



## The Regional Municipality of Durham

### Health and Social Services Committee Revised Agenda

Thursday, April 9, 2026, 9:30 a.m.

Regional Council Chambers

Regional Headquarters Building

605 Rossland Road East, Whitby

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

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

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**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, May 7, 2026 at 9:30 AM

**13. Adjournment**

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**The Regional Municipality of Durham**  
**Health & Social Services Committee Minutes**

**Thursday, November 6, 2025**

A regular meeting of the Health & Social Services Committee was held on Thursday, November 6, 2025 in the Council Chambers, Regional Headquarters Building, 605 Rossland Road East, Whitby, Ontario. Due to technical issues, the meeting began at 9:46 AM.

Councillor Roy assumed the Chair.

**1. Roll Call**

Electronic participation was offered for this meeting.  
\* indicates individuals who participated electronically.

Members

Present: Councillor Roy, Chair  
Councillor Dies, Vice-Chair  
Councillor Anderson  
Councillor Carter  
Councillor Neal\*  
Regional Chair Henry\*

Also

Present: Councillor Pettingill\*

Members

Absent: Councillor Brenner  
Councillor Jubb due to Regional technical issue

Staff Present: E. Baxter-Trahair, C. Boyd, J. Chiu, S. Danos-Papaconstantinou, L. Fleury, S. Gainey, J. Gaskin\*, J. Hunt, R. Inacio, R.J. Kyle, M. Laschuk, L. MacDermaid, L. McIntosh, P. McTavish, G. Muller, N. Prasad, A. Skan\*, K. Smith, C. Taylor, K. Thangaraj, T. Tyner Cavanagh\*, and E. Valant

**2. Declarations of Pecuniary Interest**

There were no declarations of pecuniary interest.

**3. Adoption of Minutes**

Motion #36

Moved by Councillor Anderson, Seconded by Councillor Dies,  
That the minutes of the regular Health & Social Services Committee meeting held on Thursday, September 4, 2025, be adopted.

**Carried**

#### **4. Statutory Public Meetings**

There were no statutory public meetings.

#### **5. Presentations**

- 5.1 Shannon Gainey, Manager, Population Health Division, and Jolene Chiu, Assistant Manager, Population Health Division  
Re: Sexual Health and Sexually Transmitted and Blood-Borne Infections (STBBIs)
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Shannon Gainey, Manager, Population Health Division, and Jolene Chiu, Assistant Manager, Population Health Division, provided a PowerPoint presentation with regards to Sexual Health and Sexually Transmitted and Blood-Borne Infections (STBBIs).

Highlights of the presentation included:

- STBBI Prevention and Control
- Diseases of Public Health Significance
- Durham Region's STBBI Trends (2014-2024)
- Syphilis Trends (2014-2024)
- Why Are There Increases in STBBIs?
- Overview of Services
- STBBI Case and Contact Management
- Sexual Health Clinics
- Sexual Health Clinic Services
- Community Outreach & Building Capacity
- Summary

#### **6. Delegations**

There were no delegations.

#### **7. Health**

- 7.1 Correspondence

- A) Memorandum from Dr. Robert Kyle, Commissioner and Medical Officer of Health  
Re: External Violence Against Paramedics
- 

Motion #37

Moved by Councillor Carter, Seconded by Councillor Anderson,  
That we recommend to Council:

- A) That the Regional Municipality of Halton Resolution MO-10-25 calling on the Government of Canada to reintroduce and adopt legislation amending the

Criminal Code to explicitly include paramedics and first responders under Section 423.2 protections, be endorsed; and

- B) That the Prime Minister of Canada, the Minister of Justice and Attorney General of Canada, Durham's MPs, the Federation of Canadian Municipalities, Association of Municipalities of Ontario, Paramedic Chiefs of Canada, Ontario Association of Paramedic Chiefs and the Durham Regional Police Service be so advised.

**Carried on the following Recorded Vote:**

Yes: Councillor Anderson  
Councillor Carter  
Councillor Dies  
Regional Chair Henry  
Councillor Neal  
Councillor Roy, Chair

No: None

Members

Absent: Councillor Brenner  
Councillor Jubb

Declaration  
of Interest: None

- B) Memorandum from Dr. Robert Kyle, Commissioner and Medical Officer of Health  
Re: Board of Health Self-Evaluations
- 

Motion #38

Moved by Councillor Carter, Seconded by Councillor Dies,  
That Memorandum from Dr. Robert Kyle, Commissioner and Medical  
Officer of Health, regarding Board of Health Self-Evaluations, be received  
for information.

**Carried**

7.2 Reports

There were no Health reports to consider.

**8. Social Services**

8.1 Correspondence

There were no communications to consider.

8.2 Reports

A) Update on the Regional Municipality of Durham's Transitional Housing Programs (2025-SS-5)

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Report #2025-SS-5 from S. Danos-Papaconstantinou, Commissioner of Social Services, was received.

E. Valant responded to questions with regards to the difference in annual operating costs for the Oshawa Micro Homes and Beaverton Heights; whether it would be beneficial to have Blue Door operate the Oshawa Micro Homes; and how the tenth unit of the Oshawa Micro Homes is being used.

Motion #39

Moved by Councillor Carter, Seconded by Councillor Anderson,  
That Report #2025-SS-5 of the Commissioner of Social Services be received for information.

**Carried**

B) Daily Rate Increase in Regional Directly Operated Early Learning and Child Care Programs (2025-SS-6)

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Report #2025-SS-6 from S. Danos-Papaconstantinou, Commissioner of Social Services, was received.

Motion #40

Moved by Councillor Carter, Seconded by Councillor Anderson,  
That we recommend to Council:

That approval be granted to increase school-age child care daily rates for Directly Operated Learning and Child Care programs effective January 1, 2026, in accordance with the following table:

Type of Care	Current Daily Rate	Proposed Daily Rate	Difference (5% increase)
School Age - Before School	\$16.00	\$16.80	\$0.80
School Age - After School	\$20.00	\$21.00	\$1.00
School Age - Before and After School	\$26.00	\$27.30	\$1.30
School Age - Full Day	\$37.00	\$38.85	\$1.85

**Carried**

**9. Advisory Committee Resolutions**

There were no advisory committee resolutions to be considered.

**10. Confidential Matters**

10.1 Reports

- A) Confidential Report of the Commissioner of Social Services – Closed Matter with respect to information explicitly supplied in confidence to the municipality of local board by Canada, a province or territory or a Crown agency of any of them, regrading Capital Projects Submitted under the Ontario Priorities Housing Initiative (OPHI)  
(2025-SS-7)
- 

Confidential Report #2025-SS-7 from S. Danos-Papaconstantinou, Commissioner of Social Services was received.

Motion #41

Moved by Councillor Carter, Seconded by Councillor Anderson,  
That we recommend to Council:

That the recommendations contained in Confidential Report #2025-SS-7 of the Commissioner of Social Services be adopted.

**Carried**

**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, December 4, 2025 at 9:30 AM in Council Chambers, Regional Headquarters Building, 605 Rossland Road East, Whitby.

**13. Adjournment**

Motion #42

Moved by Councillor Dies, Seconded by Councillor Anderson,  
That the meeting be adjourned.

