



The Regional Municipality of Durham

Health and Social Services Committee Agenda

Thursday, February 8, 2024, 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 Pecuniary Interest	
3. Adoption of Minutes	
3.1 Health and Social Services Committee meeting - January 11, 2024	3
4. Statutory Public Meetings	
There are no statutory public meetings	
5. Presentations	
5.1 Elizabeth Walker, Executive Lead, Colleen Kiel, Director, and Brent Feeney, Director, Office of the Chief Medical Officer of Health, Public Health Re: Strengthening Public Health	
5.2 Dr. Maryam Pezeshki, Director, Oral Health Re: Oral Health Division Programs and Services	11
5.3 Devon Nation-Williams, Area Manager, Erin Valant, Area Manager, and O'Neal McIntosh, Area Manager, Income, Employment and Homelessness Support Division Re: Overview of Social Assistance Renewal and Employment Services Transformation	42
6. Delegations	
6.1 Christine Vos, Executive Director (In-Person Attendance), and Meghan McLeod, Administrative Assistant (In-Person Attendance), Oak Ridges	

Hospice

Re: Oak Ridges Hospice Update and Durham Hospice Awareness Day

7. Health

7.1 Correspondence

7.2 Reports

- a. Report #2024-MOH-1
Primary Care Outreach Program

52

8. Social Services

8.1 Correspondence

8.2 Reports

There are no Social Services reports to be considered

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, March 7, 2024 at 9:30 AM

13. Adjournment

Notice regarding collection, use and disclosure of personal information:

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

The Regional Municipality of Durham

MINUTES

HEALTH & SOCIAL SERVICES COMMITTEE

Thursday, January 11, 2024

A regular meeting of the Health & Social Services Committee was held on Thursday, January 11, 2024 in the Council Chambers, Regional Headquarters Building, 605 Rossland Road East, Whitby, Ontario at 9:31 AM. Electronic participation was offered for this meeting.

In the absence of the Chair, Vice-Chair Dies assumed the Chair.

1. Roll Call

Present: Councillor Dies, Vice-Chair
Councillor Anderson
Councillor Brenner
Councillor Carter left the meeting at 12:27 PM
Councillor Foster
Councillor Jubb
Regional Chair Henry*
*** denotes Councillors participating electronically**

Also
Present: Councillor Crawford attended a portion of the meeting
Councillor Pickles* attended a portion of the meeting
Councillor Schummer*
Councillor Woo* attended a portion of the meeting
Councillor Wotten*
*** denotes Councillors participating electronically**

Absent: Councillor Roy, Chair

Staff

Present: S. Austin, Director, Strategic Initiatives
E. Baxter-Trahair*, Chief Administrative Officer
C. Boyd, Solicitor, Chief Administrative Office – Legal Services
T. Cheseboro*, Chief, Region of Durham Paramedic Services, Health
S. Danos-Papaconstantinou, Commissioner of Social Services
S. Dessureault, Committee Clerk, Corporate Services – Legislative Services
M. Dupont, Case Coordinator, Income & Employment Support, Social Services
J. Dixon, Director, Business Affairs and Finance Management, Social Services

S. Foroutani, Area Manager, Income & Employment Support, Social Services
L. Fortuna, Director, Health Protection, Health
J. Gaskin, Director, Children's Services, Social Services
S. Hickman, Manager, Corporate Initiatives, Special Projects
R. Inacio, Systems Support Specialist, Corporate Services – IT
A. Johns, Case Coordinator, Income & Employment Support, Social Services
R.J. Kyle, Commissioner and Medical Officer of Health
L. Larcombe, Supervisor, Employment Programs, Income & Employment Support, Social Services
M. Laschuk, Director, Family Services, Social Services
L. MacDermaid*, Director, Long-Term Care and Services for Seniors, Social Services
L. McIntosh, Director, Income & Employment Support, Social Services
P. McTavish, Associate Medical Officer of Health
M. Middleton, Supervisor, Income & Employment Support, Social Services
G. Muller, Director, Affordable Housing Development & Redevelopment
D. Nation-Williams, Area Manager, Income & Employment Support, Social Services
A. Robins, Director, Housing Services
J. Siciliano, Area Manager, Income & Employment Support, Social Services
A. Smith, Supervisor, Income & Employment Support, Social Services
C. Taylor, Manager, Budgets & Finance, Social Services
K. Thangaraj*, Director, Population Health and Chief Nursing Officer, Health
T. Tyner Cavanagh, Manager, Strategic Initiatives and Partnerships
E. Valant*, Area Manager, Income & Employment Support, Social Services
V. Walker, Committee Clerk, Corporate Services – Legislative Services
*** denotes staff participating electronically**

2. Declarations of Pecuniary Interest

There were no declarations of pecuniary interest.

3. Adoption of Minutes

Moved by Councillor Brenner, Seconded by Councillor Carter,
(1) That the minutes of the regular Health & Social Services Committee meeting held on Thursday, December 7, 2023, be adopted.
CARRIED

4. Statutory Public Meetings

There were no statutory public meetings.

5. Presentations

5.1 Dr. Pepi McTavish, Associate Medical Officer of Health, re: Respirator Virus Illnesses Update

Dr. Pepi McTavish, Associate Medical Officer of Health, provided a PowerPoint presentation regarding Respirator Virus Illnesses Update.

Highlights of the presentation included:

- Respiratory Virus Data Tracker – Current Summary
- COVID-19 & Influenza Cases
- Institutional Outbreaks
- COVID-19 Vaccination Administration
- COVID-19 Vaccination Coverage
- COVID-19 Wastewater Surveillance
- Child Care & School Absenteeism
- Current COVID-19 & Influenza Vaccine Plans
- Current Respiratory Syncytial Virus (RSV) Vaccine Plans
- Current Recommendations

Dr. P. McTavish responded to questions from the Committee with regards to how knowledge gained during the pandemic has been applied to current influenza outbreaks; whether there are any known differences of wastewater monitoring of the Region compared to neighbouring municipalities, and how the Region's data compares to the data of neighbouring municipalities; whether the current number of reported positive COVID-19 infections includes positive lab tested results only and if rapid test results are also captured in the data; the accuracy of at home rapid test results; and whether the recommendation for vaccines is directed towards all individuals or primarily individuals identified as high risk.

5.2 Mackenzie Dupont, Case Coordinator, and Ashley Johns, Case Coordinator, Income, Employment and Homelessness Support Division, re: Ontario Works: Trusted Youth Program

Mackenzie Dupont, Case Coordinator, and Ashley Johns, Case Coordinator, Income, Employment and Homelessness Support Division, provided a PowerPoint presentation regarding Ontario Works: Trusted Youth Program.

