

MINUTES

COMMUNITY SERVICES COMMITTEE

REGIONAL MUNICIPALITY OF OTTAWA-CARLETON

CHAMPLAIN ROOM

01 OCTOBER 1998

1:30 P.M.

PRESENT

Chair: A. Munter

Members: D. Beamish, W. Byrne, L. Davis, C. Doucet, D. Holmes, H. Kreling, A. Loney,
M. McGoldrick-Larsen

CONFIRMATION OF MINUTES

That the Community Services Committee confirm the Minutes of the Meeting of 17 September 1998.

CARRIED

REGULAR ITEMS

HEALTH

1. LAND AMBULANCE HEALTH SERVICES YEAR 2000 DIRECTIONS -
DOCUMENT REPORT

- Medical Officer of Health report dated 23 Sep 98

The Director, Land Ambulance Services, Ms. Joanne Yelle-Weatherall, introduced Mr. Alan Craig¹, a Planner involved in the development of Emergency Medical Services systems. She said Mr. Craig has been instrumental in helping land ambulance staff sort through the complex issues brought about by downloading.

Notes: 1. Underlining indicates new or amended recommendation(s) approved by Committee.

2. Reports requiring Council consideration will be presented to Council on 14 October in Community Services Report No. 18.

¹ A Monograph on Mr. Craig is on file with the Committee Co-ordinator

Ms. Yelle-Weatherall began by saying that, while the Directions Document addresses how service will be provided, it does not address who will provide it, nor does it eliminate any possible providers. She described the current system with six providers, five private companies and a Ministry of Health-run service, all governed by the *Ambulance Act*, and protected until 31 December 1999. Ms. Yelle-Weatherall indicated that the Upper Tier Municipalities (UTMs) will have to advise the Minister of Health by 30 September 1999 as to how ambulance services will be provided in Ottawa-Carleton and who will provide them by the year 2000.

Ms. Yelle-Weatherall described the role of the Base Hospital and that of its Medical Director, Dr. Justin Maloney. The Base Hospital trains and certifies Paramedics, and does quality assurance on 10% of calls. Ottawa-Carleton is one of 22 communities participating in the Ontario Pre-Hospital Advanced Life Support (OPALS) study which is assessing the impact of pre-hospital life supports and the RMOC is scheduled to have 78 ALS Paramedics trained by 1999. Ms. Yelle-Weatherall called the Paramedics in the community “a group of highly-skilled, dedicated individuals” who will be the RMOC’s most valuable asset and ambassadors on every call, every day. She provided additional information about the training received by both Primary Care (P1) and Advanced Life Support (P2) Paramedics serving under Dr. Maloney’s license.

Ms. Yelle-Weatherall spoke about the Tiered Response System, where nine Fire Departments and Regional Police respond to certain medical emergencies concurrently with ambulance services to reduce response time and initiate care in life threatening emergencies. The ambulance service is responsible for assessing patients’ medical condition, administering care and life support, transporting the patient and providing hospital staff with the relevant information. This illustrates the fact that ambulance services are clearly a health services issue and strategic partnerships with the medical community will be essential in any future system. There have been discussions with the neighbouring counties about possible partnerships, because staff believe the RMOC will have a better chance of controlling dispatch if neighbouring counties are part of the package.

With respect to the dispatch function, Ms. Yelle-Weatherall emphasized that a resolution of this issue is critical and staff are requesting that strong political pressures be applied. In the interim, staff continue to prepare a proposal for the Ministry’s consideration and have asked to meet with representatives from Price Waterhouse and Coopers, a firm hired by the Ministry of Health in June 1998 to review dispatch.

Ms. Yelle-Weatherall described the current system as a “level of effort” system, where providers are not subject to specific clinical and response time performance criteria. Based on extensive consultation and a review of best-practices, staff recommend a performance-based system be put in place, where compliance with pre-agreed to clinical performance standards are measured daily and where there is public reporting. A performance-based system is the best way to focus on patient care. As well, staff

recommend there be one service provider beginning in Year 2000, based on consensus arrived at during the best-practices review, during public consultation at the Land Ambulance Services Consultation Group (which includes the current providers) and with industry experts. It is felt the RMOC would attract more competition as a whole and it would be even more attractive if the neighbouring counties agreed to be partners. Having one service provider would also ensure predictable and consistent quality of care across the RMOC and the surrounding area. Ms. Yelle-Weatherall noted that, as this is an emergency pre-hospital care issue, it must be based on medical referral patterns and not on geo-political boundaries: the lives of people will depend on having excellent, reliable service.

Ms. Yelle-Weatherall indicated there has been extensive consultation and staff will continue sharing open and timely information with all interested parties. Recently, the Chairs of the Tiered Response and the Inter-Facility Transfer Committees have been added to the Consultation Group.

The speaker drew Committee's attention to Annex A which describes a recommended process leading to the 30 September 1999 deadline. The next step, the Expression of Interest (EOI) will give interested parties the opportunity to provide information about various aspects of their organization. During this time, staff will continue to explore options and gather information. Depending on the results of the EOI, Committee and Council can direct staff to create a regional division and prepare for full service, or to proceed with a Request for Proposal (RFP).