**Carried**

The meeting adjourned at 10:07 AM

Respectfully submitted,

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E. Roy  
Chair

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K. Smith  
Committee Clerk

# Paramedic Services Update

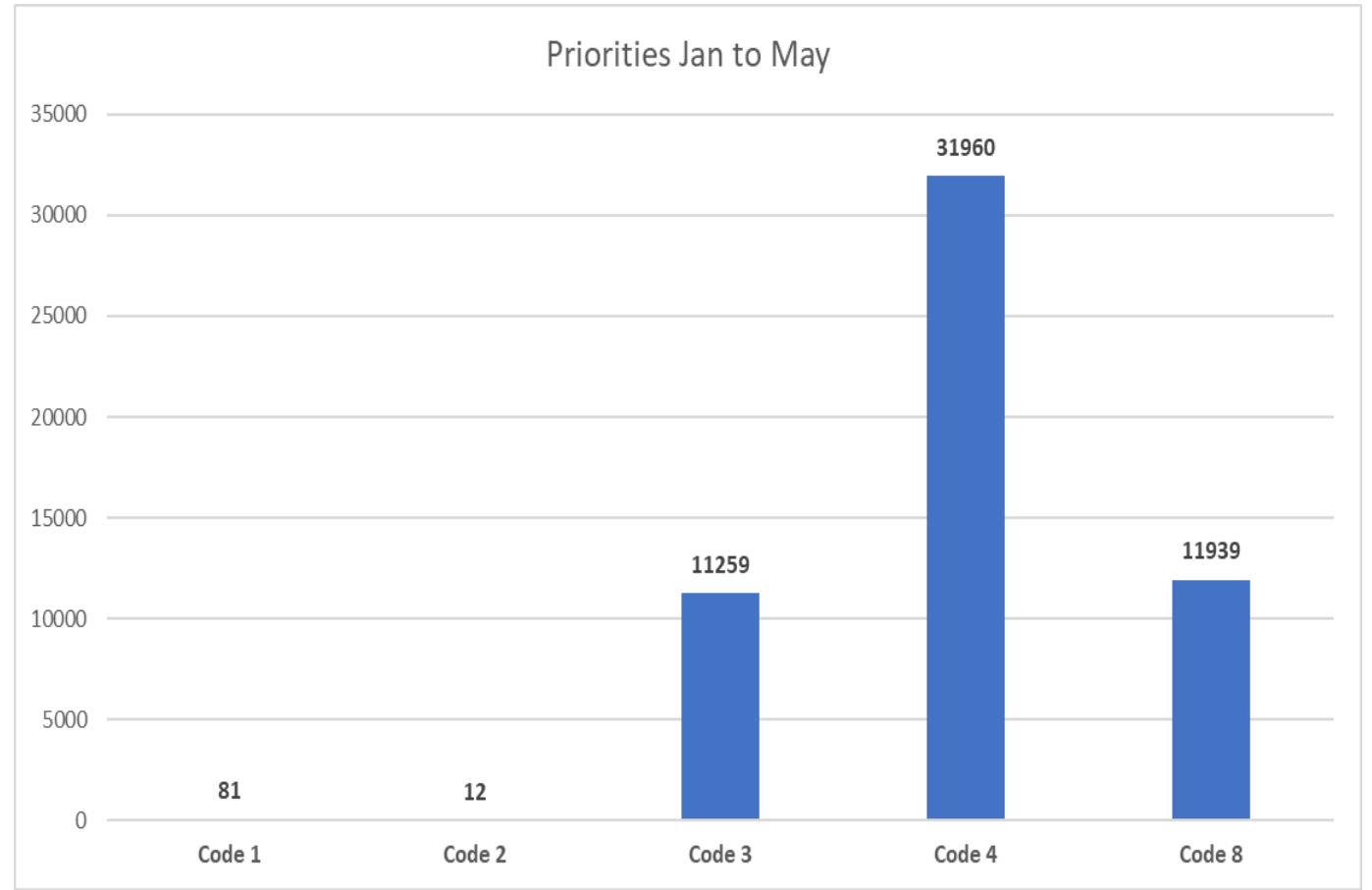
Durham Region Health Department  
Health & Social Services Committee  
April 9, 2026



Service Excellence for our Communities

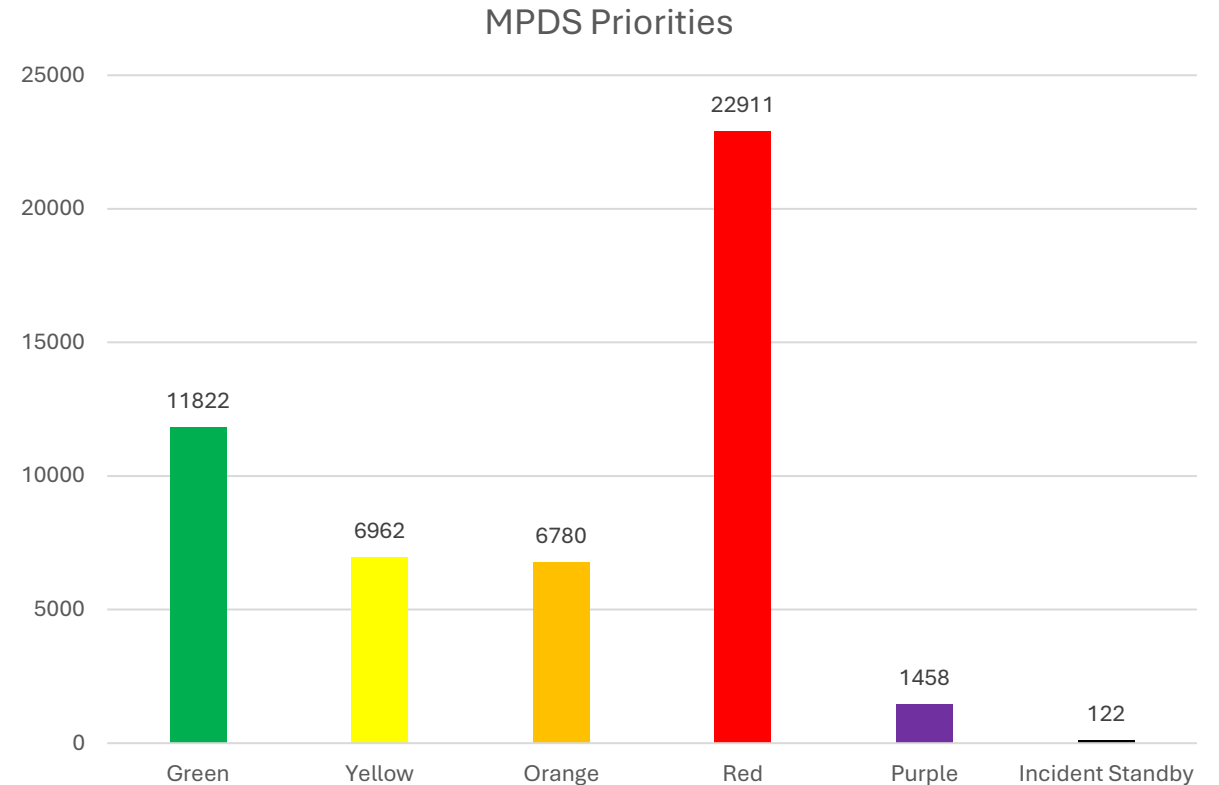
# Call Volume DPCI2 Jan to May 2025

- Code 1 Responses - 81
- Code 2 Responses - 12
- Code 3 Responses - 11,259
- Code 4 Responses - 31,960
- Code 8 Responses - 11,939