Highlights of the presentation included:

- What is the Trusted Youth (TY) Program
- Who is a Trusted Youth (TY)?
- How does this benefit the youth?
- Ongoing Support for TY Clients
- Partnerships between TY Workers and Community Agencies

- Measures of Success
- Challenges
- Community Feedback
- Other Income, Employment and Homelessness Support Division (IEHSD) Youth Focused Programming
 - LEAP Program
 - REACH

L. McIntosh, M. Dupont and A. Johns responded to questions from the Committee with regards to the geographic area in which youth are being serviced; whether the Ontario Works benefit covers the cost of appropriate housing and how the gap is filled in instances where the benefit does not cover the cost of housing; if youth in the program are able to be employed and receive benefits simultaneously, and whether there is a cap on income while receiving benefits; how the program is funded; if similar programs are being run in other regions; whether homelessness among youth is higher in Durham Region compared to other regions; whether youth are permitted to remain in the program after they turn 18 and what transition programs are available after age 18; whether transportation is made available to youth in the program; whether the program works directly with post-secondary schools; how youth are able to access the program and how partnering agencies assist in connecting youth to the program; the challenges leading to limited support in north Durham and how that is being addressed; how the program supports youth that wish to attain post-secondary education but do not have the financial means to do so; what assistance is provided to enable youth to access scholarships and grant opportunities; if the data of youth in the program shows any concerning trends regarding specific demographics; whether the majority of youth accessing the program are from marginalized communities; whether there is a connection with the Trusteed Youth Program and the Community Safety Wellbeing Committee; and what engagement the program has had with the lower tier municipalities of the Region and what role they can play in assisting the program.

At the request of Regional Chair Henry, staff was directed to provide this presentation at the January 31, 2024 Regional Council meeting.

5.3 Jocelyn Siciliano, Area Manager, Ashley Smith, Supervisor, and Meaghan Middleton, Supervisor, Income, Employment and Homelessness Support Division, re: Durham Region Street Outreach

Jocelyn Siciliano, Area Manager, Ashley Smith, Supervisor, and Meaghan Middleton, Supervisor, Income, Employment and Homelessness Support Division, provided a PowerPoint presentation regarding Durham Region Street Outreach.

J. Siciliano provided opening remarks stating that since the Durham Region Street Outreach Program officially began four (4) days prior, the Outreach Team has had 109 interactions with homeless individuals. J. Siciliano advised that 91%

of those individuals identified themselves as being unsheltered; 22% are 18-29 years of age; 70% are 30-49 years of age; and 38% of the 109 individuals are currently on the by-name list.

Highlights of the presentation included:

- Unsheltered Homelessness in Durham Region
- Response
- Timeline
- Regional Street Outreach Program
- Regional Street Outreach Team
- Durham Region Transit (DRT) and Income, Employment and Homelessness Support Division (IEHSD) Service Level Agreement
- Street Outreach Continuum
- Engagement Model
- Assertive Engagement
- Regional Street Outreach Services
- Primary Care Outreach & Mental Health Outreach Programs
- Regional Street Outreach Training
- Outreach Equipment
- Additional Community Street Outreach Programs
- Street Outreach Collaboration Initiatives
- Key Performance Indicators

J. Siciliano, A. Smith, and M. Middleton responded to questions from the Committee with regards to whether information regarding an individuals' place of origin could be collected along with gender and approximate age to assist with providing appropriate services to individuals; how the Region plans to achieve its objective of dedication to community wellness and building strong relationships with residents and businesses; the length of shifts for outreach workers; and what involvement Durham Regional Police Services (DRPS) may have as part of the program.

Councillor Carter questioned if the Outreach Team could attend the City of Oshawa's community wellness meetings once a month in order for the Team to provide additional insights. J. Siciliano advised that could be arranged.

5.4 Lisa McIntosh, Director, Income, Employment and Homelessness Support Division, and Sue Ritchie Raymond, Consultant, Tim Welsh Consulting Inc., re: Integrated Homelessness System Action Plan

Lisa McIntosh, Director, Income, Employment and Homelessness Support Division, and Sue Ritchie Raymond, Consultant, Tim Welsh Consulting Inc., provided a PowerPoint presentation regarding Integrated Homelessness System Action Plan.

Highlights of the presentation included:

- The Role of the Region of Durham
- Need for Person-Centred Supports
- Strategic System Management – Homelessness
- Integrated Homelessness System Action Plan
- Attainable Housing Action Plan – Purpose and Scope
- Background Reports and Reviews
- Why Take a Systems Planning Approach?
- Common Housing System Models
- Homelessness in Durham Region
- The Current Homelessness Service System
- Actively Homeless Data
- Stakeholder Engagement
- What We Heard – Community Desired Outcomes
- Key System Needs
- Integrated Homelessness Action Plan – Strategic Priority Areas Identified
 - Goal 1: Implement System Integration Planning and Management
 - Goal 2: Improve System Capacity and Service Levels
 - Goal 3: Expand Social and Community Investment
 - Goal 4: Achieve System Excellence
 - Goal 5: Boost System Growth of Housing Supply
- Homelessness in Durham Region – Status Update
- Next Steps
 - Reporting
 - Investment Strategy

Discussion ensued with respect to the importance of modernization and expansion of the Region's current shelter system and the need for affordable housing options and corresponding challenges; the need for additional funding and support from the federal and provincial levels of government to address the homelessness crisis in the Region; the development of a strategy for public education and communication around homelessness and affordable housing and progress being made towards same; and the required support of lower tier municipalities as it relates to affordable housing solutions.

E. Baxter-Trahair stated that expanding affordable supportive shelter space across the Region is a priority and expressed the necessity of additional support from the federal and provincial governments to achieve same.

L. McIntosh and S. Danos-Papaconstantinou responded to questions from the Committee with regards to what the target number is for increasing affordable housing units in accordance with Goal 5 of the Integrated Homeless Action Plan;

when the Region's commitment ends; and when the Region will set its targets for the number of affordable units it aims to accomplish yearly.

L. McIntosh and E. Baxter-Trahair responded to questions from the Committee with regards to the reason the Region has established a 45-person limit on the shelter space at 1635 Dundas when there is a current homelessness crisis in the Region and the facility can accommodate over 100 people; and when the Region expects to determine the use of the remainder of the building.

6. Delegations

There were no delegations.

7. Health

7.1 Correspondence

There were no communications to consider.

7.2 Reports

There were no Health reports to consider.

8. Social Services

8.1 Correspondence

There were no communications to consider.

8.2 Reports

A) Approval to Accept One-Time Federal Funding for Reaching Home: Canada's Homelessness Strategy Provided by Infrastructure Canada (2024-SS-1)

Report #2024-SS-1 from S. Danos-Papaconstantinou, Commissioner of Social Services, was received.

S. Danos-Papaconstantinou responded to questions from the Committee with regards to how this funding will be allocated; and what affects this funding will have on the budget, if any.

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

- A) That approval be granted to accept one-time Federal funding from Infrastructure Canada in the amount of up to \$1,831,412 for the period of November 1, 2023, to April 30, 2024, to be expended in accordance with the Reaching Home guidelines; and

- B) That the Commissioner of Social Services be authorized to enter into all necessary agreements related to the Reaching Home program in a form satisfactory to the Commissioner of Finance.

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, February 8, 2024 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 Foster,

- (3) That the meeting be adjourned.

CARRIED

The meeting adjourned at 12:45 PM

Respectfully submitted,

J. Dies, Vice-Chair

V. Walker, Committee Clerk



Oral Health Division Programs and Services

Durham Region Health Department
Health & Social Services Committee
February 8, 2024

Dr. Maryam Pezeshki, Director, Oral Health Division



Oral Health Is ...

“Oral health is integral to general health...you cannot be healthy without oral health.”

1999, D. E. Shalala, US Secretary of Health and Human Services.

But unfortunately, oral health is often not valued until someone becomes sick.





Burden of Illness

1. World Ranking of Disease Prevalence:

- #1: Untreated caries of permanent teeth affect 35% of the population.¹

2. Cavities in Canada:

- 96% of adults have a history of cavities.
- 7% of 6 to 11-year-olds have or have had a cavity.
- 59% of 12 to 19-year-olds have or have had a cavity.
- The average number of decay-affected teeth in children aged 6 to 11 and 12 to 19 is 2.5.
- 6% of adult Canadians no longer have any natural teeth.
- 21% of adults with teeth have had a moderate or severe periodontal (gum) problem.