Ms. Yelle-Weatherall ended her presentation by reviewing the recommendations contained in the report.

Councillor L. Davis asked whether the private transfer services were considered as another level of service. Ms. Yelle-Weatherall indicated this is an issue that will need to be addressed. She added that private medical transport services are not covered under the *Ambulance Act* but are covered under the Highway Traffic Act.

In reply to a question from Councillor D. Holmes, the Medical Officer of Health, Dr. R. Cushman, said there are indications that over 50% of Fire Department calls in the City of Ottawa are related to first aid issues. Alan Craig said the general consensus is that participation of other agencies as first responder should apply only to calls where it appears a person's life is threatened. Ms. Yelle-Weatherall confirmed this information will be part of the system design and that staff would attempt to get statistics for Councillor Holmes.

Delegations

Mr. Andrew Orchard, President, Ottawa-Carleton Paramedics' Association represents Paramedics 1 and Advanced Paramedics 2, 50% of whom are employed in the public service and the other 50% in the private sector. Although they are concerned, they are very interested in the changing system and feel Ottawa-Carleton has an opportunity to build its own efficient, highly-skilled pre-hospital emergency system. The membership were impressed with the Directions report and suggest the following areas be studied in-depth:

- * one service provider: this will balance the Advanced Paramedics across the Region by day and by shift and will allow the best candidates to be promoted, eliminating quota-type advancement. Paramedics will also be able to go where they are most needed, thereby helping them maintain high skills levels and protecting them from job burnout;
- * dispatch must be reformed, must have accountability, medical control and supervision, as well as appropriate emergency communicator training and ongoing education for all staff. Current dispatchers are over-governed by archaic policies. In a revamped system dispatch can become a state-of-the-art system. It should also be under the direct control of the service provider, in the same manner as police and fire services;
- * emergencies should have top priority: the current system is at the mercy of transfer call load. Ambulances are now covering their current assigned area as well as an additional area and in some cases, two additional areas;

Mr. Orchard spoke about his personal experience as an employee of the Osgoode and District Ambulance Service when the contract was lost and he became unemployed. He cautioned there may be a mass exodus of Advanced Paramedics should the new system not be the best one in the area. He added that, while this is no doubt a labour issue, it will become a patient issue if staffing levels decrease. He expressed his belief the RMOC would provide the best service at the best possible cost for its residents.

Responding to a question from Councillor Davis, A. Craig indicated that, according to figures for 1997, released by the Ministry of Health, approximately 18,000 transfer calls originated from within Ottawa-Carleton. He said it was important to remember that the ambulance service has to be able to respond to emergencies across the Region in all conditions; when there is a surge in demand, ambulances doing transfers are taken off and fed into emergency situations. It would be highly recommended to keep a non-emergency component in the system, as this will also protect the emergency service. The cost of private transfers is a factor; the needs of the elderly and of low income persons should not be put at risk because they can't afford the service.

Dr. Cushman spoke about it being an issue of reserved capacity. He said there was a need for give and take between the priority of the call and the level of medical care required, as well as between lower tier municipal jurisdictions. This is why staff are recommending a single service provider. Since the jurisdictions of upper tier municipalities do not reflect medical referral patterns seamless system is needed. Resources must be able to be quickly invested where they are required

Donald Veilleux, Owner/Operator, Eastern Ontario Patient Transfer Service, expressed concern about the viability of his company, after the RMOC takes over ambulance service. He said he feared that private, non-emergency service providers may not have a role to play in the new system. He suggested staff ask private operators to disclose their costs as opposed to using public funds to get data on the number of calls in this Region. It is premature to rule private operators out of the formula as citizens may still want to have an alternative to the publicly-funded service. Other cities such as Vancouver and Winnipeg have had the contribution of the private sector to lower the cost of service delivery and to enhance the stretcher transportation sector, thereby lowering taxpayer burden. Mr. Veilleux asked to be able to remain a key player and he suggested Council to take into account the years of hard work, sacrifice and dedication to business excellence when making decisions about his company's fate.

In reply to a question from the Committee Chair, A. Munter, Mr. Veilleux said he charges \$65 plus GST per transfer. He added his agency is unregulated and unlicensed because the Ministry of Health is unwilling to provide guidelines/regulations on minimum requirements for equipment, personnel, insurance. Ms. Yelle-Weatherall confirmed that the RMOC can regulate the industry under the Highway Traffic Act.

Councillor C. Doucet asked why the Province has been unwilling to regulate this industry. Mr. Veilleux posited this has to do with ambulance service unions having the perception that jobs are being taken away from them when in reality, transfer services provide employment for new graduates who cannot find full or part time work in the industry.

Councillor Doucet requested staff comment on how these differing needs could be bridged. Mr. Craig said a lot of work is being done in the community health environment to address this: Community Transfers Action Plan Group throughout the Province are looking at integrating all forms of transportation for persons with mobility disabilities.

