. These challenges cannot be addressed alone. We must all work together to ensure every resident of Durham Region feels safe and has a sense of belonging. We can do this by ensuring their needs for education, health care, food, housing, income, and social and cultural expression are met. Durham Region looks forward to working on solutions with our government partners. Together we can make change in our communities.

Homelessness

Overview

Homelessness is growing in our community. In 2022, on average, there were 42 additional people who began experiencing homelessness every month. Durham's data shows a 67 per cent increase in people experiencing unsheltered homelessness over the past year.

The people experiencing homelessness have varied, complex needs and require multifaceted supports. In 2021, 54 per cent of people experiencing homelessness in Durham had high acuity or high needs. This increased to 64 per cent in 2022.



Durham's Bright Spots

- Despite increasing inflow, Durham's coordinated access system was able to maintain relative stability throughout 2022. The system was able to house 218 people in 2022
- Durham has expanded client-facing Regional teams to provide on the ground support for people in need through the:
 - Transitional Support Program
 - Primary Care Outreach Program
 - Mental Health Outreach Program
- Durham Regional Council dedicated \$75 million of the property tax budget towards Housing and Homelessness in 2023. Almost \$6 million is dedicated to homelessness specifically but with the growing needs in the community
- The former Housing Service Development Charge funded new projects in the community such as the 52 new affordable units in Clarington in 2022
- The Social Services Relief Fund which was available during the pandemic, was used in Durham to contribute to the construction of 77 new units
- Provincial funding increases to the Homelessness Prevention Program funding of approximately \$7 million/year will support the continuation of programming developed during the pandemic



Declare
homelessness a
national emergency

The federal Reaching Home: Canada's Homelessness Strategy supports the National Housing Strategy and integrates tools and approaches, such as a Coordinated Access System, which are used effectively in Durham to support people in need. However, the need far outpaces the supports available. A federal pivot from a Homelessness Strategy to declaring a homelessness emergency would better reflect the urgency and gravity of the situation and need for swift meaningful action.



Provide flexible funding to create more deeply affordable and supportive housing

The Region engaged OrgCode Consulting to do a system review of the supports for homelessness in the region. Despite recent government investments in housing, the OrgCode report stated that Durham needs 200 more shelter beds over the next three years and 60 supportive housing units per year over five years.

- Federal programs provide capital funding for housing, but programs should be allocation-based and have flexible uses. For example, the Rapid Housing Initiative partially supported three different projects that will bring 73 units to the system but it cannot currently be used to increase shelter space. With an additional 200 shelter beds needed in Durham, additional flexible funding is required
- The Housing Accelerator Fund seeks to increase affordable housing but upper-tier Regional governments - the government level responsible for community and supportive housing in Ontario are ineligible. Dedicated federal capital funding for Regional governments is required to deliver innovative affordable housing projects
- Partnership with both the province and federal government is needed to provide capital investment in housing infrastructure and the wrap around supports needed (such as access to mental health and addictions services) to lead to successful outcomes
- There is a regional project to develop a mixed-use housing project on Rossland Road which would increase the housing options in Durham but requires partnership



Increase wages for homelessness support sector workers

During the pandemic, the provincial government recognized personal support workers face unique job pressures that merit extra compensation. As an effort to attract and retain workers in long-term care, public hospitals and community care settings, the province issued a permanent \$3/hour wage enhancement to personal support workers (PSWs). Frontline homelessness support staff are suffering from significant mental health stress and are leaving the sector similar to PSW staff retention challenges during the pandemic.

- Homelessness support sector employees tend to be female and are comprised of a younger cohort. Homelessness support sector workers generally have post-secondary education such as a trade school, college or non-university certificate diploma
- A 2019 national study demonstrated that the median wages, salaries and commissions for homelessness support sector workers was \$32,707, which was lower than social workers (\$59,494) and social and community service workers (\$37,716) employed in all sectors
- Province-wide increased wages for homelessness support workers are needed to attract and retain staff in this critical sector which is on the frontline of the homelessness, mental health and addictions crises



Reduce poverty by increasing income

According to Statistics Canada, Durham had a population of 696,992 residents as of the end of 2021. We have an estimated 45,800 residents (6.6 per cent) living with low income, defined as \$26,570 after tax for an individual and \$53,1403 for a family of four.