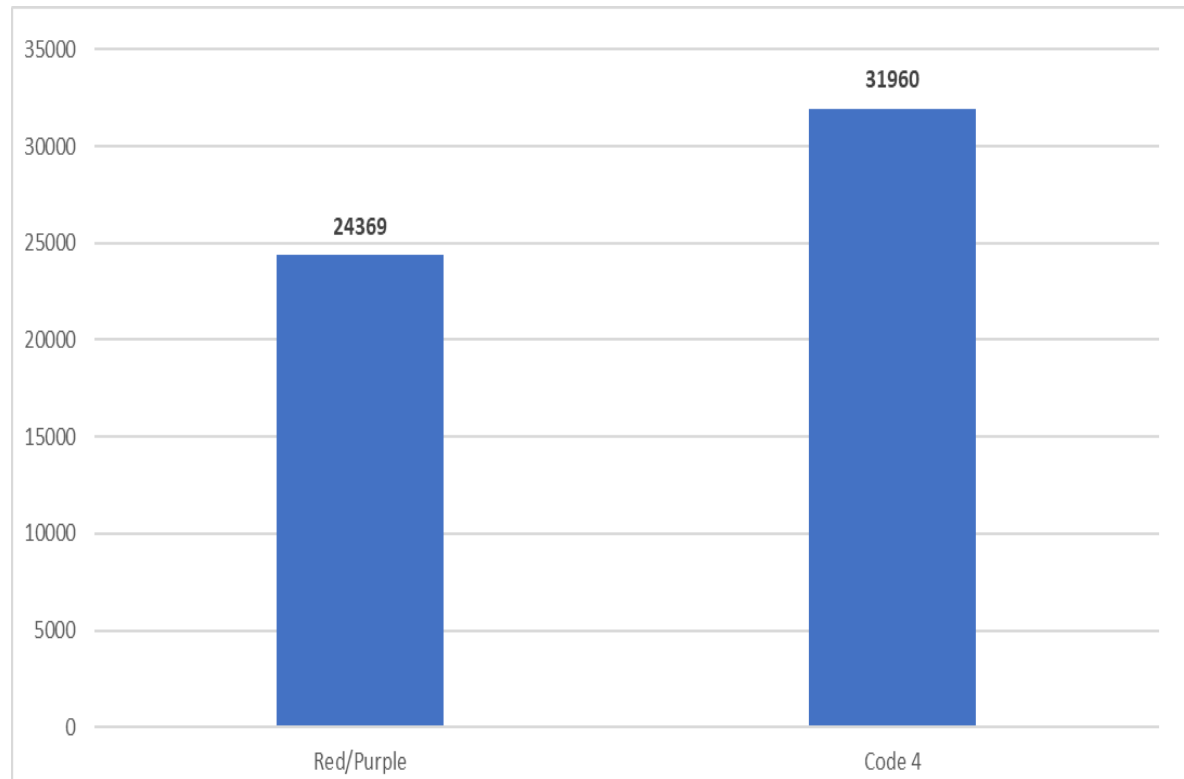
# Call Volume AMPDS May to Dec 2025

- Green - 11,822
- Yellow - 6,962
- Orange - 6,780
- Red - 22,911
- Purple - 1,458
- Incident Standby - 122



# Compare AMPDS to MPDS

- Red/Purple - 24,369
- Code 4 - 31,960



# Offload Delay 2025

## Lakeridge Health - Oshawa (LHO)

- Average - 00:36:18
- Maximum - 6:32:20
- 90<sup>th</sup> - 1:03

## Lakeridge Health - Ajax Pickering

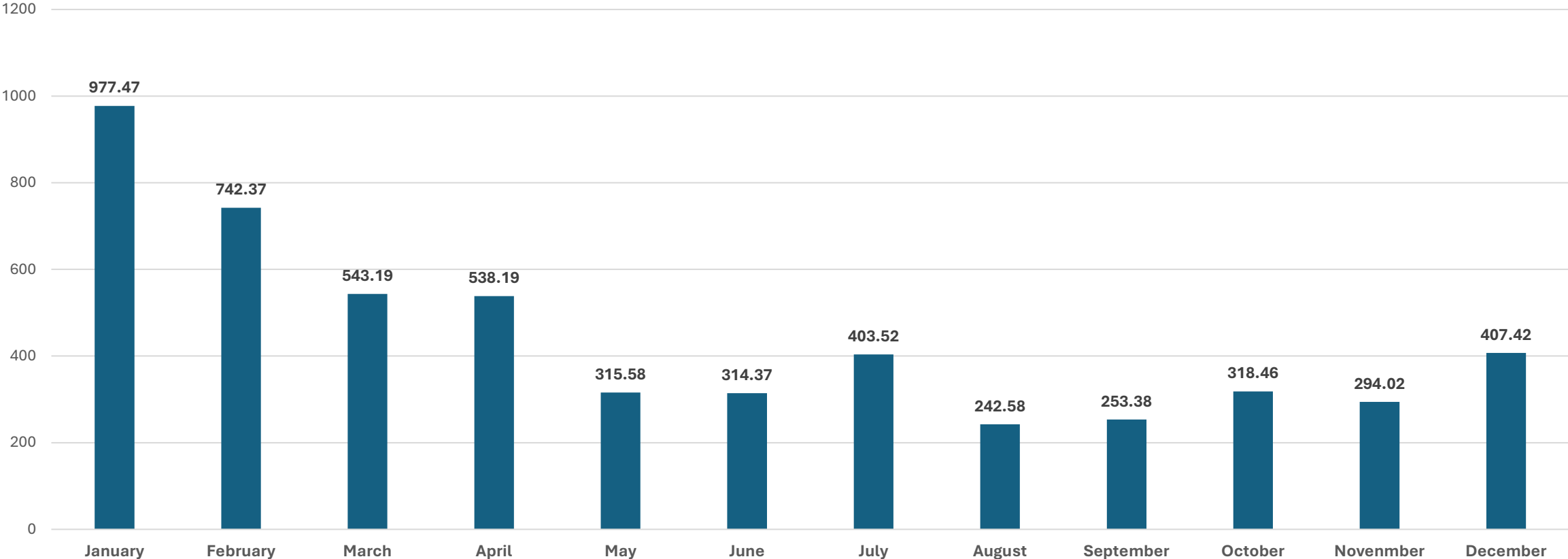
- Average - 00:23:20
- Maximum - 00:23:54
- 90<sup>th</sup> - 00:23:47



# Offload Delay LHO 2025



Offload Delay LHO 2025



# Cost of Offload at LHO 2024 vs 2025

2024

- Total hours 14,971
- Cost per hour \$198.00 (special event rate)
- **\$2,964,265.92**