Councillor Davis said it was her understanding the Province bills the RMOC \$303 per trip, and each individual has to pay an additional \$45 dollars. She asked whether staff looked into the merging of responsibilities with OC and ParaTranspo at some point. Ms. Yelle-Weatherall clarified that private transport companies have not been eliminated at this time; this still needs to be evaluated. With respect to cost, the \$45 dollar co-patient fee must also be examined. Staff will report at a later date, on the pros and cons, the levels of service costs, and make recommendations at that time.

René Berthiaume, representing Rural Metro Ontario Medical Services, commended staff for it's work with the major stakeholders. He expressed agreement with the report, however he highlighted a concern about the transition period to one service provider. He indicated some business concerns were identified early-on and are being addressed through the process and through the Ministry of Health. He said he looked forward to providing good service that revolves around a proper system of emergency ambulance service and to continuing working to develop this system.

Brian Moloughney, Chief Steward, OPSEU Local 413 and Keith Dykes, President, OPSEU²

Mr. Moloughney acknowledged the efforts of staff in preparing the report and for maintaining communication with the workers directly affected by this issue. He expressed formal support for a public model of ambulance service by the RMOC, saying any departure from a public model would be a significant change in how the service is delivered in the community. In addition, public models of service delivery are aimed at meeting social needs, while private services aim to meet the demand of the market-place, subject to the profitability of the service. Continuing with a public model will also allow a smooth transition of ambulance service delivery to the RMOC; by acquiring in-house expertise, Council would make any future change to the service from an informed point of view. A public model allows for long-range stability and accountability through Council, it's Committees and, ultimately, the electoral process. Mr. Moloughney concluded by reminding Committee that the Ministry of Health has offered to transfer O.C.R.A.S. to the RMOC, and it is felt this proposal merits consideration.

Councillor Davis asked for OPSEU's perspective on the transfer issue. Mr. Dykes indicated the Ministry recently tried to determine who needs supervision and who doesn't when it introduced the Dedicated Transfer System. He said he thought this might need to be expanded if demand isn't being met. He added there is a lot of merit in a system that can have fluctuations.

Marc Ouimet, an Advanced Paramedic for the last two years, spoke about how the current divestment and the threat of private, for profit service are affecting job security, paramedics' future and the delivery of excellent care to citizens of Ottawa-Carleton. His concern with privatization was that, should a contractor be unable to comply with a performance-based systems, that contractor would draw from his existing budget to meet expectations.

The fear is that private, for-profit operators would decrease employee benefits to satisfy objectives. The uncertainty as to whether a subsequent provider would employ him led him to believe that many of the experienced, trained personnel would look outside the RMOC for secure employment. A secure employee is a dedicated employee, and will

² A copy of the OPSEU submission is on file with the Committee Co-ordinator

provide many years of service. The RMOC has the opportunity to grasp and mold pre-hospital emergency health service and to help qualified people practice pre-hospital emergency service in Ottawa-Carleton.

Scott Kudla, Ottawa-Carleton Regional Ambulance Service said he was concerned about how employment could best be provided. He expressed the view more ambulances are needed to cover this “big little city”. He spoke about sources of stress and factors associated with loss of staff, for example having to respond an excessive distance and knowing things may already have happened there. He suggested there be a committee to look at equipment, provide standards. Mr. Kudla said paramedics have respect and compassion for, and honour the people they serve. He expressed the hope he would be able to continue doing the work for a long time.

Councillor Holmes made reference to comments about part-time staff, and she asked whether there is a sense this is a way to cut benefits to full-time staff. A. Craig replied that part-time employees are utilized to deal with the sudden absence of staff. This is also a way of avoiding having full time staff in excess of actual need as well as an important component of the economic viability of the operation. J. Yelle-added that, with six providers in Ottawa-Carleton, it is common to have part-time personnel work full-time hours for different providers and some paramedics occasionally work for private transport companies.

Dr. Justin Maloney, Medical Director, Base Hospital

Dr. Maloney began by congratulating staff for their consultative process. He noted that, during a recent conference of Ontario municipalities, he had become aware that Ottawa-Carleton was in a much better position to assume land ambulance services than almost any other community in Ontario, and this is a tribute to the planning to-date. Dr. Maloney expressed a concern about what effect municipal restructuring might have on the process, although he has been assured this will not happen in the near future. He felt there should be one service provider, a performance-based contract should be sought, and the RMOC should gain control of the Central Ambulance Communication System in order to have local control.

Speaking to the issue of non-emergency transfers, Dr. Maloney said this is a critical issue for hospital emergency rooms which are clogged on a daily basis: patients cannot be moved out of emergency to other departments thus creating system backlog. The RMOC will need to define what non-urgent calls it will service and pay for and whether services will be denied if the patient cannot pay or doesn't meet the criteria. Dr. Maloney said many of these questions will sort themselves out at the Request for Proposal stage, and, once the system is defined, it will be timely to look at non-contracted ambulance services to see how transfer agencies can be incorporated. He thought transfer services should also have minimum standards.

Councillor W. Byrne asked whether Dr. Maloney felt that a for-profit system might impact on best performance criteria, and affect the quality of service. Dr. Maloney replied there are many examples of private ambulance services providing quality service in the United States. He added that he believed either private or public systems could work; the key is to set standards, identify best practices, define what will be paid and let someone do it.