Burden of Illness

3. Treatment Needs and Impact:

- 34% of Canadians aged 6 to 79 years (with teeth) have identified treatment needs by dentists.
- An estimated 2.26 million school-days are missed annually due to dental-related illness.
- Tooth decay accounts for one-third of all day surgeries in children aged 1 to 5.
- 4.15 million working-days for adults are lost yearly due to dental visits or sick-days.²

4. Overall Impact:

- On average, 3.54 hours per year are lost per person in Canada due to dental diseases, including professional treatment.³



Programs & Services

1. Dental Clinic
2. School Screening
3. Health Promotion
4. Claim & Estimate Processes



Dental Clinic

Ontario Seniors Dental Care Program
Healthy Smiles Ontario



Durham Region Oral Health Clinic



- Located at 200 John Street West, Oshawa.
- Seven operatories.
- Staff: Dentists, Dental Hygienists, Denturist, Dental Assistants, Clerks.
- The clinic is open Monday through Friday; 8 am to 4 pm.
- Capacity is limited, and at times, we face challenges in delivering dental services promptly.
- Collaboration with Social Services to provide dental care services to residents in the Region's Long-Term Care Homes (LTCHs).



Ontario Seniors Dental Care Program (OSDCP)

OSDCP Overview:

- OSDCP is a provincially-funded initiative.
- It offers free routine dental services to low-income seniors aged 65 and above.

Eligibility Criteria:

- Single seniors with an annual net income of \$22,200 or less are eligible.
- Senior couples (one or both aged 65 or older) with a combined annual net income of \$37,100 or less are eligible.
- Participants should have no access to any other form of dental benefits.

Estimated Reach:

- Approximately 9,800 seniors in Durham Region are expected to be eligible for treatment under OSDCP.



OSDCP

Program Initiation:

- Started seeing seniors in December 2019.

Service Continuation:

- Provided services throughout the COVID-19 Pandemic.

OSDCP Enrollment (as of January 2023):

- OSDCP enrollment reached 2,846 clients.

Usage Statistics - Jan-Dec 2021

- OSDCP (unique) clients: 963.
- OSDCP appointments: 3,023.

Usage Statistics - Jan-Dec 2022

- OSDCP (unique) clients: 1,460.
- OSDCP appointments: 4,869.

Usage Statistics - Jan-Dec 2023

- OSDCP (unique) clients: 2,016.
- OSDCP appointments: 7,421.



Healthy Smiles Ontario (HSO)

Program Integration (January 2016):

- In January 2016, the Province combined six publicly funded dental programs into the new HSO program.

HSO Overview:

- HSO is a government-funded dental program.
- It provides free preventive, routine, and emergency dental services.
- Eligibility: children and youth aged 17 and under from low-income households.

Program Commencement:

- Started seeing HSO recipients under the new program in 2016.



HSO

Usage Statistics - Jan-Dec 2021

- HSO appointments: 862.

Usage Statistics - Jan-Dec 2022

- HSO appointments: 775.

Usage Statistics - Jan-June 2023

- HSO appointments: 774.



Eligible Services

The Oral Health Clinic can be a *Dental Home* for low-income families

- Check-ups, including scaling, fluoride and polishing
- Repairing broken teeth and cavities
- X-rays
- Removing teeth or abnormal tissue (oral surgery)
- Anesthesia
- Treating infection and pain (endodontic services)
- Treating gum conditions and diseases (periodontal services)
- Removeable dentures including complete and partial will be partially covered
- Mouth guard



School Screening



School Dental Screening

- Oral Health Division (OHD) provides school dental screening to meet the requirements of the Oral Health Protocol, 2021.
- Dental screening is offered to all children in elementary school.
- Dental screening identifies children with urgent dental needs.
 - OHD assists these children with accessing dental care.
- The oral health surveillance data collected from the dental screening program provides the opportunity to:
 - Better understand the oral health status of children in Durham.
 - Create programs to improve the health in areas of greatest need.



School Dental Screening

2018/19 - Last Full Year of School Screening

- Operated under standard procedures - selecting grades related to school dental intensity levels.
- Screened 25,907 children.
 - Urgent needs: 1,420 (5.5%) (3yr avg 4.8%).
 - Non-Urgent needs: 871 (3.4%) (3yr avg 3.8%).

2022/23 - Post-Pandemic Catch-Up Strategy

- Implemented a catch-up strategy (screening all elementary children in two years).
- Screened: 44,878 children.
 - Urgent needs: 2,086 (4.6%).
 - Non-urgent needs: 2,500 (5.6%).
- After the 2023/24 school year, the school screening program will return to standard operations.



Health Promotion



Health Promotion

- OHD provides the Health Promotion program to meet the requirements of the Oral Health Protocol, 2021.
- Oral Health Promotion Programs:
 - Promote awareness of, access to, and utilization of HSO and OSDCP.
 - Improve oral health knowledge of children, seniors, and their guardians/caregivers.
- 2023 activities included:
 - Grade-specific classroom education to 38 schools.
 - Reached 6,974 children and 473 teachers.
 - Participated in four health fairs at LTCHs.
 - Conducted oral health caregiver training in eight “Train the Trainer” workshops for 45 LTCH staff.



Health Promotion 2023 Activities

- Responded to and participated in 77 local community events.
 - Engaged with 4,344 participants.
- Utilized social media for promotion and information sharing.
 - Posted 154 updates.
 - Twitter: 64,786 impressions and 574 engagements.
 - Facebook: 94,839 impressions, 92,982 reach, and 2,330 engagements.
 - Instagram: 92,529 impressions, 85,969 reach, and 1,068 engagements.



Claim & Estimate Processes



Claim Process

The work is divided into two main components.

1. Ontario Work Adult (OWAD)– Emergency Services

- The basic dental coverage that all adult recipients of OW receive including treatment (filling, extraction, or pain management) of two teeth per month without a pre-determination of benefits.

OWAD Claims		
Year	Claims Processed	Amount Paid
2021	3169	\$427,052
2022	3102	\$432,030
2023	2878	\$390,949



Claim Process

2. OW Discretionary Benefits

Patients may be eligible for supplemental discretionary benefits through the following routes:

- **Employability Program (EMPL):**
 - Allows eligible OW clients to participate in an education program geared towards gainful employment.
 - Allows extra dental benefits after completion of the program for 6 months to help them complete all dental treatment before they exit the program.
- **Learning, Earning and Parenting Program (LEAP):**
 - LEAP is for young parents (16 to 25 years old) on OW who have not obtained their high school diploma.
 - Allows eligible OW clients to have extended dental benefits while they are eligible for LEAP.



Claim Process

2. OW Discretionary Benefits cont'd

EMPL/LEAP Claims (processed together)		
Year	Claims Processed	Amount Paid
2021	72	\$17,154
2022	117	\$40,884
2023	96	\$27,927



Estimate Process

Estimate from Dental Provider (SUP)

- OW clients who require more than the basic coverage of two teeth treated per month (i.e., multiple extractions or dentures), will be considered if the OW client has their dental provider submit an estimate with codes, fees, and reason that treatment is required.
- The treatment plan from the provider must follow eligible services under the OWAD discretionary program.
- Some of these supplemental benefits are also available to people who are on the Ontario Disability Support Program (ODSP).