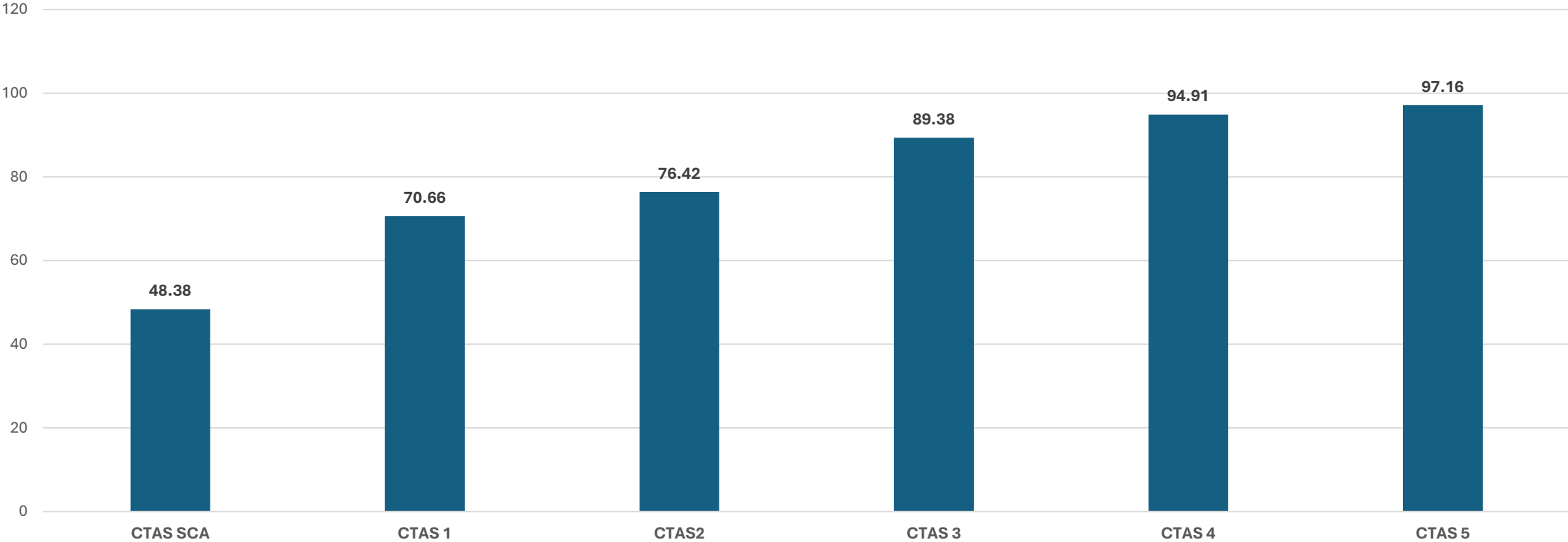
2025

- Total Hours 5,350
- Cost per hour \$205.50 (special event rate)
- **\$1,099,425.00**



# CTAS Response 2025 Percentage

CTAS RESPONSE 2025 PERCENTAGE



# Seaton Paramedic Response Station

- Grand opening was Oct 28, 2025
- Total calls responded in 2025 - 1,368
- Total calls responded in 2026 to date - 570



# Future Builds

- South Whitby
- North Durham (Port Perry mega station)
- Bowmanville



# Primary Care Outreach Program (PCOP) Overview

- PCOP team provides clinical mental health and addiction outreach services, service navigation, and medical supports to vulnerable unsheltered individuals in the community currently staffed with an Advanced Care Paramedic and Social Worker.
- The PCOP team now uses an ambulance to commute to priority neighborhoods throughout the region to provide a private space for individual treatment, wound care, counselling, and other medical needs.
- Currently services are provided Sunday - Saturday 8:00 am - 6:00 pm with two teams.
- Addition of alternative outreach teams increased phone calls to PCOP for medical purposes.
- Additional medical teams will be added after July 2026 to address increased pressures on medical responses.



# PCOP Stats Comparison (2023 Vs 2024 Vs 2025)

(All data in this report compares year-end totals from 2023, 2024, & 2025.)

<u>Category</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Trend</u>
Total Active PCOP Clients:	<b>218</b>	<b>416</b>	<b>552</b>	<b>33% increase</b>
In-person Visits	<b>528</b>	<b>1317</b>	<b>1613</b>	<b>23% increase</b>
Client Interactions: (Includes all In-Person Visits, Unsuccessful Contacts, Telephone Visits, Phone Interactions & Unsuccessful Tele. Calls)	<b>799</b>	<b>1817</b>	<b>2989</b>	<b>65% increase</b>
Nurse Practitioner/Physician Consultations:	<b>141</b>	<b>301</b>	<b>545</b>	<b>81% increase</b>
Pregnancy Tests:	<b>6</b>	<b>45</b>	<b>79</b>	<b>76% increase</b>
Suboxone Administrations:	<b>N/A</b>	<b>12</b>	<b>33</b>	<b>175% increase</b>
Urine Drug Screens:	<b>60</b>	<b>181</b>	<b>222</b>	<b>23% increase</b>

\*Interesting Data: The team has performed 146 Anti-Psychotic injections and 1200 Wound Care within this timeframe.

\*\*All data initially drawn from Prehos software platform and then filtered and tracked daily by Resource Coordinator to ensure accuracy.

\*\*\*All percentages were calculated by an online percentage calculator.





# Community Programs 2024 Overview

- Community Paramedicine Services are 24/7 providing proactive diagnostics services, medical directives and treatments, as well as remote patient monitoring in the community.
- LTC+ pilot project has been extended for RDPS - bringing diagnostic testing in LTC homes in the region (Hillsdale Estates, Hillsdale Terraces, Lakeridge Gardens, Orchard Villa, Bon Air, Fairview Lodge, and Lakeview Manor).
- Point of Care ultrasound training took place in 2025 and now RDPS is the leader in the province with performance of this testing.
- Spirometry Training completed with partnership with OHT and LH with a focus on Indigenous patient population in the North.
- Bus being used as a mobile clinic with separate rooms for assessment, storage, and documentation areas for future use in high priority neighborhoods partnering with LH and OHT. Special thanks to DRT for supporting RDPS with this initiative.



# CPLTC Stats Comparison (2023 Vs 2024 Vs 2025)

(All data in this report compares year-end totals from 2023, 2024 & 2025. \*PCOP data was excluded from this report and captured in a separate report.)