Councillor Davis asked whether, with 18,000 transfers done annually, a way couldn't be found to provide better service at a lower cost. Dr. Maloney reiterated the RMOC should just proceed with an RFP for a performance-based system, and let the people who know the business address this issue. In some areas, transfers are done by scheduled multi-patient vehicles rotating through hospitals, scheduled block-bookings for tests, and other similar measures. Councillor Davis asked for a comment about a Standing Offer instead of an RFP and about looking at a competitive bid process to create separate operation for transfer services. Dr. Maloney said he preferred the approach suggested by staff, as it allows more flexibility and intelligence, and aims to develop one system as opposed to segmenting it.

Councillor A. Loney said he was not convinced about the one provider argument, unless that provider is the RMOC. He expressed his belief the Region must have direct control over the dispatch function and over all the service; in addition, the service should be competitive. The Region might have to be divided into three zones, with one of the three operated as a regional department, also with competition. Councillor Loney said he did not believe any provider should control the dispatch function. The RMOC should control that directly, or it could be done by a separate agency that is not a provider. He asked if Dr. Maloney would comment on these suggestions.

Dr. Maloney opined that a larger service has better capacity for overload adjustment than several smaller services would have. This point should not be trivialized: a buffer is needed for multi-patient incidents and overload in certain areas of the Region. There can be no relying on mutual aid agreements, especially in a competitive system. Dr. Maloney spoke about the current system being fraught with communication difficulties and he said the system proposed by Councillor Loney would be the same. He raised the issue of accountability for a potential system failure, saying that the more elements there are in place, the more they can lay blame on one another. He talked about competition in the ambulance business existing at the time of contract renewal and of having to address problems at that stage of the process. He noted that residents have enjoyed a border-less service which will now dissolve into services with walls, the RMOC not necessarily extending beyond its boundaries as it did before. Dr. Maloney indicated that the Central Ambulance Communication Service will be confused enough if there is a wider Eastern Ontario area, and medical control will be a real problem: record keeping, data collection and service comparisons will be difficult as well. He expressed the view one service is needed, with one set of data, one reporting system, and this is what is being suggested by every owner/operator and the Region's own consultants.

Gerry Pingitore, Chair, Tiered Response Committee

Mr. Pingitore said the current Tiered Response Agreement took over two years to finalize, and he expressed the hope it would be maintained within the new system. This agreement states that current staffing and service levels need to be maintained and the agreement is only alive as long as those levels are maintained. He spoke about the significant costs to fire services of responding to 50% of ambulance calls, and about existing agreements with the Ministry of Health related to the replacement of equipment and expendable supplies. Mr. Pingitore indicated these will all have to be agreed upon by the RMOC when it takes over the service. He inquired about the fate of models based on fire service EMS and whether these would be joint or separate from the ambulance service. He expressed the hope that, now that he is a member of the Consultation Group, he will be able to reply to questions about this matter.

Speaking in response to Mr. Pingitore's questions about the joint EMS Model, Ms. Yelle-Weatherall indicated nothing has happened to it. She reiterated that the report before Committee looks at the how and not the who of ambulance service: it does not eliminate any range of possibility, it is open to all models and the more interested parties there are, the better. Councillor Loney asked for information about the cost of equipment replacement agreements, saying it would be helpful to the Committee to have this information at hand.

Councillor Loney asked whether it was Nepean's intention to charge for tiered response. Mr. Pingitore replied he was not aware of this.

At this point, Councillor Munter read a number of Motions submitted by Councillors Loney and Davis.

Councillor Holmes requested a staff comment on Councillor Loney's proposed Motion. Ms Yelle-Weatherall said the bottom line is about patient care and staff are proposing what they think, through extensive consultation, will achieve this result. Staff absolutely want to control the system, to hold someone accountable for providing excellent care at an agreed-to cost. This can be done by putting all the operating issues with the provider, while at the same time building in fail-safe measures such as owning or leasing all the infrastructure, including the Central Ambulance Communications System, the vehicles and the non-disposable equipment so that, in a worst-case scenario, the RMOC would immediately be in control of the system.

Dr. Cushman clarified the term control means the RMOC being the funder and the provider being accountable to the funder. The Region would decide what the standards are and when they have been met or breached as opposed to micro-managing the system as is currently the case. Speaking to the issue of dispatch, Dr. Cushman said once the standards have been set, dispatch can be given to the people delivering the service. Ms. Yelle-Weatherall said staff did not support the three zones proposed by Councillor Loney.

Councillor Loney said that, having heard Dr. Maloney and the consultants on the one provider issue, felt it may not be as important to have multiple zones if other measures are in place. He called the dispatch function the key to the entire matter. He thought it might be better to have that function directly operated by employees of the Region or by an agency that is not subject to day-to-day management. The Councillor said he was trying to inject a competitive element because he is concerned about the cost of the service two years from now. While the RMOC sincerely wants to create a better service, it can't come at the cost of people having to sell their homes prematurely because they can't afford to pay their property taxes. Councillor Loney went on to say he would never suggest that people work for half the salary they currently receive. He expressed concern about big operators getting the contract, and the RMOC being at their mercy as a sole source. Once the Region has control, it has to "call the shots", deal with related issues and service complaints; for these reasons, dispatch and record-keeping should be directly controlled.