SUP Estimates and Claims			
Year	Estimates Received and Processed	Claims processed	Amount Paid
2021	1472	751	\$471,544
2022	1757	749	\$504,931
2023	1943	782	\$547,210



Inequality in Access to Oral Health Care



Inequalities in Dental Care

Public Spending Trends:

- In 2022, the private sector accounted for an estimated \$17.7 billion while the public sector spent only around \$1.1 billion on dental services in Canada.⁴

Disparities Across Communities:

- Disparities exist in third-party insurance, access to care, and oral health indicators among communities, provinces, household incomes, and immigration statuses.

Insurance Gaps:

- 53% of adults aged 60 to 79 lack dental insurance.
- 50% of Canadians in the lower-income bracket have no dental insurance.³
- In 2022, 35% of Canadians had no dental insurance. Among certain groups, including seniors, over half lacked insurance, requiring out-of-pocket payment for dental expenses.⁵



Inequalities in Dental Care

Access to Publicly Funded Programs:

- Health Canada notes that only 1 in 20 Canadians access oral health services through publicly funded programs.

Usage and Avoidance Statistics:

- Over one-third of Canadians (35%) reported not having dental insurance.
- Almost one in four Canadians (24%) avoided dental visits due to cost.
- More than one-third of Canadians reported not visiting a dental professional in the previous 12 months.⁵



Canada Dental Care Plan (CDCP)

- Aims to ease financial barriers for eligible Canadian residents with an annual adjusted family net income under \$90,000.
- Targets those without access to dental insurance.
- Application opened in phases.
- Started with seniors in December 2023.

Group	Applications open
Seniors aged 87 and above	Starting December 2023
Seniors aged 77 to 86	Starting January 2024
Seniors aged 72 to 76	Starting February 2024
Seniors aged 70 to 71	Starting March 2024



CDCP

Application process:

- Seniors aged 65 to 69 can apply online from May 2024.
- Adults with a valid Disability Tax Credit certificate and children under 18 can apply online from June 2024.
- All remaining eligible Canadian residents can apply online from 2025.
- Service delivery to seniors 65+ begins in May 2024.

Provider registration:

- Providers can register for the program in February 2024.

Payment and paperwork:

- Details regarding paperwork and payment rollout in spring are yet to be determined.
- Ministry of Health will release an update in February 2024.



Future Consideration

- Collaboration with Brock CHC
- Geographical expansion
- Office Hours expansion
- Screening Program expansion

We will continue our collaboration with Social Services

- LTCH residents
- OW clients



References

1. Home - Canadian Association of Public Health Dentistry. (n.d.). <https://caphd.ca/wp-content/uploads/2022/06/CHMS-E-summ.pdf>
2. Government of Canada. Canada.ca. <https://www.canada.ca/en/health-canada/services/healthy-living/reports-publications/oral-health/canadian-health-measures-survey.html>
3. A snapshot of Oral Health in Canada. The State of Oral Health. (n.d.). <https://www.cda-adc.ca/stateoforalhealth/snap/>
4. Jenny Yang, & 30, N. (2023, November 30). Dental Service Expenditures in Canada by public and private sector 2023. Statista. <https://www.statista.com/statistics/686294/dental-service-expenditures-in-canada-by-sector/#:~:text=Dental%20service%20expenditures%20in%20Canada's%20private%20and%20public%20sectors%202010%2D2023&text=In%202022%2C%20the%20private%20sector,on%20dental%20services%20in%20Canada.>
5. More than one-third of Canadians reported they had not visited a dental professional in the previous 12 months, 2022. The Daily - . (2023, November 10). <https://www150.statcan.gc.ca/n1/daily-quotidien/231106/dq231106a-eng.htm>



Thank you!



Overview of Social Assistance Renewal and Employment Services Transformation

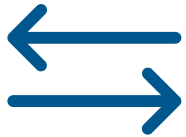
Income, Employment & Homelessness Supports Division

