

MINUTES

COMMUNITY SERVICES COMMITTEE

REGIONAL MUNICIPALITY OF OTTAWA-CARLETON

CHAMPLAIN ROOM

17 DECEMBER 1998

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 -
3 December 1998.**

CARRIED

INQUIRIES

RMOC FAMILY SHELTERS - FORWARD AVE/CARLING AVE

The Committee Chair, A. Munter, referred to a communication sent to shelter residents advising them of the current placement policy of Ottawa-Carleton Housing. Chair Munter said he had been horrified to learn that homeless people will no longer be at the top of the priority list when it comes to subsidized housing, and will be allocated only 7% of subsidized vacancies. Of equal concern is the impact that increased lengths of stay, e.g., several months, maybe years, will have on the Region's shelters.

Chair Munter asked that staff report back on the origin of this policy, and what this change will mean for regional shelters if they are expected to become permanent housing. He pointed out that measures such as this run counter to anything Council is trying to do to deal with homelessness in the community. The Vice-Chair, Councillor W. Byrne, will bring this matter up for discussion with the Housing Authority.

Notes:

1. Underlining indicates new or amended recommendations approved by Committee.
2. Reports requiring Council consideration will be presented to Council on 13 January 1999 in Community Services Report 24.

REGULAR ITEMS

1. SOCIAL HOUSING UPDATE

- Special Advisor on Social Housing report dated 3 Dec 98

The Committee heard from Joyce Potter, Special Advisor on Social Housing, who spoke about a number of longer term, financial concerns related to the downloading of social housing to the Region of Ottawa-Carleton. These include:

- the fact that the Region is not presently compensated for any administrative costs as it prepares to take over social housing, nor are there indications the Province will provide administrative funding once the takeover is complete. This means the social housing budget will have to be increased to cover these costs;
- the matter of insurance costs for housing stock. At the present time, the Province is self-insuring all public housing and the Region will have to pick-up this cost. The Region is currently required to pay for any losses as a result of fire or other damage to property;
- the need for capital reserve funds. The Province has not been contributing to reserves for maintenance and other related costs. Unless the Province agrees, as part of the downloading agreement, to create capital reserves and to transfer these to the Region, additional costs will be incurred.

Ms. Potter continued by saying the most frightening aspect is the specter of the loss of federal housing subsidies. At the moment, public housing funding is shared 50/50 between the federal and provincial governments, and many other programs such as co-operative and subsidized housing are also cost-shared. The federal government will honour its existing commitments until the first agreements expire, early in the new millenium, but there will be a significant loss of subsidy when this happens.

Ms. Potter said staff will recommend that a reserve fund be established where early savings can be placed to protect the RMOC against future, long term cost increases. She made reference to the Social Housing Working Group (SHWG)'s Draft Principles for Social Housing, contained in Annex A of the report, requesting that the principles be adopted by Committee and Council.

Ms. Potter said the latest estimate from the Province is that it could take two more years before the Region is totally accountable for the administration of social housing. Given this fact, staff have submitted a Proposal for Interim Arrangements (Annex B) to the Province, in order to have a better idea of what the administration of social housing entails. The proposal was submitted to the Regional office of the Ministry of Municipal Affairs and Housing (MMAH) and the Ministry has indicated it will respond in January 1999. Ms. Potter asked that Council also endorse the Interim Arrangement proposal.

Ms. Potter said provincial consistency is another concern of the MMAH, specifically, the Province does not want to move ahead with the RMOC if it cannot do the same in other Regions. Regional staff have pointed out that Ottawa-Carleton is probably the second

largest provider of social housing in Ontario; not many other municipalities are in the same position and it would be unfair for the RMOC to be held back while others try to catch-up.

Councillor A. Loney posed a number of questions related to insurance matters. Ms Potter indicated that, because the Province was “self-insuring”, this responsibility now rests with the Region which pays the bills. She said she would consult with the Finance Department about the cost of taking this on as part of the existing regional insurance policy and/or self-insuring, as the Province has done. Councillor D. Beamish suggested staff look at co-operative, municipal self-insurance programs, since presumably every municipality with housing stock will face the same situation.