Individuals living with low income include those who are receiving employment income and/or social assistance under the Ontario Works (OW) and Ontario Disability Support Programs (ODSP). As of January 2023, the number of OW recipients in Durham was 12,835. The number of ODSP recipients was 19,952.

Existing income supports, including social assistance benefits, are not enough for people to live with dignity. While ODSP rates were increased by 5 per cent in 2022, OW rates have not seen an increase since 2018.

- Increases to OW by at least 12 per cent against current rates and ODSP by seven per cent based on the September 2022 increase are required
- Implement earning exemptions to the OW program similar to the ODSP program which allows earnings of \$1000 per month, to let recipients develop greater financial independence and autonomy from government assistance, and create opportunities for engagement, training, and employment
- Implement a basic income based on the evidence from programs and research around the world that show that basic income, in various forms, has a positive impact on the lives of people who receive it



Increase portable housing benefits

Portable housing benefits like the Canada-Ontario Housing Benefit Program (COHB) have been effective in helping low acuity individuals in Durham Region exit the shelter system into affordable housing. A consistently low vacancy rate in Durham has contributed to steadily raising rents and an average two-bedroom apartment in Durham rents for \$2321/month. In a climate of rising rental costs, rent supplement programs are even more vital for individuals to access market rental housing.

- Durham has exhausted available COHB funding in the past several years leaving unmet demand
- New and enhanced investments in COHB funding to increase Durham's allocation are required from the provincial and federal governments to support more individuals and families securing and maintaining market rental housing
- Program eligibility criteria should be expanded to include vulnerable persons admitted under federal emergency travel pathways in response to humanitarian crises and other immigration program, including those who may be temporary residents

Mental Health and Addictions (MHA)

Overview

Growing MHA challenges in Durham are straining existing support systems. Over 14,000 individual visits to the emergency department in Durham for mental health and substance use emergencies in 2022. At 827 days, Durham has the second worst wait times for child and youth mental health services in Ontario.

In Ontario, Public Health Units do not oversee or provide mental illness treatment programs. Instead, many mental health services within Durham are funded directly by Ontario Health and the Ontario Ministry of Health and delivered by health professionals within the community, including primary care providers, community agencies, hospitals, treatment facilities such as Canadian Mental Health Association Durham, Durham Mental Health Services, Lakeridge Health, including Pinewood Centre, Ontario Shores Centre for Mental Health Sciences, and service hubs, such as Back Door Mission.

Durham's Bright Spots

- Decrease of opioid poisoning-related calls to paramedics and visits to emergency departments in 2022
- Strong local partnership on the Durham Region Opioid Task Force that works together to create the Durham Region Opioid Response Plan – including agencies that provide harm reduction and/or treatment services, first responders, individual residents with lived experience, school boards, and health professionals
- Durham has expanded client-facing Regional teams to provide on the ground support for people in need through the Mental Health Outreach Program

Durham Region applauds the 2020 Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System which aims to build a comprehensive and connected mental health and addictions system easier to navigate and to access care. In the 2023 provincial budget, additional \$425 million was committed over three years towards MHA programs and services.

The 2023 Federal Budget includes funding allocated towards suicide prevention efforts and a renewed Canadian Drugs and Substances Strategy with focus on combatting the opioid crisis.