Agenda

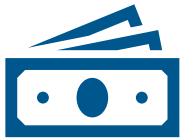


Social Assistance Renewal

- Ontario Works Application Process
- Employment Services Transformation

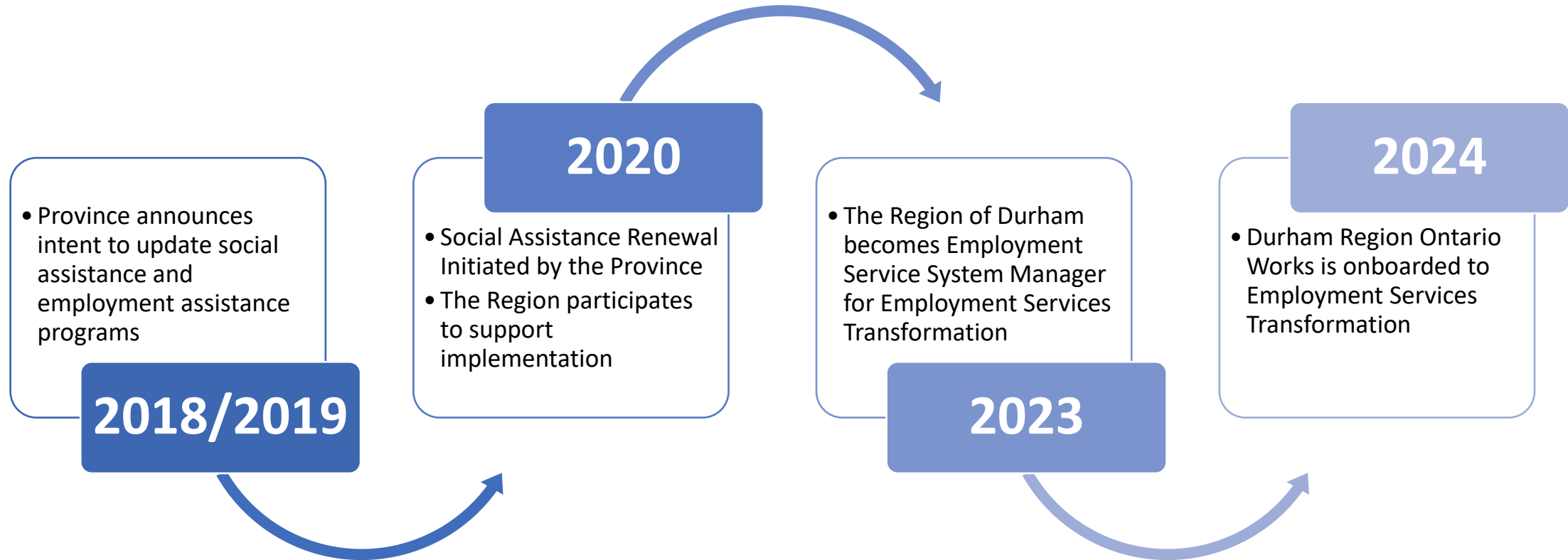


Resulting Shift in Provincial Program Delivery Funding



Ontario Works Rates

Social Assistance Renewal



Ontario Works Application Process Update



**Centralized
Application Process**

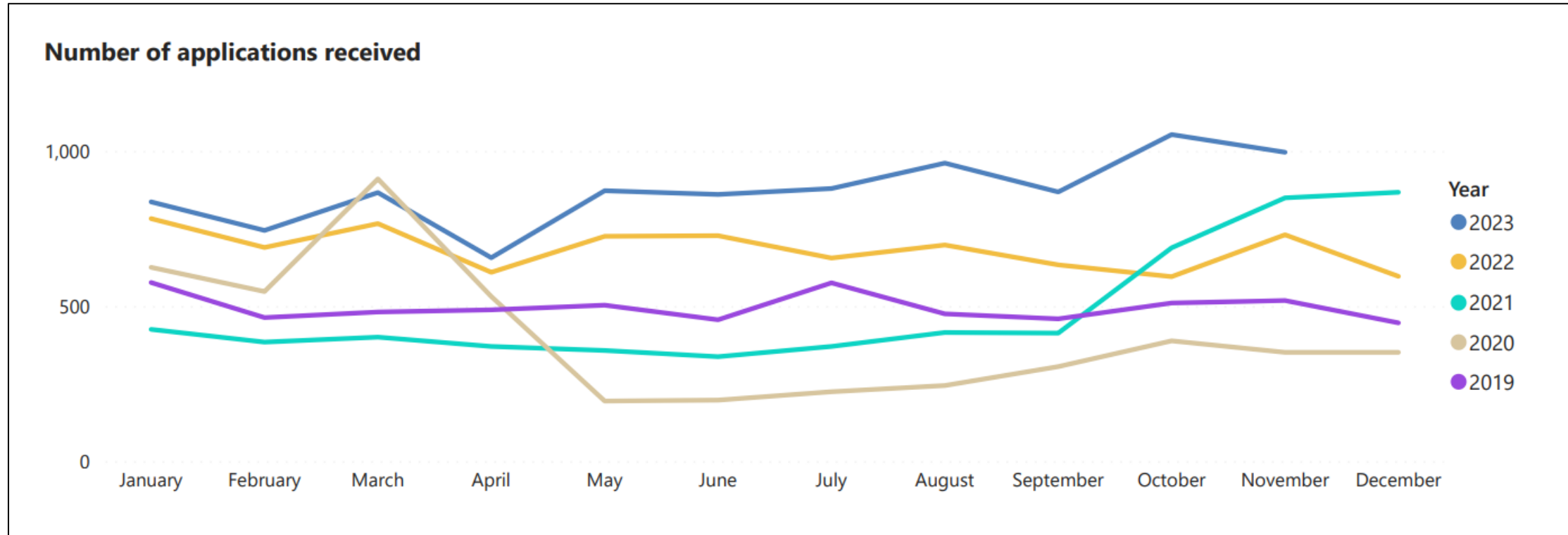


**Goal to Reduce
Municipal
Administrative
Burden**



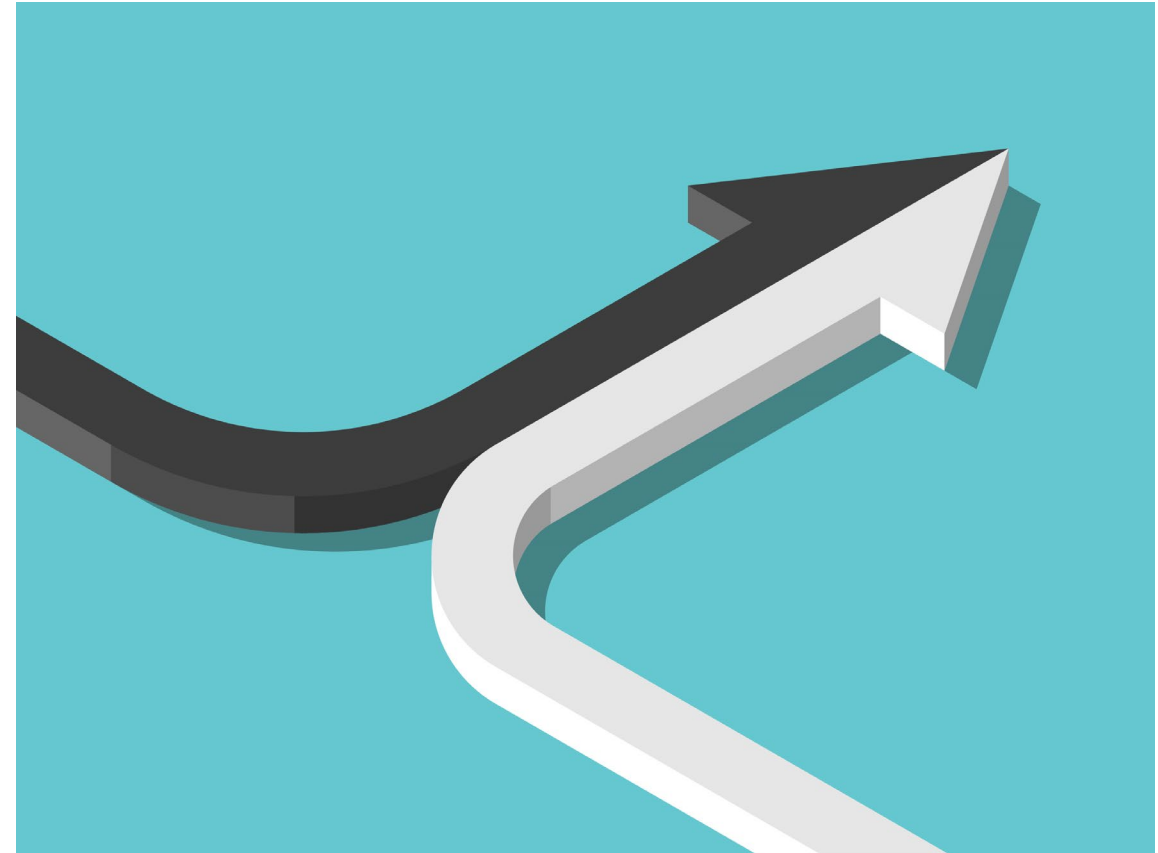
**Anticipated to
Complete 70% of
Ontario Works
Applications**

Ontario Works Application Volume



Employment Services Transformation

- Integrates Ontario Works employment services into Employment Ontario
- Region holds joint role as Ontario Works System Administrator and Employment Service System Manager
- New Tools:
 - Common Assessment Tool
 - Action Plan