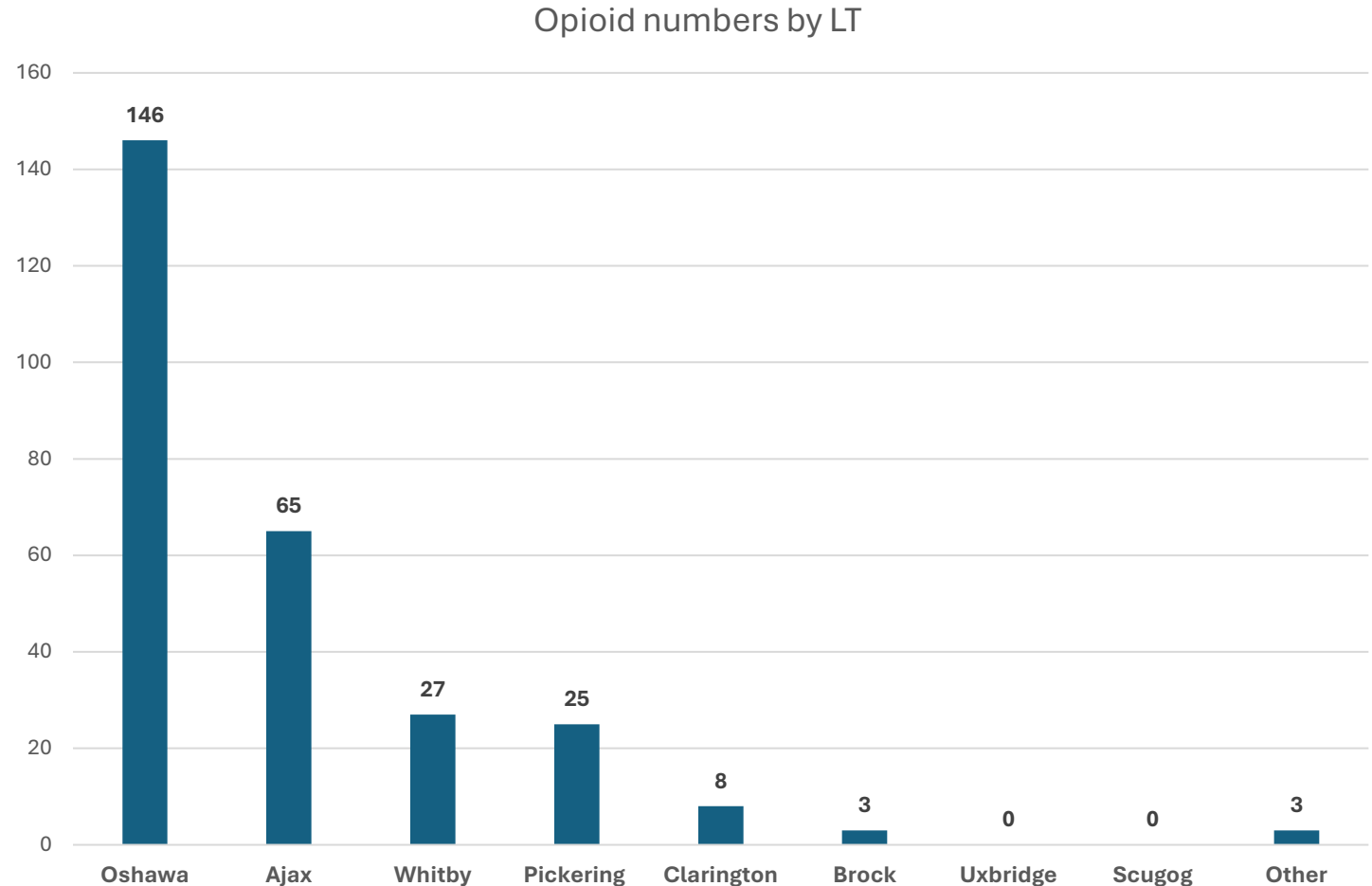
<u>Category</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Trend</u>
Total Active CPLTC/HISH/LTC+ Clients:	967	1411	2058	46% increase.
Client Interactions: (Includes all In-Person Visits, Unsuccessful Contacts, Telephone Visits, Phone Interactions & Unsuccessful Tele. Calls & Unsuccessful Contacts)	6405	10575	15414	46% increase.
Initial Visits:	478	581	617	6% increase.
In-person Follow Up Visits: (Includes Unsuccessful Contacts)	2392	2755	3312	20% increase.
Exacerbation Visits:	302	597	1293	117% increase.
Telephone Follow Up Visits:	2324	2726	3202	17% increase.
Telephone Calls: (Includes all Telephone Follow Ups, Incoming inquiries, outgoing on behalf of clients, appointment booking, etc.)	3345	6642	9357	41% increase.
Phone calls from 911 paramedic inquiries:	5	19	35	84% increase.
A1Cs:	28	114	266	133% increase.
Blood Draws:	104	176	755	329% increase.
IV LASIX:	18	39	90	131% increase.
Ultrasounds:	N/A	28	404	1343% increase. (Started tracking Sept. 08, 2024)
Urinalysis:	98	168	326	94% increase.
Vaccinations:	121	103	548	432% increase. (2023: Flu - 50 / COVID - 71   2024: Flu - 88 / COVID - 15   2025: Flu - 218 / COVID 156 / 174 RSV)

\*All data initially drawn from Prehos software platform and then filtered and tracked daily by our Resource Coordinator to ensure accuracy.

\*\*All percentages were calculated by an online percentage calculator.

# Opioid Update 2025

- 277 suspected opioid related overdoses.
- 32 per cent reduction from 2024 but still work to do.



# Medical Priority Dispatch System (MPDS)

- MPDS is in place.
- More robust platform with greater ability to triage patients.
- RDPS received permission from Province to place a Superintendent directly in the CACC to provide oversight.
- Projections suggested a reduction in Code 4 responses by 30-40 per cent and we are actually seeing about 55 per cent reduction.

# Questions ?



**From:** Doug Glass  
**To:** Elizabeth Roy; Granville Anderson; Oshawa Mayor; Joanne Dies; Michael Jubb; John Neal; Chair; Maurice Brenner; Clerks  
**Cc:** Sterling Lee  
**Subject:** April 2026 – Health and Social Service Meeting  
**Date:** April 5, 2026 1:17 PM

Good day. I am writing because I believe the Paramedic Services Update on this April 2026 agenda warrants a deeper review. Clerk, please add this to the agenda for discussion during the presentation.

To properly assess performance, I reviewed not only the current presentation, but also the April 2025 and June 2024 updates. This provides a 3 year view (2023–2025), which is necessary to understand trends, costs, and outcomes.

**1. Call volume and demand – missing data limits oversight, but pressure is clearly rising**

The current presentation does not provide full-year 2025 call volume in a format that is comparable to prior years. Instead, the data is split across different systems and partial-year views (2026 presentation, slides 2–3)

This matters because without consistent, full-year data, Council cannot determine whether demand is improving, stabilizing, or worsening. That is a basic requirement for oversight.

That said, even with the available data:

- 2023 Code 4 (highest priority calls): 76,198 (2024 presentation, slide 2)
- 2024 Code 4: 81,008 (2025 presentation, slide 2)

This is a clear increase in the most serious and resource-intensive calls.

The 2026 presentation then shows **31,960 Code 4 calls over roughly five months** in 2025 (2026 presentation, slide 2) If annualized, that would suggest roughly:

- 6,392 Code 4 calls per month or
- 76,700 Code 4 calls for the year

If that estimate is directionally accurate, it may suggest Code 4 calls declined from 2024 and returned closer to 2023 levels.

If so, that matters and should be stated clearly. If not, then the current presentation is not providing a complete or understandable picture.

Either way, the Committee should ask plainly:

- Why is full-year 2025 call volume not being shown in a comparable format?
- Is the five-month 2025 Code 4 data representative of the full year?

- Did Code 4 call demand actually decline in 2025?

The 2025 picture may be better, but it is not being presented clearly enough for Council or the public to know.

## **2. Offload delays (ambulances waiting at hospitals) – worsened sharply, then improved with no clear explanation**

Offload delays are one of the most important service metrics because they directly affect how long ambulances are stuck waiting at hospitals instead of getting back on the road.

The 3 year trend in time and money presented is:

- 2023: 9,847 hours | \$1.95M (2024 presentation, slide 7)
- 2024: 14,971 hours | \$2.96M (2025 presentation, slide 5)
- 2025: 5,350 hours | \$1.1M (2026 presentation, slide 7)

That means:

- offload hours rose by about **50%** from 2023 to 2024
- costs also rose by about **50%**
- then both dropped sharply in 2025

That 2025 improvement is encouraging. It should absolutely be noted. But it also raises obvious questions.