Support the Ontario Shores EmPATH Model

- A planning grant for a 24/7 emergency mental health assessment and treatment facility at Ontario Shores ensuring the right treatment in the right place
- A first-in-Canada solution using the proven Emergency Psychiatric Assessment Treatment and Healing Unit (EmPATH), model. In EmPATH units, unlike a traditional ER, patients are provided with immediate psychological assessment followed by immediate psychiatric and pharmacological treatment- all in a safe and non-threatening environment
- A dedicated and appropriate facility for individuals experiencing a mental health crisis will provide relief to emergency departments while ensuring appropriate care



Approve the Lakeridge Health Planning Grant

- Durham is one of Ontario's fastest growing municipalities. By 2041, Lakeridge Health will need almost 1,800 beds, more than double the current count
- The population growth has stretched Lakeridge Health to the limits, currently operating at 105 per cent of funded capacity
- The province has approved Lakeridge Health's plan to build in a new hospital and they need the requested planning grant to be approved to allow this important work to advance so that the residents of Durham Region have greater access to care



Invest in Best Practice Approaches to Mental Health and Addictions across Durham hospitals

- While the number of opioid poisonings in Durham are reducing, the number of opioid related emergency room visits and opioid deaths are still too high. Investment in specialized addictions support in every emergency department should be considered. A specialized medical professional, 'Opioid Navigator' role would help to reduce deaths and provide support for those with opioid addictions in accessing support after a crisis
- Empower physicians, nurse practitioners and other medical professionals to provide support to those suffering from opioid addiction since many of these patients do not have OHIP coverage
- To support a continuum of care, create a provincial system of support that includes supportive housing for those leaving residential withdrawal management as an alternative to returning to homelessness



Increase mental health and addictions stabilization beds

- Aligned with Lakeridge Health's Together, Best Mental Health strategy, support the development of a rapid pathway from emergency departments into Pinewood's Withdrawal Management Program or other mental health services treatment centres
- Provide access to more mental health and addictions stabilization beds (including crisis beds and addictions beds) to eliminate the wait for those who are ready to seek treatment



Invest in frontline supports such as the Primary Care Outreach Program and Mental Health Outreach Program

- Durham Region has been operating the Primary Care Outreach Program for four years. During that time, the mobile team of a paramedic and social worker have developed trust within the vulnerable populations, so that they can provide crisis counseling and system navigation to get people the mental health and addictions support they need
- Permanent funding for the program will ensure patients continue to see improved health outcomes and reduced emergency room visits
- This highly impactful proven program should be made permanent



Endorse AMO's Integrated Approach to Mental Health and Addictions

AMOs comprehensive approach to mental health and addictions includes planning services and developing policies with municipalities and key partners at the table.

- The Region of Durham endorses AMO's submission to the Ministry of Health (August 2022)
- We recommend that boards of health, which include regional municipalities, sit on central and regional Ontario Health MHA tables as key partners informing the delivery of mental health and addictions services

Victimization and Criminal Behaviour

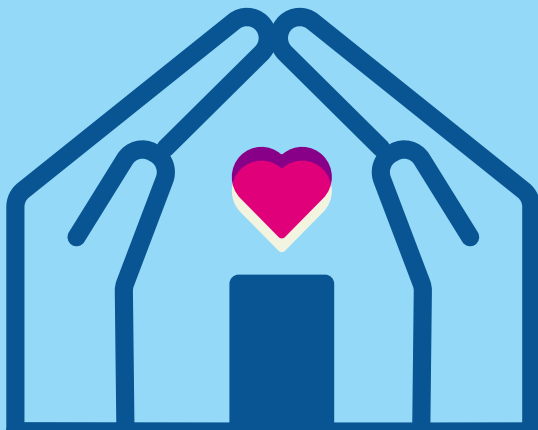
Overview

Homelessness is associated with crime victimization highlighting the need to address criminal behaviour alongside employing strategic and targeted approaches to help people out of homelessness. A review of bail conditions would better protect vulnerable populations from repeat offenders while increased supports for offenders during incarceration and following release would help make community reintegration a success



