

MINUTES

COMMUNITY SERVICES COMMITTEE

REGIONAL MUNICIPALITY OF OTTAWA-CARLETON

CHAMPLAIN ROOM

14 JANUARY 1999

1:30 P.M.

PRESENT

Chair: A. Munter

Members: D. Beamish, W. Byrne, C. Doucet, L. Davis, 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 December 1998.**

CARRIED

INQUIRIES

1. MANDATORY PROGRAM INDICATOR QUESTIONNAIRE RESULTS

The Committee Chair, Councillor A. Munter, asked that the Medical Officer of Health report back to Committee, identifying what could be done to improve the standings of the Health Department in areas of the Mandatory Program Indicator Questionnaire where it has not done as well as other Health Departments/Units in Ontario.

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Notes: 1. Underlining indicates new or amended recommendations approved by Committee.

2 Reports requiring Council consideration will be presented to Council on 27 January 1999 in Community Services Report 25.

2. ADVANCED LIFE SUPPORT PARAMEDICS

Councillor M. McGoldrick-Larsen made the following Inquiry:

1. Please explain the current Ministry of Health selection process to become an Advanced Life Support Paramedic;
2. Why do classes continuously go unfulfilled? (every unfulfilled space cost the RMOC \$40,000);
3. Why is the pre-qualification list never used?;
4. How can we get some assurance that the Ministry of Health will fill the next class and that there are Paramedic 1's on standby to fill in on a day's notice?

REGULAR ITEMS

HEALTH

1. MONITORING AND ENFORCEMENT OF TOBACCO SALES TO MINORS

- Medical Officer of Health's memorandum dated 25 Nov 98

Councillor W. Byrne asked whether staff thought there was a direct correlation between the drop in the compliance rate, from a high of 89% in 1997 to 72% in September-October 1998 and the fact that compliance checks were reduced from two to one per year. The Medical Officer of Health, Dr. R. Cushman, indicated the decision to reduce the number of compliance checks was taken in response to budgetary constraints. He called the exercise very educational, adding it would be fair to say it is needed twice a year.

The Committee Chair, A. Munter, posited the decision has had a negative effect. He asked that staff be prepared to provide information to the Committee during its budget deliberations on what resources the Health Department would need to resume twice-yearly compliance checks.

Councillor D. Holmes proposed the following Motion:

**That the Regional Chair write to the federal and provincial Ministers of Finance recommending an increase in taxes on cigarettes, so as to discourage smoking by youth. That the revenue from an increase in taxes be used for smoking prevention programs.**

CARRIED, as amended

2. SITE HIV PREVENTION PROGRAM

- Medical Officer of Health report dated 4 Jan 99

Dr. Ed Ellis, Associate Medical Officer of Health, presented the report which makes a number of recommendations in pursuance of Motions put forward by Councillor L. Davis on 29 Oct 98, and in an effort to address the epidemic of HIV in intravenous drug users in Ottawa-Carleton. Dr. Ellis spoke about the ongoing community participation in this issue, the establishment of safe zones in consultation with communities, changes to the needle exchange policy, incentives for the return of used needles or syringes, discarded needle/syringe pick-up by community groups and public education related to HIV prevention. He indicated that the current budget of \$180,000 for the Needle Exchange Program (NEP) would not support some of the newer initiatives proposed, and staff are looking to find other funding sources to help with these measures.

Councillor Davis commended staff for their work on the issue. She inquired as to where the money would be found, indicating her willingness to put forward a Motion to this effect. The Medical Officer of Health, Dr. R. Cushman, responded the required amount would likely be under \$10,000, and he felt there was the potential for cost-sharing with the City of Ottawa.

Councillor Davis asked how the proposed policy differs from previous arrangements. Dr. Ellis indicated that the Region's 24-hour information number (560-1335) will remain the central contact number, but the new element will be the neighbourhood connection. Details related to night-time response will need to be worked out through the Community Advisory Committee.

Responding to questions from Councillor D. Holmes, Dr. Ellis said staff would write to all manufacturers requesting that needles be marked in some manner to make them easier to find. He also indicated, in response to a further question from the Councillor, that policies outlined in the report will apply Region-wide.

The Committee Chair, A. Munter, requested that the Legal Department look into the possibility of adding a "rider" to existing regional insurance policies to cover the liability of potential partners in the clean-up process. Chair Munter said he presumed, and Dr. Ellis confirmed, that efforts at addiction counseling continue to be part of the package. Dr. Ellis added that waiting times for rehabilitation and detoxification services are also part of the problem.