If Code 4 calls may have declined in 2025 based on the partial-year data above, did lower demand help reduce offload delays? Or are the offload results being shown on a different basis than the call data? And if the offload improvement is real and full-year, what specifically drove it?

At present, the presentation does not make that clear.

It also does not present a clear plan, measurable target, or service strategy to continue reducing wait times and costs. Given the scale of the increase into 2024 and the sharp reported improvement in 2025, that should be clearly explained.

The Committee should be asking:

- Is the 2025 offload data full-year and directly comparable to 2023 and 2024?
- How much of the improvement is due to lower call pressure, if any?
- What operational or hospital-side changes drove the improvement?
- What is the plan to sustain it?

### **3. Spending is increasing – outcomes need to be clearly demonstrated**

The 2026 budget includes a proposed **\$49.3M** for paramedic services, an **8.0% increase** over 2025 (Budget presentation, slide 9) The budget also highlights:

- 15 new paramedics providing 36 additional response hours daily
- debt servicing for the new South Whitby paramedic station
- state of good repair work at existing stations
- construction for Bowmanville and North Durham stations
- expansion of the Primary Care Outreach Program (Budget presentation, slide 9)

This is real and substantial investment. At the same time, the Region's budget materials show Public Health and Paramedic Services account for 11.6% of the regional property tax bill on the average home (Budget presentation, slide 4) and tax levy funding for Paramedic Services has grown from \$26.9M in 2019 to \$49.3M in 2026 (Budget presentation, slide 8)

That is a major increase. Which leads to the obvious accountability question:

If spending has increased materially, where is the clear evidence that results are improving at the same pace?

The Committee should not be asked to simply approve expansion and accept activity updates. It should expect a clear line between budget growth and measurable service improvement.

### **4. Program expansion – more activity is clear, outcomes are not**

The Primary Care Outreach Program appears to be growing significantly:

- 2023 to 2024:
  - active clients: 218 to 416
  - client interactions: 799 to 1,817 (2025 presentation, slide 10)

The 2026 budget then projects for 2025:

- 552 active clients
- 2,852 client interactions (Budget presentation, slide 10)

That growth should be acknowledged. But what is still missing is the part that matters most:

- Did it reduce 911 calls?
- Did it reduce repeat calls for the same individuals?
- Did it reduce ER visits?

- Did it lower pressure on the broader paramedic system?
- What is the cost per client and what savings, if any, are being achieved elsewhere?

In plain language, we can see that the program is busier. We still cannot clearly see whether it is reducing demand on the emergency system or improving outcomes enough to justify continued expansion.

## **5. Response performance – still difficult to assess in plain language**

The presentations include technical response measures, but they are not presented in a way that is easy for most residents to understand. If the goal is accountability, reporting should say clearly:

- how often ambulances got there on time
- whether that is improving or worsening
- what the target was
- whether the service met it

Residents should not need to decode internal terminology to understand whether performance is getting better.

## **6. Reporting consistency has weakened**

Across the 3 years, there is a noticeable decline in reporting consistency in my view. Earlier presentations at least allow for clearer year-over-year comparison. The most recent one introduces:

- different call classification systems
- partial-year views
- missing full-year call comparables
- major shifts in results without full explanation

That weakens oversight. A Committee cannot effectively govern a major and growing service if the data is not presented consistently enough to track performance over time.

### **Request to Committee**

I would encourage the Committee to require all future paramedic reporting to include:

1. Full-year data presented consistently across years using the same definitions
2. Plain-language explanation of any changes in methodology or classification
3. Clear explanation for major changes in results, especially the reported drop in 2025 offload delays

4. Service measures tied directly to budget growth and staffing expansion
5. Outcome reporting for outreach programs, not just activity counts
6. Clear plain-language reporting on whether response targets are being met

If outcomes are improving, that should be easy to show. If they are not, that should shape future spending and expansion decisions.

This is a critical service, and residents should be able to clearly understand whether increased investment is producing results.

Thank you for your consideration.

D Glass



# The Regional Municipality of Durham Report

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To: Health and Social Services Committee  
From: Commissioner of Social Services  
Report: #2026-SS-1  
Date: April 9, 2026

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**Subject:**  
Repayable Subsidy Advance Policy for Community Housing Providers

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**Recommendation:**

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

- A) That the Region adopt a Repayable Subsidy Advance Policy, for community housing providers experiencing serious, urgent, and time-limited financial difficulty that poses an immediate risk to housing operations, tenant health and safety, or the continued availability of affordable housing units, guided by the principles of early intervention, minimum necessary support, full repayment, and increased monitoring and oversight.
  - B) That the Commissioner of Social Services, in concurrence with Finance and Legal Services, be authorized to determine eligibility, approve subsidy advance amounts within established parameters, impose appropriate conditions and monitoring requirements, and execute subsidy advance agreements on behalf of the Region as Service Manager, including establishing repayment terms.
  - C) That the Subsidy Advance Policy replace the 2002 Council-approved emergency loan framework, and operate as an early-intervention complement to the 2020 receivership funding policy, and be subject to periodic reporting for information to Council to ensure transparency, fiscal responsibility, and oversight.
- 

**Report:**

**1. Purpose**

- 1.1 The purpose of this report is to recommend an updated framework with respect to repayable subsidy advances to community housing providers experiencing serious financial difficulty. These advances would be used to financially stabilize at-risk housing projects and prevent the loss of affordable housing units, with

repayment to commence as soon as practical through deductions from future subsidy payments, or when entering into a Part VII.1 service agreement or another agreed-upon date. The intent is to provide timely, controlled financial support in exceptional circumstances, enabling the Region to intervene early and avoid more costly outcomes such as receivership.

## 2. Background

- 2.1 As Service Manager under the Housing Services Act, 2011 (HSA), the Region of Durham is responsible for the administration, funding, and oversight of community housing providers. This includes ensuring the financial and operational viability of housing projects and intervening when providers face serious challenges.
- a. The HSA establishes the minimum funding that Service Managers must provide in administering community housing programs. Under the Act, Service Managers are required to provide prescribed subsidies to housing providers and are responsible for managing federal, provincial, and local housing costs. These legislated requirements represent the baseline level of funding that must be maintained to ensure compliance with provincial legislation.
  - b. Service Managers are required to use reasonable efforts to assist housing providers in addressing situations that may lead to a triggering event under the HSA. However, Service Managers are not obligated to take actions that would require the expenditure of additional funds.
  - c. Many Service Managers have introduced municipally funded supplemental supports for the community housing sector to help address capital repair needs. The Region of Durham through the approved 2026 Business Plans and Budgets, established a property tax funded pilot program to provide capital funding to community housing providers to help address capital repairs. The ten year housing and homelessness support service and financing strategy ([Report #2025-COW-14](#)) forecasts incremental annual regional investments in this program over the next ten years.
- 2.2 While most providers operate sustainably, some encounter financial pressures that can threaten their ability to maintain housing operations. Examples include inability to meet financial obligations including utilities, property taxes, etc. due to cash flow shortfalls; inability to complete required capital repairs that impact health and safety of tenants; inability to turn over vacant units to facilitate new move ins due to cash flow shortfalls, etc. These situations, if unaddressed, can lead to the loss of affordable housing units and displacement of tenants.
- 2.3 This recommendation for the Repayable Subsidy Advance Policy builds on and updates two previous Council-approved reports:
- a. Report #2002-F-9 authorized the Treasurer to issue emergency loans of up to \$50,000 or 10% of a provider's annual subsidy, with larger or non-repayable amounts requiring Finance and Administration Committee approval. That policy provided a foundation for urgent financial intervention but is now

outdated and misaligned with current departmental responsibilities. It is important to note that the original amount reflected financial pressures identified in 2002, which differ significantly from current realities. The value of \$50,000 in 2002 does not reflect today's economic context.