Councillor Beamish asked for clarification about the savings in social housing remaining in the social housing funding envelope, specifically, what these savings could represent. Ms. Potter gave as example savings generated by renewing mortgages at lower rates and using these savings to create reserve funds to meet future social housing purposes. Councillor Beamish asked whether it was unreasonable to believe these savings could be used in other areas, if they were needed. Ms. Potter replied this principle recognizes that, as in many other regional services, there are fluctuating budget requirements and it would be wise to take whatever savings in the short-term to help deal with longer-term costs. Speaking as Chair of the Social Housing Working Group, Councillor A. Munter clarified the principle means money would not be taken out of the social housing budget to pay for road maintenance, for example. Efficiencies and cost savings would be used to deal with the severe lack of social housing in the community

Ms. Catherine Boucher, Executive Co-ordinator, Centretown Citizens’ Housing Corporation and a member of the SHWG, spoke in support of the Draft Principles and of the Interim Arrangements developed by the working group. She requested that the Committee recommend Council approval for both documents.

Councillor M. McGoldrick-Larsen asked for an interpretation of “...to meet the needs of all residents eligible for social housing”. Ms. Potter said this principle generated considerable discussion among the SHWG; the idea is that this could be a long term goal on the part of the Region. She replied, in response to a further question from the Councillor, that there are currently 15,000 people on waiting lists. Councillor McGoldrick-Larsen put forward a Motion to delete the word “all” from the third principle under the heading Principles Related to Housing Policy. She noted that, while this is a laudable goal, it is out of the Region’s sight financially.

Councillor D. Holmes said she would not support the Motion put forward by Councillor McGoldrick-Larsen. The Region should have, as a goal, to look after its residents who can’t afford the private housing market. The Councillor pointed out this does not mean the Region will fund the construction of social housing. The principle can be used as a tool to pressure the federal and provincial governments, who have the taxation base, into continuing to providing housing for persons who need it. The Region would work with its upper tier partners to help them live up to their responsibilities. Councillor Holmes noted

that Canada is the only country in the developed world that has no federal housing program and she called this fact a disgrace.

Councillor McGoldrick-Larsen agreed this could be a goal, but it should not be established as a principle when the Region is starting out in the social housing business. She expressed concern about the presence of the word “all” in the principles, and the interpretation this word could be given by agencies/individuals. Councillor McGoldrick-Larsen added that, financially, this goal is not affordable. She spoke in support of asking that more capital funds be provided by the senior levels of government for social housing purposes.

Moved by M. McGoldrick-Larsen

That the Community Services Committee recommend Council:

- 1. Endorse the Draft RMOG Principles for Social Housing (contained in Annex A of the staff report) prepared by the Social Housing Working Group, with the following amendment:**

Under the heading Principles Related to Housing Policy, delete the word “all” in the third principle, so that it reads “To meet the needs of residents eligible for social housing”

CARRIED, as amended
(W. Byrne, D. Holmes
dissented)

- 2. Endorse the interim arrangements for Social Housing administration which have been submitted to the Ministry of Municipal Affairs and Housing for response.**

CARRIED, as amended
(D. Beamish dissented)

HEALTH

- 2. PORTABLE CLASSROOMS - HEALTH CONCERNS**
- Medical Officer of Health report dated 24 Nov 98
- Response to CSC Inquiry No. 19(98)

Dr. R. Cushman, Medical Officer of Health, began by saying there is no doubt portable classrooms can cause problems, but a number of variables have to be taken into account, and each portable has to be assessed on its own. Many concerns related directly to ventilation systems that function improperly. The Health Department has been working the Boards of Education on this matter for approximately four years, helping the Boards design a strategy to survey their portables and to ensure these are properly maintained.