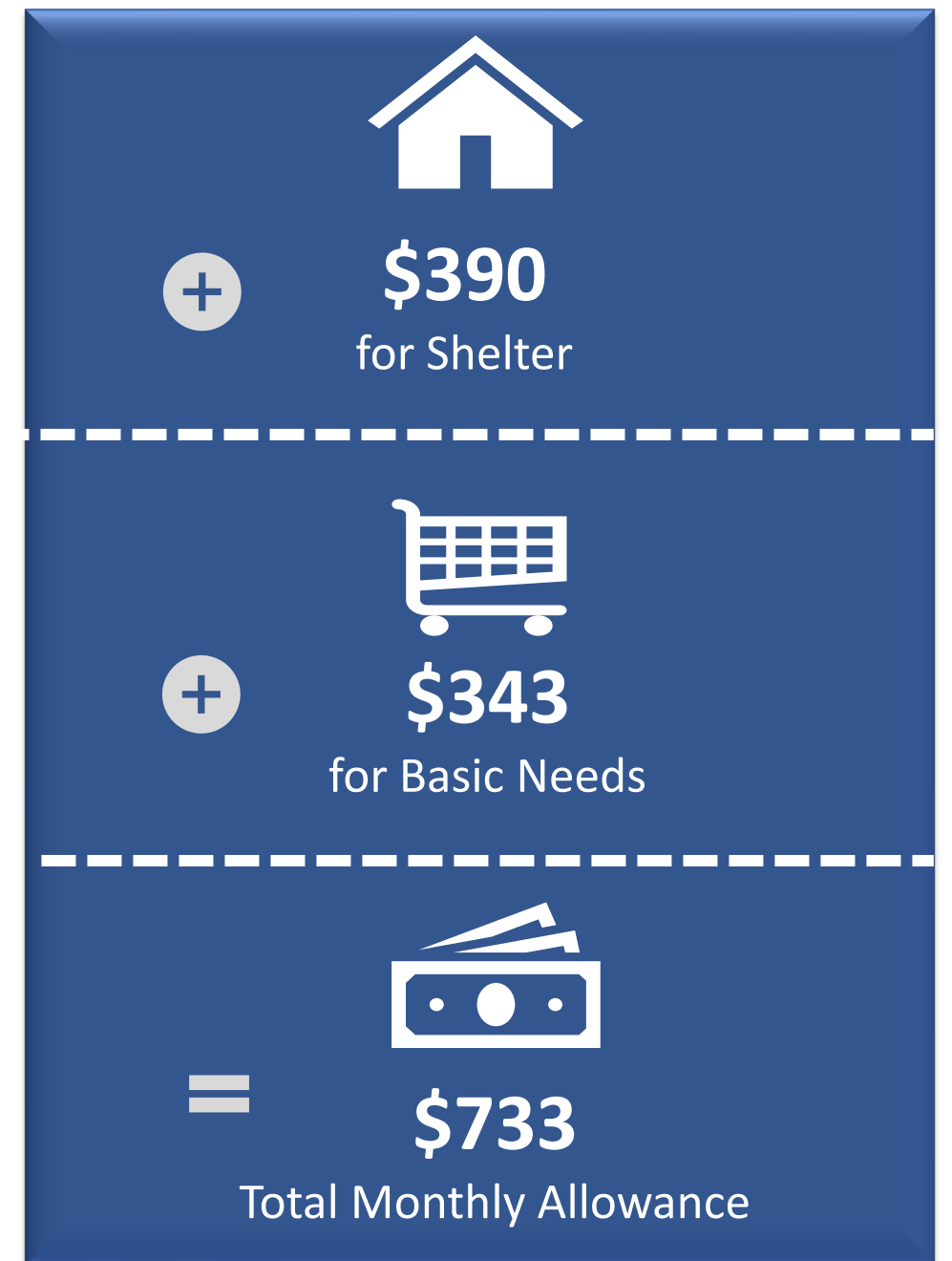


Resulting Shift in Provincial Funding

- Ontario Works Program Delivery Funding is cost shared with the Province
- Through Employment Services Transformation, a portion of Provincial funding is transferred to the Ministry of Labour, Immigration, Training and Skills Development
 - The Region's Ontario Works program delivery funding decreased by \$4.5 Million in 2024

Ontario Works Rates

- Ontario Works rates are Provincially set and have been frozen since 2018
- Rates are not indexed to inflation



Ontario Works Rates Compared to Average Market Rent in Durham

Year	Ontario Works Shelter Rates	Average Market Rent (Bachelor)	% of Income Needed for Rent (Bachelor)	Average Market Rent (1 Bedroom)	% of Income Needed for Rent (1 Bedroom)
2017	\$376	\$817	217%	\$1,037	276%
2018	\$384	\$845	220%	\$1,167	304%
2019	\$390	\$898	230%	\$1,171	300%
2020	\$390	\$937	240%	\$1,182	303%
2021	\$390	\$989	254%	\$1,268	325%
2022	\$390	\$1,081	277%	\$1,284	329%

[1] [Full view \(cmhc-schl.gc.ca\)](https://cmhc-schl.gc.ca)

[2] [Full view \(cmhc-schl.gc.ca\)](https://cmhc-schl.gc.ca)



Thank You

Erin Valant, MPPAL

Manager – Income, Employment & Homelessness
Supports Division

Erin.Valant@durham.ca

durham.ca

[@RegionofDurham](#)





The Regional Municipality of Durham Report

To: Health & Social Services Committee
From: Commissioner & Medical Officer of Health and Commissioner of Social Services
Report: #2024-MOH-1
Date: February 8, 2024

Subject:

Primary Care Outreach Program

Recommendations:

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

- A) That the Region of Durham advocates for the provincial government to provide sustained provincial funding for the expansion of the Primary Care Outreach Program to meet the growing needs of Durham Region residents experiencing homelessness and needing urgent health care, mental health and addictions support;
 - B) That a letter from the Regional Chair on behalf of Regional Council, along with a copy of this report be sent to the Premier of Ontario, Minister of Health, Associate Minister of Mental Health & Addictions, all Durham MPPs, and AMO, for their information and consideration.
-

Report:

1. Purpose

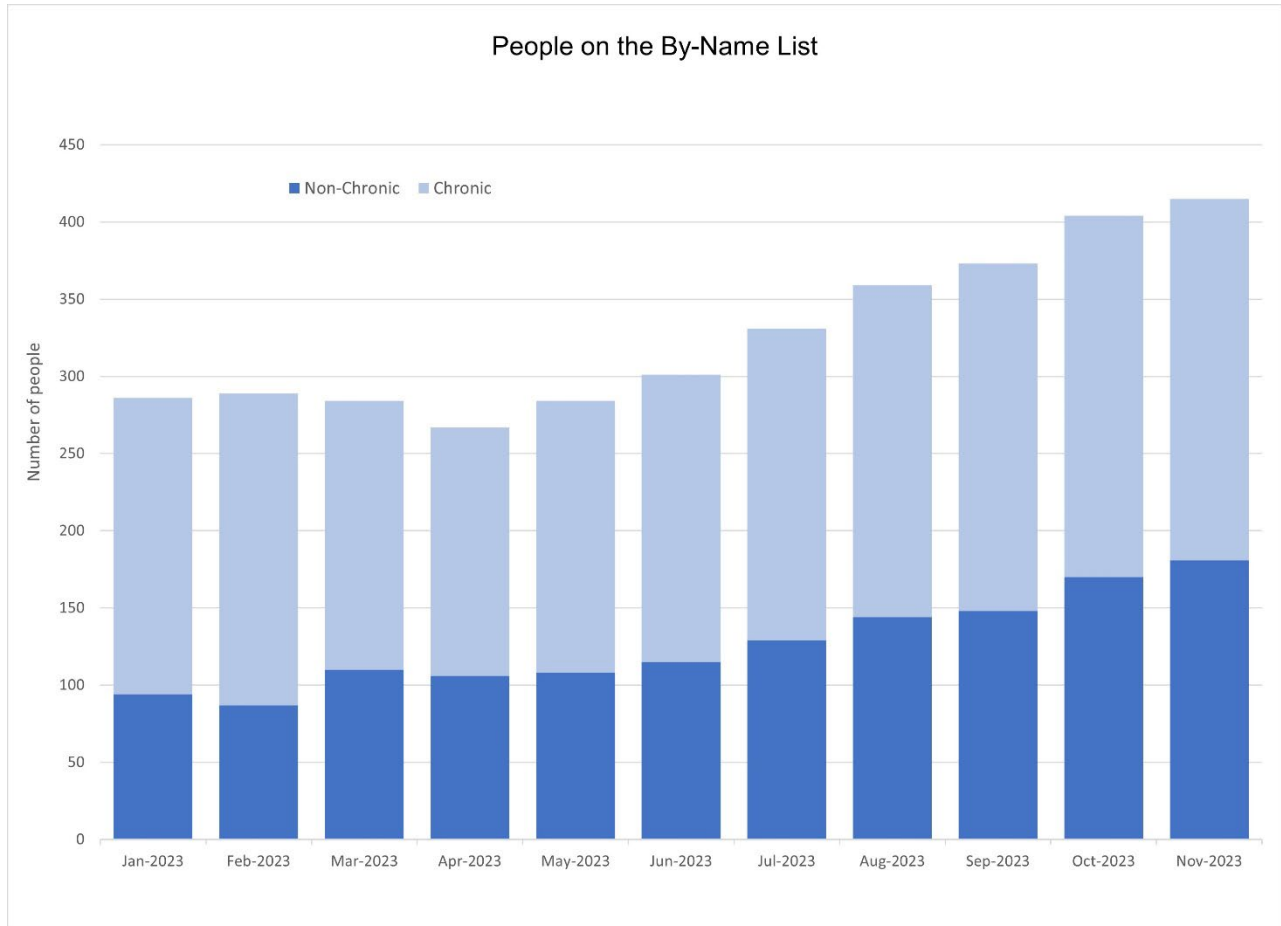
- 1.1 The purpose of this report is to provide an update on the Primary Care Outreach Program (PCOP) and seek Regional Council approval to advocate for ongoing provincial funding to expand PCOP to meet the growing needs of local residents experiencing homelessness and needing urgent health care, mental health and addictions support.