- b. Report #2020-COW-28 directed that the costs of receivership for managing projects in difficulty be funded from the Social Housing Reserve Fund and applied retroactively. While this approach addressed the financial burden of receivership, it did not provide a mechanism to prevent providers from reaching the point of requiring a receiver, which is both disruptive and costly.

### **3. Previous Reports and Decisions**

- 3.1 [2002-F-9](#) – Financial Policies for Administration of Social Housing
- 3.2 2020-COW-28 – Community Housing Projects in Difficulty as at September 30, 2020

### **4. Proposed Subsidy Advance Approach**

- 4.1 The Subsidy Advance Approach will include steps for the Region to issue repayable subsidy advances to community housing providers experiencing acute financial difficulty. This approach provides a proactive tool to support providers in urgent situations, helping to maintain the viability of housing projects and prevent the need for more costly interventions such as receivership.
- 4.2 Subsidy advances issued under this approach will be guided by the following principles:
  - a. Early Intervention: Support is provided before a provider reaches the point of a triggering event requiring more costly intervention.
  - b. Minimum Necessary Support: Advances are limited to the minimum amount required to address the immediate financial issue.
  - c. Repayment: All advances are repayable to the Region with repayment commencing as soon as possible through deduction from future subsidy payments, unless the Region determines that immediate repayment would result in further financial harm to the provider.
  - d. Accountability: Advances are documented through formal agreements with defined repayment terms and increased monitoring and oversight.
  - e. Time-Limited Use: Advances address exceptional, urgent, and time-sensitive situations only.
- 4.3 Subsidy advances will only be considered under certain conditions:
  - a. The provider is experiencing serious financial difficulty that poses an immediate risk to ongoing housing operations; tenant health and safety; or the continued availability of affordable housing units.

- b. The financial difficulty is time-sensitive and cannot be reasonably resolved through existing approved subsidy schedules or operational adjustments. This requires the provider to be up to date with mandatory program submissions.
  - c. The provider has demonstrated that other reasonable mitigation options have been explored and that without intervention, the situation may escalate to a triggering event.
  - d. The provider agrees to repayment terms as set out in the new directive; enhanced financial reporting and monitoring as deemed necessary by the Region; and any other conditions imposed by the Region as part of the subsidy advance agreement.
- 4.4 The use of this policy would be tracked and reported to Council for information through periodic updates.
- 4.5 This policy will replace the 2002 emergency loan framework (Report #2002-F-9) and supplements the 2020 receivership funding policy (Report #2020-COW-28). While the 2020 receivership funding policy addresses the financial implications of receivership, the proposed Subsidy Advance Policy is designed to intervene earlier in the lifecycle of provider difficulty—offering a more cost-effective and less disruptive alternative to receivership.

## **5. Implementation**

- 5.1 The Subsidy Advance Approach will be implemented through the creation of a formal directive to be operationalized by Housing Services, Business Services, and Finance staff. Staff will continue to monitor the financial health of community housing providers and identify cases of serious financial difficulty through existing oversight mechanisms. When a provider is identified as being at risk, staff will assess the situation and determine whether a subsidy advance is the appropriate intervention.
- 5.2 Internal protocols will be developed to guide the assessment and approval process, including clear eligibility criteria, documentation standards, and agreement templates to ensure consistency and accountability. Each advance will be formalized through a written agreement outlining the amount, purpose, repayment terms, and any conditions.
- 5.3 Providers receiving advances will be subject to enhanced monitoring and supported through capacity-building efforts to strengthen their long-term sustainability.

## **6. Financial Implications**

- 6.1 Financing for Subsidy Advances issued under this policy is available under the Community Housing Provider Payments program in the Housing Services section of the annual Business Plans and Budgets. Repayment of Subsidy Advances will be returned to the same program.

## 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. Connected and Vibrant Communities – C2. Enable a full range of housing options, including housing that is affordable and close to transit.
  - b. Healthy People, Caring Communities – H3. Integrate and co-ordinate service delivery for positive life outcomes, including investments in poverty reduction, housing solutions, and homelessness supports.

## 8. Conclusion

- 8.1 The proposed Subsidy Advance Approach provides the Region with a practical and fiscally responsible tool to support community housing providers in urgent financial situations. By authorizing the issuance of repayable subsidy advances, the Region can be more proactive to stabilize at-risk housing projects, protect tenants, and preserve community housing stock.
- 8.2 This approach replaces the previous 2002 emergency loan framework and complements the 2020 receivership funding policy by offering an earlier intervention option that may prevent the need for costly and disruptive receivership measures. It reinforces the Region's commitment to maintaining a sustainable and resilient community housing sector, while ensuring that public funds are used transparently and recovered appropriately. The proposed model balances the need for timely intervention with strong accountability measures and aligns with ongoing efforts to build capacity within the sector.
- 8.3 Approval of this Subsidy Advance Approach will strengthen the Region's ability to fulfill its responsibilities as Service Manager under the HSA and support the long-term viability of Durham's community housing system.
- 8.4 This report has been reviewed by the Finance Department and the Commissioner of Finance concurs with the financial recommendations.

Respectfully submitted,

Original signed by

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Stella Danos-Papaconstantinou  
Commissioner of Social Services

Recommended for Presentation to Committee

Original signed by

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Elaine C. Baxter-Trahair  
Chief Administrative Officer

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 2463.



# The Regional Municipality of Durham Report

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To: Health and Social Services Committee  
From: Commissioner of Social Services  
Report: #2026-SS-2  
Date: April 9, 2026

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**Subject:**

Dissolution of the Beaverton Heights Community Liaison Committee

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**Recommendation:**

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

- A) That the Beaverton Heights Community Liaison Committee be dissolved.
  - B) That the Regional Solicitor, or their designate, is authorized to prepare housekeeping amendments to the Minutes of Settlement between The Regional Municipality of Durham and The Corporation of the Township of Brock dated November 24, 2021, to remove references to the Community Liaison Committee.
  - C) That the Regional Chair and Clerk be authorized to execute an amending agreement to the Minutes of Settlement according to Recommendation B).
- 

**Report:**

**1. Purpose**

- 1.1 The purpose of this report is to provide an update on the Beaverton Heights Community Liaison Committee and to request that Regional Council dissolve it and authorize housekeeping amendments to Minutes of Settlement between the Region of Durham (Region) and the Township of Brock.

**2. Background**

- 2.1 The Beaverton Heights Community Liaison Committee (the CLC) was established by a motion adopted by Regional Council at its meeting on October 28, 2020. In accordance with the direction from Regional Council, the CLC's mandate is to provide a structured forum for information exchange, address operational concerns

and facilitate the successful integration of Beaverton Heights into the Brock community.