The Department also responds to any request or question or complaint from a parent, a student or a teacher on the quality of a portable and has been doing this for some time. Dr. Cushman noted that the Catholic Board has inspected all its portables this year and the Ottawa-Carleton District School Board has made a commitment to doing so by the time schools re-open in January. Departmental staff have been actively involved and have been working hard on this issue. The Committee Chair, A. Munter, acknowledged the presence of Ms. Martha Robinson, Health Department, and thanked her for her work on this matter.

Councillor L. Davis expressed her concern about the fact that such an important issue was only brought to Committee's attention by way her inquiry. She wanted to know why the Committee was not kept apprised of the Health Department's work with the school boards during the last four years. She asked what kind of work was being done to educate parents about this issue. Dr. Cushman said the department is frequently consulted and responds to calls when questions of this nature are raised. In addition, there is an ongoing surveillance system with the schools and the department makes its presence known as widely as possible. Councillor Davis asked if a process was in place to notify Councillors if contaminants are found in portables located in their wards. Dr. Cushman replied this is an occupational health and safety issue for the school boards and he posited that, to date, the boards have met their responsibility and closed portables when required.

Councillor Davis inquired whether the Medical Officer of Health is empowered to make the determination that school boards should close portables and relocate children in schools that are unused and currently threatened with closure. Dr. Cushman indicated his responsibility is to comment on health issues, and that he did not want to become involved in the political debate about school closures. He pointed out that a good and well-maintained portable is as good as a well-maintained classroom, noting that, historically, portables were seen as an alternative to buildings with the equivalent of "sick building syndrome" for persons suffering from allergies.

Chair Munter asked to what degree the quality of portable construction is an issue, and what improvements would be needed to help deal with this issue. Dr. Cushman the quality of construction could be improved, principally in the area of drainage. This could be aided by the use of modules attached to the main building, with access and egress points through the school, thus reducing the quantity of moisture entering the portables.

Margot Humphreys, Community Working Group on Education, West Carleton Township, put forward a proposal whereby the Working Group would assist the Boards of Education in determining which portables may need further testing by surveying the health status of the children in schools with portables. She requested the assistance of the Medical Officer of Health to prepare the survey, with the Working Group's input as required. The survey would identify each portable without giving the names of the children involved. The work of distributing the survey forms, receiving them and producing summaries would be undertaken by the school councils that wish to participate. The assistance of the Boards of Education would also be required. Ms. Humphreys said there is not much the Region can do to reduce the number of portables in use, but a survey would identify any portable

classroom that is making children sick. By working together in this manner, the Region and the Boards can begin to resolve the problem of sick portables locally.¹

Responding to questions from Councillor Davis, Ms. Humphreys indicated that Huntley School has a "Mould Committee" which has prepared its own survey, however this has no validity from a medical standpoint and it relates to only one school. This is the rationale behind her request for assistance from the Health Department. She agreed that the Board has been good at checking portables but it does not know which ones are "unhealthy".

Councillor Davis asked that Dr. Cushman comment on the request to help prepare a survey. Dr. Cushman quoted from a federal report which states that "the majority of studies have ascertained symptoms by questionnaire, which poses doubts". He added that if schools think or know they have problems with portables, there will be over-reporting; if there is a family with a long history of asthma and they know there are portables, there will also be over-reporting. Another concern is that questionnaire surveys are expensive and hard to administer. Dr. Cushman suggested a better and cheaper alternative might be to do a case-control study, in collaboration with the Boards of Education. This would involve going class-by-class across the Region to see whether there are better indicators such as absenteeism or the use of medication, as they relate to people in portables.

Speaking in response to questions from Councillor Davis about the mandate of the Medical Officer of Health, Dr. Cushman confirmed that in instances of disease outbreak, he is mandated to go into schools to effectively get things done. In matters such as this, where the quality of the evidence needs to be assessed, and where asthma is widespread in the community, the department would require the consent of the Boards before undertaking any initiative. Dr. Cushman said he was willing to explore possibilities with the Boards of Education, to consult with colleagues at CHEO and with allergists and respirologists, to see what can be achieved. Chair Munter pointed out that the recently-created Environmental Health Advisory Group can also be a resource.