A number of speakers were heard and their comments are summarized below:

Dr. Jay Baltz, Hintonburg Community Association, thanked Ms. Jackie Arthur for her work on this issue. He asked that the policies contained in the report apply region-wide and be made binding on partner agencies. He suggested the policies cover the work done through the SITE Van and by outreach workers. He expressed a desire to see firm, continuous funding be put in place.

Mr. Vance Fandrey, Hintonburg Community Association, expressed interest in helping design the pick-up program. He indicated he has researched single use needles, retractable needles and he can assist with the incentive program. He said he regretted the fact that the process has been so confrontational in the past, but that the effect of the NEP on the majority cannot be ignored.

Ms. Sherryl Parrott, Hintonburg Community Association, said she has concern with the number of needles given out. She posited there can be no assurance of a 100% return rate. She noted that 750 needles unused syringes had been found; this represents much waste and they could be re-used. She spoke about ongoing discussions to find an acceptable location for the SITE Van to sit, noting three private and three public sites are under consideration and the community wants to do broad public consultation which will be a slow process.

Dr. R. Cushman spoke about the Health Department making solid progress within the community. He expressed his appreciation for outreach workers being able to do home visits. He posited this is not only a needle clean-up, but also a community clean-up, as well as an aspect of economic development

Replying to a question from Councillor H. Kreling, Ms. Jackie Arthur indicated that the more designated stops the SITE Van can make, the better. She noted that the Health Department would like to have two stops in Hintonburg. The stops would last one-half hour at a time to allow staff to measure client contact.

Mr. P. Marvitz, representing Action Sandy Hill, said the activities of intravenous drug users affect the entire population of the city. Public education programs should emphasize public health issues. Drop-off bins need to be carefully designed, and must be absolutely safe and tamper-proof. The issue of safe zones has to be more focused, and the location of the SITE Van is everything. Certain aspects of the program will need to be tightened up.

Mr. Peter Childs, a resident of Ottawa-Carleton posited that the lack of detail is the core of the problem. The required clear, accountable policies are not part of the report. Guidelines for the safe zones and consistent definitions are needed throughout the report. If the Region gives out the needles, it should be responsible for picking them up and disposing of them: in this regard, better management is required. The report is a work in progress and lacks details, therefore it should be tabled and staff should bring back a final report at a later date.

When asked to comment, Dr. Cushman said he agreed the report was a work in progress. He added he has trouble with rigid policies since every community is different and staff have to get to know the communities. Situations can change and ongoing dialogue is needed. Dr. Cushman said he felt staff could report back at least twice a year on developments in this area.

Mr. Brian Gilligan, Chair, Somerset West Community Centre Board described the programs available at the community centre, some undertaken on behalf of the RMOC. Mr. Gilligan said he was not entirely happy with the policy, as it was his belief that community partners should provide input to the Health Department on policy issues. He spoke in support of safe zones around schools and other facilities. He felt the activities of the Health Department should not be restricted in any area. Mr. Gilligan posited the Health Department has nothing to say about consultations occurring in private between doctors, nurses and their clients. He said he would be prepared to support a draft policy and that it should be monitored carefully.

Councillor D. Holmes commended all the work done by Jackie Arthur in the past months. She wanted to clarify that the report before Committee represents regional policy, although some amendments to the policy will likely develop as warranted. Councillor Holmes said Council must do all it can to reduce the number of persons infected with HIV and AIDS. She posited the clean-up is absolutely essential and she indicated she liked the idea of contracting community groups to undertake this activity.

Councillor Loney said it was his belief, and a public health issue, that if the Region gives out needles, it should pick them up. He stressed the importance of involving the community and not compromising the NEP by imposing unnecessary restrictions. Council must implement policies responsive to the needs of the community. Partner agencies should be encouraged to cooperate and participate in the program. Councillor Loney said there is no doubt the policy is not absolute, and any substantive change should be brought back to Committee.

Chair Munter thanked Jackie Arthur and Dr. Ed. Ellis for the work accomplished. He pointed out that Ottawa-Carleton has the highest rate of HIV infection in Ontario and the report reflects a balancing of what needs to be done to address this problem. He spoke about the work of front-line workers, calling it dangerous work, and he said he felt sure the appropriate mechanisms were in place to resolve disagreements.