Councillor Byrne expressed her uncertainty about whether one service provider is defined as one that delivers and one that controls and how this relates to performance-based criteria. She wondered whether there could be a potential conflict between meeting a performance standard and making a profit, and how much time will be spent monitoring and ensuring standards are met. She posited dispatch will be central to that control. She noted that, as Councillor Loney's Motion addresses more of these concerns, she would support it.

Councillor Davis asked about successor rights, specifically whether there are provisions in Labour Laws to address this. Ms. Yelle-Weatherall replied the RMOC cannot guarantee total employment but it would be in any service provider's best interest to retain the dedicated, experienced, highly-skilled paramedics currently in the system. Staff will need to identify the pros and cons of making this part of the RFP and will report back on this as part of the next steps.

Councillor Holmes wanted to know how one can ensure there is no favouritism in the dispatch function. Mr. Craig replied that the Computer Assisted Dispatch (CAD) systems currently in use have unalterable records, thereby eliminating the fear a contractor will construct a system that will defraud the funder.

Councillor C. Doucet said that, while he shared Councillor Loney's concerns about the cost of the service, he could not support his Motion. He had understood staff were seeking approval in principle and would develop the "how-to's" as part of the ongoing process. He said he absolutely loathed the downloading of services onto the local taxpayers, and this is happening over and over again. The community should not be impoverished in two ways, that is by taking an essential service such as this and saying it can't be provided at the required level because of the impact on property taxes. Councillor Doucet suggested there needs to be an aggressive definition of need and serious efforts to get additional funding. The Region must say to the Province it is happy to deliver the service but it needs the funds to do it properly.

Councillor M. McGoldrick-Larsen expressed her agreement with the principles laid out by staff but she voiced her concern with having only one service provider. She described a scenario where a multi-national company will submit a low bid, provide the service for a time then say it cannot continue to provide it at that price. Service levels would be depleted and the RMOC would be left to pick-up the pieces. She advised about the need for caution with respect to issues of job security, as it is uncertain the Region will get any more money and there likely will be other financial pressures. She expressed her belief the Region should be the service provider at this point.

Councillor W. Byrne commended staff for the work done to-date, saying all the time and effort denote caring and concern. She asked whether the provider has to control dispatch, and having received an affirmative answer, she suggested the RMOC should be the service provider. She proposed an amendment to Councillor Loney's Motion in this regard.

Speaking to the issue of non-medical transfers and private services, Councillor Davis asked for support for her Motion asking staff to examine this, do cost analysis and report back to Committee. She expressed the view this service can be improved so people don't have to wait 10 to 12 hours for a transfer. The Councillor pointed out that she did not want to disrupt the existing workforce, but she suspected ambulance services are strapped to get to accident scenes, and perhaps transfers can be a cost-effective way of freeing them up to deal with real emergencies.

The Committee Chair, A. Munter called the land ambulance issue extraordinarily complicated and quite terrifying. He said he was very concerned about all the talk about money, especially after the recent health services restructuring exercise, which was all about money, and never about health care. He did not want to see the Region repeat a process so focused on money that the health aspect takes a back seat. Chair Munter said he was also concerned the Region not back itself into a corner where the only option is for

a huge operator to come and scoop-up ambulance services, because if this happens, the community will be the loser. Chair Munter made reference to Dr. Maloney's comment about the RMOC being the first municipality in Ontario prepared to take on land ambulance services. Because of this, a big operator may want to get in and set up a good model for others to follow. Chair Munter said the RMOC must be conscious of this and keep all the controls it can the system. As in several downloading situations, the upper tier municipalities have not been told what the real costs of taking over the service will be. The RMOC has to go after all the funding it can if it is mandated to provide dispatch and service as it wants to and this will cost what it will cost.

Councillor Loney reiterated that the issue is control, and having one provider with the dispatch function leaves the RMOC totally under his control. Operating the service through a regional department would remove some concern, since the Region would be the provider and also control dispatch. With the possibility of an outside provider, something has to be there to control dispatch and, because the Region will be paying, it will control the system. The Councillor emphasized the need for caution, suggesting the appropriate controls be put in place at the start of the process.

Councillor Holmes said that, while she supports Councillor Loney's Motion about control, she has a problem with a separate dispatch function. She said it had been her understanding the decision about whether the Region would be the service provider was to be taken at the next step, however she indicated she was positively disposed towards this. She suggested that, if there is real concern about multi-nationals taking over the service, there must be a clear statement at the outset that Region will be the provider.

Dr. Cushman pointed out that, at this time, dispatch is with the Province, and the first step is to get control. He asked whether there could be agreement that dispatch means provincial dispatch and defer the subtleties to the next discussion. He said he was also concerned about the price tag, but, at the end of the day, it will be Council that will decide what the land ambulance service envelope will be: it will then be up to staff and to the providers to ensure the best service is provided to the majority of the population.