Councillor A. Loney suggested that the Medical Officer of Health be directed to meet with the delegation, to ascertain what assistance he can provide. He emphasized the need for caution around issues of jurisdiction related to the Boards of Education. This course of action will allow the consultative process to begin and the Department can report back to Committee on progress at a later date.

Councillor McGoldrick-Larsen wanted to know what information the department provides to parents about where to call when there are problems and whether the boards provide information about portables being inspected on a yearly basis. Dr. Cushman indicated that "Moulds Fact-Sheets" have been distributed throughout the schools however he could not respond to question about what the board has done. The Councillor suggested that every child in a portable should have a fact sheet to take home, to bring the issue to parents' attention and to tell them what to do if they have concerns: the Boards of Education should be asked to provide their assistance in this regard.

¹ The complete text of Ms. Humphreys' presentation is on file with the Co-ordinator.

The Committee then considered the following Motions:

Moved by L. Davis

That the Medical Officer of Health, in his regular updates to physicians, include information on portables and moulds.

CARRIED, as amended

Moved by M. McGoldrick-Larsen

That the Health Department be directed to continue its efforts to aggressively deal with air quality issues in portable classrooms and work with school boards on this matter: that the Department report back in six months on progress; and further that the Department consult with the Boards of Education on the possibility of surveying parents on health.

CARRIED, as amended

Moved by M. McGoldrick-Larsen

That the Health Department request that all school boards in Ottawa-Carleton distribute to all students an Information Sheet on the potential health risks to children and that information currently distributed on moulds be relayed to parents. That this information sheet also contain the Health Department's phone number.

CARRIED, as amended

3. **OTTAWA-CARLETON HEPATITIS C WORKING COMMITTEE -
INTERIM REPORT**

- Associate Medical Officer of Health report dated 23 Nov 98

The Committee heard from Ms. Joanne Manser, of the Hepatitis C Society, who brought the Committee up-to-date on recent actions on the part of the federal Health Department to address the needs of persons infected with the disease. A newly-formed Hepatitis C Division of the Health Department has been conducting focus groups across the country including a recent meeting in Ottawa, to evaluate how to best spend the \$50 million dollars earmarked for research into community-based supports.

Ms. Manser said she thought the fact there is a Joint Working Committee will help Ottawa-Carleton become one of the first communities in Canada to access these funds. She expressed her concern this not become a top-heavy, make-work program, and that persons infected with Hepatitis C actually get programs and services. She spoke about her desire to see the Joint Working Committee become permanent. She made reference to the

need for more public education, especially to destroy the perception that persons with Hepatitis C are all intravenous drug users, and to inform the public that infection also occurs through the use of blood products.

Moved by A. Loney

That the Community Services Committee:

- 1. Approve the interim report and authorize action pertaining to a joint strategy to address hepatitis C infection in Ottawa-Carleton; and**
- 2. Extend the deadline for completion of the final report until a comprehensive community needs assessment has been completed.**

CARRIED, as amended

OTHER BUSINESS

Moved by D. Holmes

That the Rules of Procedure be suspended to allow the Committee to consider an additional item related to land ambulance service.

CARRIED

4. BILL 81 AMBULANCE ACT AMENDMENTS

- Director, Policy and Legislative Services report dated 10 Dec 98

Ms. Joanne Yelle-Weatherall, Director, Land Ambulance Services, spoke about a recent meeting between regional staff and senior staff from the Ministry of Health, where Ministry staff made a serious commitment to look at regional staff's proposal. The proposal addresses the issues of funding, technology and timing and is specific and detailed about what regional staff need to provide residents of Ottawa-Carleton with a performance-based, one service provider, fully accountable ambulance system. Ministry officials made no commitment other than to say the proposal would be given serious consideration. As well, the Ministry has asked its consultant to undertake additional work, and to report back by the end of December 1998. In turn the Ministry's review of the consultant's findings is to be completed by the end of January 1999. Regional staff reiterated the importance of a timely decision and have indicated the Region's plans will be seriously compromised by tardy or delayed decisions.