- 2.2 As part of a settlement between the Region and the Township of Brock dated November 24, 2021, the Region committed to further information-sharing and consultation with the CLC.

### **3. Previous Reports and Decisions**

- 3.1 [Report #2020-INFO-103: Beaverton Supportive Housing Update](#)

- 3.2 [Report #2020-SS-9: Expedited Supportive Housing Development](#)

- 3.3 [Report #2021-A-21: Beaverton Supportive Housing Development](#)

- 3.4 [Report #2022-COW-11: Updated Construction Cost Estimate and Additional Capital Financing for the Beaverton Supportive Housing Project](#)

- 3.5 [Report #2025-SS-5: Update on the Regional Municipality of Durham's Transitional Housing Programs](#)

### **4. Rationale on Dissolution of the CLC**

- 4.1 Since the opening of Beaverton Heights in November 2024, the CLC has fulfilled its intended role successfully. There have been minimal community complaints or operational issues requiring intervention and recent CLC meetings have focused mostly on general information-sharing rather than project-related concerns.

- 4.2 This shift reflects that the original need for the CLC has diminished, as it now functions primarily as a forum for information-sharing on human services programs and services in North Durham more generally.

- 4.3 Well-established communication channels remain in place between the Region, the operator Blue Door Support Services (Blue Door) and the Township of Brock. These channels ensure that any future concerns can be addressed promptly, without the need for a standing committee.

- 4.4 Accordingly, at its meeting on November 17, 2025, the membership of the CLC adopted a resolution to support its dissolution (Attachment #1). Consequently, at its meeting on February 23rd, 2026, Council of the Corporation of the Township of Brock adopted a resolution supporting and agreeing to the dissolution of the CLC (Attachment #2).

- 4.5 It is therefore recommended that Regional Council adopt a resolution to formally dissolve the CLC and direct staff to prepare necessary amendments to the Minutes of Settlement between the Region and the Township of Brock to remove references to the CLC.

## 5. Feedback from Members

- 5.1 Feedback from the CLC identified strengths in the delivery and operation of Beaverton Heights. Members noted that the building design and site layout were executed well within the surrounding community. On-site services were viewed as effective and responsive to resident needs, and the service provider, Blue Door, was recognized for strong operations management. It was identified that communication with the CLC and community improved over time and that the intake criteria and program agreements shared with the CLC in advance of the program opening supported effective communication and confidence in the project.
- 5.2 The CLC also identified opportunities to strengthen transparency and engagement in future projects, noting the importance of early and visible communication throughout the project lifecycle to support community trust and understanding. Members emphasized that future project implementation would benefit from early, transparent, and consistent engagement. Clear communication of project objectives, decision-making processes, and timelines through accessible Council reporting and public messaging was identified as essential, along with early collaboration to support effective implementation and timely project delivery.

## 6. Relationship to Strategic Plan

- 6.1 This report aligns with/addresses the following Strategic Direction(s) and Pathway(s) in Durham Region's 2025-2035 Strategic Plan:
- a. Healthy People, Caring Communities
- H2. Collaborate with partners to respond to complex social issues that improve community safety and well-being, including mental health and addictions.
  - H3. Integrate and co-ordinate service delivery for positive life outcomes, including investments in poverty prevention, housing solutions, and homelessness supports.
- b. Strong Relationships
- S1. Enhance inclusive opportunities for community engagement and meaningful collaboration.
  - S3. Collaborate across local area municipalities, with agencies, non-profits, and community partners to deliver co-ordinated and efficient services.
  - S5. Ensure accountable and transparent decision-making to serve community needs, while responsibly managing available resources.

## 7. Conclusion

- 7.1 It is therefore recommended that Regional Council adopt a resolution to formally dissolve the Beaverton Heights Community Liaison Committee and direct staff to

prepare necessary amendments to the Minutes of Settlement between the Region and the Township of Brock to remove references to the Community Liaison Committee.

**8. Attachments**

Attachment #1: Excerpt of the minutes of the November 17th, 2025, meeting of the Beaverton Heights Community Liaison Committee endorsing the dissolution of the CLC.

Attachment #2: Correspondence from the Township of Brock confirming its support for the dissolution of the CLC.

Respectfully submitted,

Original signed by

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Stella Danos-Papaconstantinou  
Commissioner of Social Services

Recommended for Presentation to Committee

Original signed by

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Elaine C. Baxter-Trahair  
Chief Administrative Officer

The Regional Municipality of Durham

**MINUTES**

**BEAVERTON TRANSITIONAL HOUSING LIAISON COMMITTEE**

Monday November 17<sup>th</sup>, 2025

A regular meeting of the Beaverton Transitional Housing Liaison Committee was held on Monday, November 17<sup>th</sup>, 2025 in person at Beaverton Heights.

Present: Brett Bloxam  
Mary Beddows  
Karen Hakonson  
Lianne Megarry  
Alex Cheng, Blue Door  
Kaitlin Long, Blue Door

Staff

Present: Erin Valant, Director of Housing Services  
Rachel Hirstwood-Judd, Supervisor Family Services, APSW  
Lynn Alexander, Property Manager  
Cindy McCreight, Administrative Assistant

**1. ADOPTION OF JULY 14<sup>TH</sup> MINUTES**

Moved by Mary Beddows THAT the Minutes of July 14<sup>th</sup> be adopted. Seconded by Brett Bloxom.

CARRIED

**2. MOTION TO DISSOLVE THE LIAISON COMMITTEE**

Moved by Erin Valant, THAT the Beaverton Community Liaison Committee be dissolved. Seconded by Karen Hakonson.

CARRIED

This motion must proceed through appropriate legal channels to formally dissolve the Committee.

A recommendation report will highlight the lessons learned and recommendations from the CLC for Regional Council including what worked well and what did not. Erin will structure phone interviews with each member to capture lessons learned.

**3. ADJOURNMENT**

Moved by Brett Bloxam, that the meeting be adjourned. Seconded by Mary Beddows.

CARRIED

Respectfully submitted,

Original signed by \_\_\_\_\_

Erin Valant, Chair



The Corporation of  
The Township of Brock  
1 Cameron St. E., P.O. Box 10  
Cannington, ON L0E 1E0  
705-432-2355

February 24, 2026

Erin Valant, Chair and Director of Housing Services/Social Services  
Regional Municipality of Durham

Sent via email: Erin.Valant@durham.ca

Re: Township of Brock Agrees with the Memorandum for Dissolution of Beaverton Heights  
Community Liaison Committee

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This is to acknowledge receipt of your correspondence dated December 19, 2025 which was considered by Council at their meeting held on February 23, 2026. Please be advised that Council adopted the following resolution:

C-2026-055

“Be It Resolved That Communication Number 83/26 from Erin Valant, Chair and Director of Housing Services, Regional Municipality of Durham, regarding the dissolution of the Beaverton Heights Community Liaison Committee, be received; and

That Council supports and agrees to the dissolution of the Beaverton Heights Community Liaison Committee.”

Should you have any questions or concerns please do not hesitate to contact Clerks@Brock.ca.

Yours truly,

THE TOWNSHIP OF BROCK

A handwritten signature in black ink, appearing to read 'Fernando Lamanna', written over a light blue background.

Fernando Lamanna  
Deputy CAO/Clerk

FL:dh