The Committee then considered the following Motions:

Moved by A. Loney

That Regional Council direct staff to prepare a Land Ambulance Health Service system design for the year 2000 that will:

- a) **have one service provider**
- b) **have the RMOC fully in control of the system;**

CARRIED

Moved by W. Byrne

That the the Expression of Interest process include alternative options:

i) dispatch to be operated directly by the RMOC or by an agency which is not a provider; or,

ii) dispatch be integrated with the provider, which could be the RMOC;

CARRIED

Moved by D. Holmes

d) (that the service) be performance-based.

CARRIED

Moved by A. Loney

That Regional Council approve the process and schedule as shown in Annex A.

Further to Chair Chiarelli's letter to the Minister of Health on the issue of dispatch dated 8 September 1998, that members of Regional Council begin a letter writing campaign to Provincial Members of Parliament, to the Minister of Health and to the Premier. A sample is shown in Annex B.

That Regional Council direct staff to meet with the five neighbouring County Councils to present possible co-operative partnerships for the highest quality, lowest cost options for all six Upper Tier Municipalities.

CARRIED

Moved by L. Davis

That the next report to Committee on ambulance services include an analysis of private transfer services.

CARRIED

Moved by A. Loney

That staff develop ways to also include in the public consultation, stakeholders who do not have a direct, vested interest in this service but who nevertheless are concerned (i.e., hospitals, seniors' groups, emergency room physicians, etc.)

CARRIED

At this point, Councillor W. Byrne assumed the Chair. Councillor A. Munter said he had been scarred by the health services reconfiguration exercise and one of the things it did was to chase qualified health care professionals out of the community. He put forward the view the Region has some of the best Paramedics in Ontario and they should be told they will be employed in this community and be part of the system. He put forward the following Motion:

Moved by A. Munter

WHEREAS Ottawa-Carleton's 200-plus paramedics are the most important resource in maintaining a high-quality ambulance service;

THEREFORE BE IT RESOLVED that the new system be designed so that the currently employed paramedics continue to be employed regardless of how the service is delivered, including legislated and contractual successor rights, but not limited thereto.

CARRIED

HEALTH/LEGAL

2. **SENATOR KENNY'S BILL S-13**
- Medical Officer of Health/Regional Solicitor joint report dated 8 Sep 98

That the Community Services Committee recommend Council approve that public representation be made in support of Bill S-13 to the House of Commons on behalf of Council; and,

That Council approve a letter of support for Bill S-13 be widely circulated to Members of Parliament.

CARRIED

SOCIAL SERVICES

3. **INTERIM REPORT - MONITORING ONTARIO WORKS RESEARCH PROJECT**

- Project Team report dated October 1, 1998

Ms. Karen Graham, Chair, Monitoring Ontario Works Project, introduced Ms. Barbara Carroll, researcher and Mr. Jeffrey Roy, faculty member, University of Ottawa. Mr. Graham emphasized this is a research project, and not a subjective assessment of the Ontario Works program itself. The project team does not speak on behalf of participants, nor does it presume the views expressed are those of all participants. Certain themes and issues were raised consistently among those interviewed: these are highlighted in the report and will need to be addressed. Ms. Graham added that the RMOC has to deliver the program and people on assistance must participate in it. The role of the project team is to monitor the effects, both intended and unforeseen, on individuals and to bring the results to this Committee. She reminded those present that while the Interim Report contains no recommendations, this will be a significant part of the final report, anticipated for January 1999.

Ms. B. Carroll presented the findings of the study, saying the clearest message was that all participants want is a job and this message was conveyed both through the focus groups and through individual interviews. Special concerns were raised about the reintegration into the workforce of the 8% of participants between the ages of 56 to 65. Participants were split evenly between male and female.

Participants highlighted issues of child care, especially female single parents, and concerns about the quality of child care available to them. Household composition included single persons, single parent, two parent families and two adult families with no children.

Ms. Carroll spoke about the spread in education level and about there being a number of participants with college, university and post-graduate education. She noted that, for those individuals, there are most complex issues around reintegrating the work-place. In the area of occupation by category, most participants were employed in the service sector, and many had extensive professional experience.

Speaking to the circumstances that ended participants' employment, Ms. Carroll said these can be categorized into labour market related (end of contract, laid off, downsizing) and personal health issues. A large number of participants had shown their commitment to the community through volunteering before they had to participate in the program.

Ms. Carroll spoke about the research being qualitative as it is felt this is a good way of finding out the impact on people's lives as they are living it. In total 75 people were involve. Three focus groups were held and 43 individual interviews were conducted. People in the focus groups were almost exclusively in community placements and of the individual interviews, 24 were in employment support and 19 were in community placements. Participants expressed concerns about how the program was being administered; a number of them said they felt the rules represented barriers in terms of carrying out their placements, and moving towards reintegration into the work force.

Having to deal with a case co-ordinator and a placement co-ordinator and the inconsistent application of rules was also mentioned by participants.

Other findings included volunteers losing certain privileges once they were in a community placement. The issue of free labour also arose, and the fact that the program being mandated seriously compromises what is or is not a choice. The project team could not conclude, from the comments received, that participants felt the Ontario Works program would be the tool to reintegrate them into the workplace.