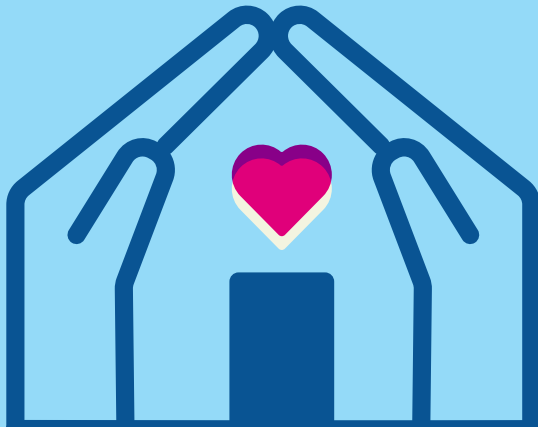
Durham's Bright Spots

- Launch of the Crisis Call Diversion Program. The program diverts non-emergency calls to a clinician and connects individuals to mental health supports. Year-to-date Mental Health Act apprehensions in 2023 are decreasing
- Unique partnership between Victim Services, Durham Regional Police Service and the Ontario Works team at the Region work closely to support victims of human trafficking. Having a specially trained response team to support victims at each Ontario Works location, has been successful at helping build trust and supporting people out of trafficking
- Almost \$4 million from the federal Building Safer Communities Fund will be used in Durham
- Preventative community policing in downtown Oshawa totalling over 29,000 hours
- Five Durham Regional Police Service (DRPS) Mental Health Support Units, consisting of a Police Constable and a Regionally funded Registered Nurse conduct proactive mental health follow ups and provide immediate mental health support



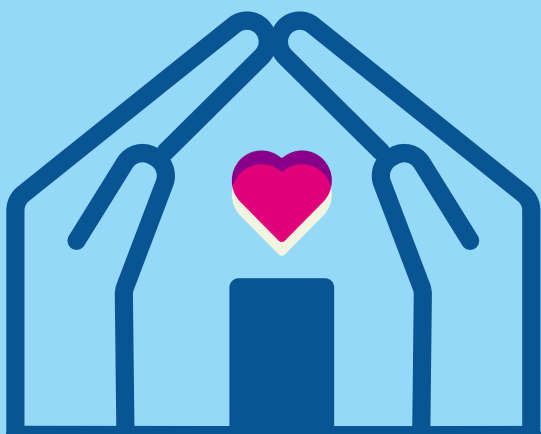
Ensure access to MHA programs to incarcerated individuals as well as those serving sentences in the community and on parole

- Mental illness is overrepresented in the criminal justice system in Canada. Rates are four to seven times more common in prison than in the community
- To reduce the rate of recidivism coming out of prison, the justice system should screen for mental health problems and distress and offer mental health care for people that is appropriate to their needs and support them through their incarceration



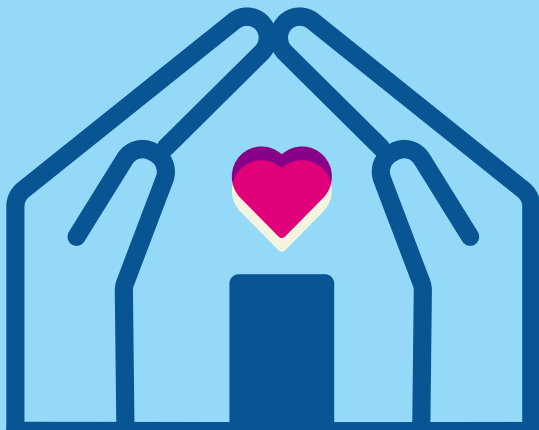
Fully implement the community reintegration program across all Correctional Facilities in Ontario

- Successful community reintegration lowers the rate of reoffending and makes communities safer
- A substantial proportion of prison releases are either homeless or at an increased risk of becoming homeless at release and need appropriate connections to community supports
- Ensuring active planning for release and re-integration into society by addressing issues like housing, financial support, linkage with community mental health services (professional support, medication etc.) and family and social support will increase the effectiveness of reintegration
- Implementation of the provincial Community Reintegration Program at the Central East Correctional Centre will ensure those leaving incarceration and coming to Durham are better equipped to be successful in the community



Implement bail reform for repeat offenders

- The province has called on the federal government to implement meaningful bail reform. Police services, like Durham Regional Police Service need to have a seat at the table to discuss the challenges with releasing repeat offenders back into our communities
- Increased funding is required to support police to enforce bail conditions



Strengthen penalties for assaults on all transit works

- Increasing incidents of assault on transit workers is happening across the country



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