2. Background

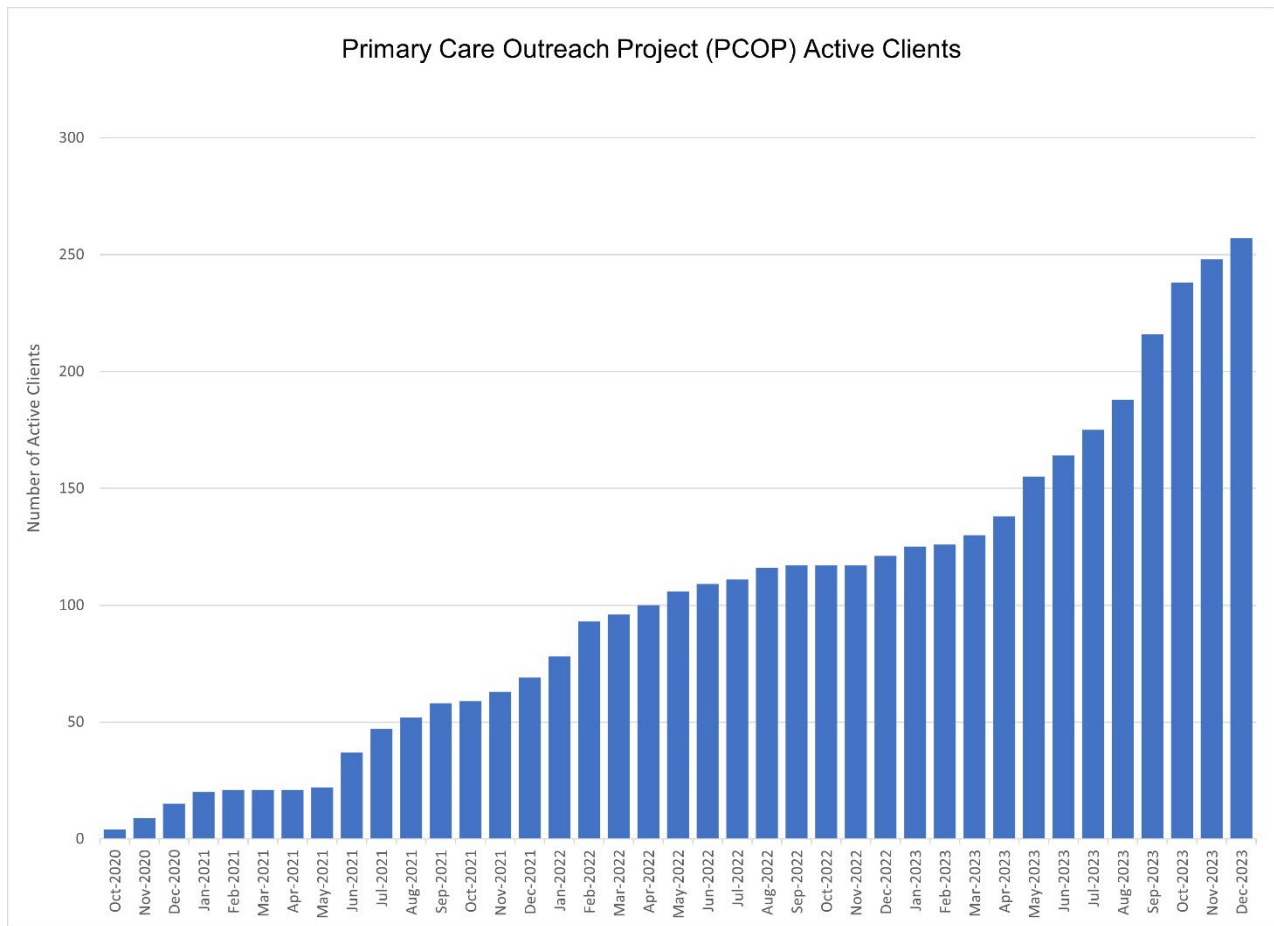
- 2.1 PCOP began operation on July 23, 2018 and consists of an Advanced Care Paramedic (ACP) and Social Worker providing outreach services and service navigation/connection to vulnerable priority populations including those who are homeless/underhoused or have mental health and addiction challenges.
- 2.2 PCOP addresses the health and social service needs of hard-to-reach populations with complex needs by: addressing urgent health needs and supporting individuals in crisis; supporting individuals to get help for physical and mental health issues and substance use; assisting with ongoing connections to physical and mental health services; and supporting transitions to more stable housing.
- 2.3 The ACP provides assessments, triage and interventions including: administration of anti-psychotic injections; blood glucose tests for diabetic clients; medical counselling; referrals to medical facilities or the on-site physician at Mission United Medical; service navigation by referring clients with addictions and mental and/or physical health issues to appropriate agencies and supports; urgent care such as intravenous treatment, and; wound care.
- 2.4 The Social Worker provides engagement, assessment/triage, counselling (for crises, depression, substance abuse, suicidality, trauma, and other mental health issues), and service navigation by referring clients to appropriate agencies and supports for addictions, food, housing, and mental and/or physical health issues.
- 2.5 The PCOP team uses a rapid response vehicle to commute to various priority neighbourhoods and provides primary care and social work services seven days a week from 8 am to 6 pm. PCOP hours were expanded in May 2023 to meet the growing demand for services.
- 2.6 A key aspect of PCOP is engaging with clients, building trust, and following up on previous referrals to maintain clients' connections with supports. A significant amount of the team's time is spent on engaging with clients which is fundamental to the success of the program.

3. Current Status

- 3.1 The By-Name List is a real-time, up-to-date list of people known to be experiencing homelessness. As of November 2023, there are at least 415 people who are currently experiencing homelessness in Durham. Over the past year, the number of individuals on the By-Name list has continued to increase (see Image I). Of these individuals, 234 people have been experiencing homelessness for six months or longer.