Ms. Carroll spoke about the major barriers to employment having been identified as bilingualism, marketable skills (in some cases not having them but in others not being able to use acquired skills) and access to supports (child care, appropriate wardrobe, transportation costs, etc.). She concluded her presentation by echoing the comment of most participants: "all I need is a job".

Mr. Jeffrey Roy reminded the Committee a follow-up will be done in November, through telephone interviews and reconvening the focus groups. A final report will summarize activities and findings and will be presented within the context of implementation and delivery of the Ontario Works program in Ottawa-Carleton. The project team intends to complete the report by the end of 1998 and to present it to Committee in January 1999.

Councillor W. Byrne made reference to a comment made earlier in the day about Ottawa-Carleton being the leader in land ambulance services. She noted Ottawa-Carleton is the only municipality in Ontario evaluating Ontario Works based on the human face of participants. She expressed her appreciation to the community volunteers for their hard work and for their belief in what they are doing. Councillor Byrne said the report reflects what she has been hearing from her constituents, not that they don't want to participate in the program but that they face obstacles in doing so. The report contradicts the stereotypes about social assistance recipients, with the demographics showing a high number of two parent, educated families, who are on assistance because of labour-related obstacles.

In reply to a question from Councillor M. McGoldrick-Larsen about the "two worker" issue described by Ms. Carroll, Merv Sabey, Director, Area Operations East, clarified the role played by case co-ordinators, who work with clients to determine that community placements are the chosen activity, and who then refer clients to the specialists in community participation (the second "worker"). These are staff who contact agencies, get descriptions of the placement and match these with interested clients. Mr. Sabey noted there have been instances when communication between these groups of workers has been lacking, but steps have been taken to correct this situation. Councillor McGoldrick-Larsen wanted to know whether the employment specialists have a different educational background. Mr. B. Crook, Director, Area Operations West, indicated some of the workers came from the rank of case co-ordinators, but most had originally worked as employment counsellors.

Councillor D. Holmes asked whether the final report will include information on the number of people who have found jobs to their satisfaction. Ms. Carroll replied in the affirmative, adding that participants will be asked whether they have found employment, what they felt led to them getting employment and whether the program was useful or not useful in this regard. The Project Team is also interested in getting additional details about people who have gone into training, as well as in the employment placement aspect of the program.

The Committee Chair, A. Munter, thanked the presenters for the work they have done. He reminded those present he had proposed the creation of a monitoring group in order to have persons not involved in the delivery of the program provide the Committee and Council with information on how it is going and he indicated he looked forward to the final report.

The following presentations were made to the Committee:

Carlos Murray, Welfare Recipients for Fair Employment (WRFE)

Mr. Murray said many people on assistance are worried about losing the right to volunteer for community groups they are familiar with after their six month placement has expired. There are concerns about children left unattended because their parents are required to participate in spite of the lack of adequate child care. People can't afford to participate because the cost of participation undermines their already low income and causes extra hardship. Welfare Recipients for Fair Employment is a participatory, democratic, consensus-based group, which does not support mandatory participation in Ontario Works, not even as a paper exercise. Agencies that try to make use of mandatory volunteers are compromising themselves. Most everybody on community placements wants to get real work experience or a real job, but a better alternative to achieve this would be a wage subsidy program for legitimate community, non-profit organizations. This work should be recognised as work and not merely as a community placement activity. In addition, working without pay for non-profit organizations that are actually professional or industrial associations under the penalty of having social benefits suspended is unacceptable. WRFE demands these organizations hire their community placements at regular wages and recognize their rights as workers, including the right to unionize.

Audrey Wildman, Welfare Recipients for Fair Employment said she was interested in the issue of wanting to work but she wondered whether there are jobs. WRFE sees no connection between workfare and employment: workfare is a way to blame the poor for being poor. She spoke about the right to parenting not being mentioned, saying parenting is had work and should be recognized as a full time job. Sole support mothers need fair employment, to break the poverty cycle themselves and they need access to after-school programs. She expressed concern about maintenance workers having the right to come

into poor people's homes saying this is totally unacceptable. She said she agencies that participate in the program must provide fair employment, and if they do not at the end of the six months, they should no longer participate.

In response to a question from Chair Munter, Mr. Sabey described the role of the Department's Eligibility Review Workers, who use home visits as a service model when there may be issues related to transportation, handicapped persons, large families, etc. He added that the Department has decided it's staff will not perform the function of investigative officers, notwithstanding the fact the Ontario Works Act gives them increased powers for search warrants and for going into people's homes.

Grace McCaffrey, said that, as a member of the Monitoring Committee, she felt she was not represented and had no direct involvement in the Committee. She expressed the view the Social Planning Council (SPC) has neither the ability, the understanding nor the compassion to assess anything that relates to poor people in the community. She posited the questionnaire developed should have been an end-result questionnaire to the implementation of Ontario Works. She pointed out that half the people on assistance reside in social housing, and there are additional uncertainties related to the downloading of this responsibility to the RMOC. She asked that the Committee reject the report, and turn the monitoring function to an agency that knows and cares about people.