The Committee then considered the following Motions:

Moved by L. Davis

**That the funds (\$10,000) required for community clean-up, and disposal be added to the Health Department budget estimates.**

CARRIED, as amended

Moved by D. Holmes

**That the report be considered regional policy, and that this policy not apply to partner agencies entering safe zones to conduct needle exchanges in private, i.e., inside residences, health centres, offices, etc.).**

CARRIED, as amended

Moved by A. Loney

**That the Community Services Committee recommend Council approve the following:**

- 1. That a Community Advisory Committee and a Needle Exchange Network be developed, to increase community and agency involvement;**
- 2. That safe zones be established as outlined in this report;**
- 3. That the current needle/syringe exchange policy be expanded to include procedures to manage low needle return rates as outlined in this report;**
- 4. That a needle/syringe clean up program for Ottawa-Carleton be developed as outlined in this report;**
- 5. That there be a pilot project for an incentive program to increase needle/syringe returns to the SITE program;**
- 6. That community education programs on the SITE program and on safe needle disposal be enhanced, with input from the Community Advisory Committee to be developed.**

CARRIED, as amended

#### HEALTH/SOCIAL SERVICES

3. **UPDATE ON DENTAL CARE FOR SOCIAL ASSISTANCE RECIPIENTS/  
LOW INCOME GROUPS IN OTTAWA-CARLETON**
  - Social Services Commissioner and Medical Officer of Health joint report dated 4 Jan 99
  - Response to CSC Inquiry No. 10(98)

**That the Community Services Committee receive this report for information.**

RECEIVED

SOCIAL SERVICES

4. PROFILE OF NEW APPLICANTS FOR SOCIAL ASSISTANCE

- Social Services Commissioner's Executive Summary dated 25 Nov 98 and Report dated October 1998
- General Welfare Assistance/Ontario Works Statistics, 1997/98, issued separately

The Social Services Commissioner D. Stewart, indicated that the department has undertaken studies similar to the New Applicant Study for the past ten years. The document before Committee is based on a sampling of new applications in a specific period of time and is designed to keep track of trends and evolutions in the Department's "business".

The Director, Strategic and Operational Support Division, Jocelyne St Jean, began by saying the data is based on the head of the family, not on the total benefit unit. Some of the findings included:

- \* decreases in the number of applications because of changes in eligibility criteria
- \* impacts of the Ontario Works Program
- \* changes in first-time as opposed to repeat applicants
- \* 73% of new applicants compared with 76% of the caseload have Grade 13 or less education
- \* a high number of new applicants lack basic education
- \* a high number of applicants are unskilled

Ms. St Jean indicated that the high rates of applicants without basic education or skills underscores the importance of training programs designed to help these persons get into the job market.

In reply to a question from Councillor D. Holmes, Ms. St Jean cited changes in eligibility criteria as the major reason for the decrease in new applicants. Commissioner D. Stewart added that staff have six months or less of data, and cannot predict whether there will be further declines in numbers. This study will help the Department get a better idea of the situation next year. Mr. Stewart went on to say that, by the time all the beneficiaries have been transferred, there will be approximately 10,000 sole support parents on the caseload. The Department will have to evaluate what services will be needed to meet the requirements of the Ontario Works Program.

Councillor W. Byrne asked whether staff have anecdotal knowledge of where "lost" applicants have gone. Commissioner Stewart replied that asset levels are probably making people live on whatever savings they have accumulated, or they are living with parents or friends.

Committee Chair A. Munter asked whether staff could easily provide data on the impact provincially-imposed programs have had, for example the decrease in benefits, the loss of

shelter allowances and shared parenting benefits, and other such measures. Commissioner Stewart indicated this could only be done through a fairly large sampling: staff will assess its capacity and the feasibility of undertaking such a study and will report back to Committee.

**That the Community Services Committee receive this report for information.**

OTHER BUSINESS

1. REPORT OF THE TASK FORCE ON HOMELESSNESS (GOLDEN REPORT)

The Committee Chair, A. Munter, asked that copies of the final report of the Mayor of Toronto's Task Force on Homelessness (the Golden Report) be circulated to Council. Social Services Commissioner D. Stewart indicated that the Department's report on homelessness in Ottawa-Carleton will be presented to Committee in March 1999.

2. NEXT MEETING(S)

The Committee budget deliberations have been re-scheduled to 11 Feb 99 from 28 Jan 99. There will be a regular Committee meeting on 18 Feb 99.

ADJOURNMENT

The meeting adjourned at 4:30 p.m.

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CHAIR

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CO-ORDINATOR