Image I: People on the By-Name List

- 3.2 The PCOP team (including the ACP and Social Worker) had 2,279 encounters with clients in 2023. It is estimated that 553 unique clients received service.
- 3.3 Over the past few years, the number of active clients that received services from the ACP as part of the PCOP team has been steadily increasing. As of December 2023, Region of Durham Paramedic Services (RDPS) had 263 active clients in PCOP that had received medical care by the ACP (see Image II). Clients may be seen many times throughout the year, as needed. The average repeat visits for active clients in 2023 was 4.8 visits per client.

Image II: PCOP Active Clients

- 3.4 In most cases, the medical care that is provided to clients through PCOP is the only medical care available for these clients. As the number of people experiencing homelessness continues to increase, so do needs for medical care. Through ongoing engagement, clients develop a sense of comfort, familiarity and safety with PCOP staff and are more receptive to receiving medical care.
- 3.5 In addition to PCOP, there are several local services that provide outreach and homelessness supports, mental health and addictions support to local residents (see attachment 1). However, these programs do not provide the medical support that the PCOP ACPs are trained to provide. Table 1 shows the number and reason for PCOP ACP interventions in 2023.

Table 1: PCOP Client Medical Interventions January 1, 2023 to December 19, 2023

Medical Intervention	Number of Interventions	Increase in the past six months (%)
Nurse Practitioner/Physician Consultations	141	99%
Wound Care	301	198%
Bactigras Dressings Used	70	218%
Inadine Non-Adherent Dressings Used	157	157%
Urine Drug Screens	60	58%
Pregnancy Tests	6	100%
Anti-Psychotic Injections (Abilify)	34	278%
Medication Assist Prompts	143	151%

- 3.6 The increase in PCOP clients and medical interventions demonstrates the need to expand PCOP and address medical needs of those experiencing homelessness.
- 3.7 PCOP staff may see clients that are frequent callers to 911, however, frequent callers to 911 also include individuals with fixed addresses with various medical issues, including chronic conditions. The Community Paramedicine Program, funded by both the Ministries of Health and Long-Term Care, has been implemented to help ease pressures on hospitals, community care, paramedic call volumes, and long-term care home waitlists. RDPS has identified that the number of calls to 911 from frequent callers within any month in 2023 (i.e., individuals that called 911 three or more times in any month) ranged from 288 to 435 (excluding December as data were not complete at the time of analysis). RDPS continues to advocate for legislative measures and ongoing provincial funding for community paramedicine.

4. Funding

- 4.1 The PCOP budget as outlined in the approved 2023 Health Department Business Plans & Budget is \$754k. The forecasted 2023 expenditures are \$800k.
- 4.2 Staffing for PCOP includes two full-time ACPs and two full-time Social Workers. Additionally, three paramedics are available to backfill in case of absences and training days.
- 4.3 The 2023 PCOP forecasted expenditures are as follows:

Staffing – RDPS	\$380k
Staffing – Social Services	\$289k
Education & Training - RDPS	\$42k
Education & Training – Social Services	\$6k
Vehicle Costs (i.e., maintenance, fuel and replacement)	\$40k
Program Materials and Medical Supplies	\$18k
Professional Consulting (e.g., medical professionals that provide support for wound care, addictions and mental health)	\$25k
Total Forecasted Expenditures	\$800k

- 4.4 Additional funding is needed to expand the program, including additional staff and vehicles to support the growing homeless population in all municipalities which needs medical care and support.
- 4.5 As shown in Table 1, the most medical interventions in 2023 were related to wound care and these needs continue to increase. Wounds must be cared for in a location that is sheltered and private both for patient privacy as well as shelter from any adverse weather conditions (e.g., extreme heat or cold). An ambulance rather than the existing rapid response vehicle is required so that the PCOP ACP can tend to wounds in a private, safe and appropriate space.
- 4.6 RDPS will repurpose an existing fleet ambulance for PCOP to provide wound care to clients. The repurposed ambulance will have minimal cost impacts related to fuel and vehicle maintenance. These costs will be addressed in the 2024 Health Department Business Plans and Budget.
- 4.7 Currently PCOP does not receive any provincial funding.

5. Previous Reports

- 5.1 Report [2019-INFO-5](#) provided an update on the implementation of PCOP.

6. Relationship to Strategic Plan

- 6.1 This report aligns with/addresses the following strategic goal and priority in the Durham Region Strategic Plan:
- Goal 2: Community Vitality: Enhance community safety and well-being.

- b. Goal 5: Service Excellence: Optimize resources and partnerships to deliver exceptional quality services and value.

7. Conclusion

- 7.1 As Durham Region continues to experience a growing population that is experiencing homelessness, medical care needs of this population are also increasing.
- 7.2 PCOP has seen a steady increase in active clients since 2020.
- 7.3 Current PCOP program resources are no longer sufficient to address the growing medical support needs of those experiencing homelessness. Resources are required to expand services across the region and expand hours of service.
- 7.4 Regional Council advocacy for ongoing provincial funding to expand PCOP to meet the growing needs of local residents experiencing homelessness and needing urgent health care, mental health and addictions support will ensure that programming is well positioned to respond to emerging health needs of Durham residents.

8. Attachment

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

Respectfully submitted,

Original signed by

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

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

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

211 Ontario:

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

AIDS Committee of Durham Region:

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

Back Door Mission:

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

Canadian Mental Health Association Durham:

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

Community Care Durham:

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

Connex Ontario:

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

Coordinated Access System:

- Coordinated Access is a process that helps people experiencing homelessness get help in a coordinated, standardized way. In a Coordinated Access System, service providers use a shared information system and work together to triage, assess and prioritize people consistently to get support.

COPE Mental Health | Community Care Durham:

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

Cornerstone:

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

Distress Centre Ontario:

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

Durham Community Health Centre:

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

Durham Mental Health Services:

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

Durham Region Outreach Workers:

- An engagement team that seeks people experiencing unsheltered homelessness with the goal of developing trust, meeting basic needs, and ensuring people are connected with Durham's By-Name List and coordinated access system.
- These trained staff members problem-solve, mitigate issues, and respond to service needs and gaps. They are committed to continuous improvement in service coordination and building trust and confidence between stakeholders through ongoing dialogue and collaboration. They are dedicated to community wellness and building strong relationships with businesses, residents, and human service providers.

Durham Region Transitional Support Team (TSP):

- Provide intensive case management to those that are chronically homeless By-Name List individuals to assist with medical, financial, and housing stability support with the goal of facilitating meaningful community connection for TSP participants.
- Assist individuals not on the By-Name List with homelessness prevention intervention and support.
- Commit to working with all Coordinated Access System community agencies to ensure the system operates efficiently. This team provides intensive, community-based case management, active collaboration with community partners, and continued advocacy for individuals at risk of, or who are experiencing homelessness.

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

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

Lakeridge Health:

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

Lakeridge Health's Pinewood Centre:

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

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

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

Metis Nation of Ontario:

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

Mental Health Outreach Program (MHOP):

- Family Services Division provides outreach mental health and addiction counselling, and service navigation and coordination to individuals who are homeless or who are newly housed and at risk of homelessness.
- MHOP consists of two Social Workers who work with community partners to deliver outreach services and support in Durham Region.

Ontario Shores Centre for Mental Health Sciences:

- Ontario Shores is a public teaching hospital providing a range of specialized assessment and treatment services to those living with complex and serious mental illness.

- Ontario Shores offers specialized recovery-focused interprofessional programs and services designed to provide successful treatment as interprofessional teams work with patients and families throughout their journey of recovery. Assessment and crisis services are provided, as well as consultation and education.