Joanne Finn, called herself a reluctant activist. She posited a person can't be legislated to learn even if they are forced to train. In the absence of the appropriate safety net, the removal of support from a recipient considered not up to standard is abusive. She felt the legislation left participants open to extreme abuse. There was the feeling that, while it was not perfect, the previous system was caring, and wanted to help: more recently, help is given grudgingly and in a mean-spirited manner. Ms. Finn said this is a time when assumptions are accepted without question, where sweeping changes are made without legislative review, public input or appeal; where money is better spent on advertising budgets intent on showing the electorate how good the laws really are; where provincial MPPs receive up to \$40,000 per bureaucrat to ensure efficiency; where federal MPs are at the top ten percent of earners; where over 21% is slashed from welfare recipients. She noted that between 1992 and 1993, \$50.4 million was cut from direct services to people with developmental disabilities. She spoke about it being a time to remember that 1.3 million Ontarians are on welfare, and to correct the injustice and stop the abuse of power.

Mr. Kevin Kinsella, said he thought the Region would be better creating an Ombudsman to deal with complaints from welfare recipients and ensuring they get their rights from employers. He said his fear was that a report of this nature would legitimize workfare, when the only way to deal with the program is to put blockages in its way, to prevent employers from using slave labour. Mr. Kinsella said he was wary of focus groups with only a small amount of people, because focus groups are led. In response to a comment from Councillor Holmes about the rationale behind the monitoring process, Mr. Kinsella said he both understood and respected what the Region is trying to do. He pointed out

that the numbers used are not particularly representative of social assistance recipients on workfare: in addition, none of the focus groups dealt with disabled persons on workfare, of which there are many.

Sue Clark, a social activist and a disabled person, said she fought against workfare and she called Bill 142 “an oppressive piece of legislation that takes away the rights of the poor in Ontario”. She said she was appalled by the fact people were positive about the research project. She pointed out there already exist many reports that clearly indicate workfare does not work, and she questioned the need for any additional reports. Ms. Clark thought it was shameful that participating organisations or agencies should receive money per head for placements. She requested the RMOC stop giving money to fund research into slave labour.

Jane Scharf, said her concerns centered around the fact the process to examine the impact of workfare is inappropriate, because there is no clear mechanism to ensure the voice of the recipient is heard: secondly, the workfare program implemented so far does not comply entirely with the Ontario Works model, a discretionary support model. She wondered why all 125 participants were not interviewed, how the 75 participants were selected, and why the ones selected don’t constitute a representative sample. There are no disabled persons in the sampling and they will be expected to participate in Ontario Works as it is currently structured. The findings about employment backgrounds and educational qualifications are not indicative of persons chronically unemployed; barriers such as lack of education and illiteracy are not mentioned in the report. She posited these omissions will result in a disproportionate number of people benefiting from the program than would normally benefit from it.

Ms. Scharf questioned the selection of the SPC to do this research, because of its past support for the Social Assistance Review Commission (SARC) Report, which recommended mandatory workfare, the reclassification of “single parents” to “employables” and a redefinition of disability that would make many of the long term recipients seek employment. Both the SARC Report and Bill 142 promised to reduce welfare rolls by two-thirds. As well, the SPC participated, from 1988 until 1997 in the Social Development Committee hearings on Bill 142.

Kayla Welch asked that the RMOC help the poor, because otherwise “the world will be destroyed”. She said workfare is not helping, it is hurting the poor; everybody should get paid for what they do and the poor should be put back to work.

Larry Weissmann, a representative of Faith Partners and a member of the Monitoring Project, expressed the view the comments put forward have validity on both sides. He felt there is a need for the kind of analysis being done. He stated this is not an advocacy project, and he pointed out there has been a steady decline in advocacy in the last ten years. He expressed his desire to see continued support for the Monitoring Ontario

Works project, and to see funding, possibly through the grants process, to support small advocacy groups and help them grow, to ensure that component remains vital.

At this point, the Committee considered the following Motion:

Moved by A. Loney

That staff review the Interim Report of the Monitoring Ontario Works Research Project and report back on how the Committee might improve the process for the next phase.

CARRIED

That the Community Services Committee receive a presentation from the Project Team for Monitoring Ontario Works for information.

RECEIVED

OTHER BUSINESS

SUPPORT FOR OCTOBER 17TH DAY OF PROTEST

Moved by A. Loney

That the Rules of Procedure be suspended in order to allow consideration of a time sensitive matter.

CARRIED

Moved by A. Loney

WHEREAS the provincial government's downloading has seriously affected this community and the Region's ability to make sound financial decisions;

AND WHEREAS the shift in property taxation has increased the burden on the Region's residential and business taxpayers;

AND WHEREAS the provincial government's reductions in support to community agencies has made it difficult for this region to provide support to its citizens in need;

AND WHEREAS the province has not consulted appropriately with other levels of government before implementing these changes;

AND WHEREAS the citizens of Ottawa-Carleton have the right of freedom of expression and wish to express their dissent with these policies;

THEREFORE BE IT RESOLVED that this Council support the October 17th Day of Protest which will give citizens of the Region the opportunity to express their frustration to Premier Harris and the Government of Ontario.

CARRIED, as amended

ADJOURNMENT

The meeting adjourned at 6:00 p.m.

NEXT MEETING

15 October 1998

CHAIR

CO-ORDINATOR