Ms. Yelle-Weatherall said another issue of concern to Ministry staff is the Region's agreements with neighbouring counties. Regional staff explained that neighbouring counties are at different stages of development, and have taken differing positions from that of the RMOC. Nonetheless, some progress has been made and regional staff will attempt to get agreement in principle with the neighbouring counties as early as possible in the new year.

The Director, Policy and Legislative Services Division, Ms. Kelly McGee, provided information on the passage of Bill 81, introduced in the Legislature in November and anticipated to receive Royal Assent before the end of 1998. This is a huge tax bill, referred to as the Tax Credits and Revenue and Protection Act that contains the following amendments to the *Ambulance Act*:

- the amendment increases the power of the Minister of Health to create designated areas for ambulance service delivery that can now include an upper tier municipality;
- should the Minister of Health create an area that includes an upper tier, that municipality loses its automatic right to assume responsibility for the proper provision of land ambulance service on January 1, 2000;
- the Minister of Health is required to designate a delivery agent for the newly-created designated area; the delivery agent can be an upper tier municipality, a lower tier municipality, or an agency, board or commission.

Ms. McGee said Bill 81 raises the possibility that an upper tier municipality will be included in a designated area created by the Minister and the Minister decides who delivers ambulance service in that area. She made reference to a recent communication from the Minister's office to Ms Yelle-Weatherall, saying that Bill 81 is only intended for Northern Ontario, however she noted there is nothing in the language of the Bill which states this intent.

In addition, because of the uncertainty about how the *Ambulance Act* will be used, staff have included in the report excerpts from the Hansard record of statements made in the Ontario Legislature on Bill 81 for Committee and Council's information.

The Medical Officer of Health, Dr. R. Cushman, stated that, while there will be a transfer of funds associated with the dispatch function, that amount will likely be half of what is needed to properly run an ambulance service. Joanne Yelle-Weatherall spoke about the Expression of Interest, saying staff have prepared the document and are meeting with the consultants to iron out specific details, proceeding on the assumption that dispatch will be under the Region's control. The Expression of Interest document will be released before the end of the month, and staff will report back to Committee and Council with options for consideration. Councillor L. Davis asked that Committee members be provided with a copy of the Expression of Interest for their information.

Councillor H. Kreling expressed his concern about the future of ambulance service in Ottawa-Carleton in light of the information provided by staff. He said he felt Council should advise the Minister of Health it has grave concerns about the recent legislative changes and about the perception the Province will deal with matters as it wants and withdraw if it encounters problematic situations.

In response to a question from Councillor D. Holmes, Ms. McGee said it was entirely possible that the power of the Minister is discretionary and that the Ambulance Act will continue as it is, allowing upper tier municipalities to assume ambulance service on January 1, 2000. She added that the power to create a designated area would be done by Ministerial Order, not through regulation.

The Committee Chair, A. Munter drew attention to the fact that previous Council Motions talk about working with neighbouring counties and having a dispatch function that covers the entire area. He wanted to ensure that any Motion brought forward in response to the changes highlighted by staff not preclude this from happening. Dr. Cushman indicated that staff, in its dialogue and through its correspondence with the Minister, will highlight some of the concerns raised. Councillor A. Loney suggested that, as this matter will rise to Council, it would be in order to introduce a Motion expressing concern at that time.

The Committee then considered the following Motion which addresses concerns about potential Year 2000 problems and their impact on the assumption of ambulance service by the RMOC:

Moved by A. Munter

WHEREAS there is considerable concern about what will happen on Jan. 1, 2000 in terms of computer malfunctions due to the Y2K "bug", and;

WHEREAS this has prompted the mobilization of military and police to deal with potential problems related to this issue, and;

WHEREAS the transfer of responsibility for ambulance service from the Province to regional government is slated to happen on Jan. 1, 2000;

BE IT RESOLVED THAT Council request the Minister of Health amend the legislation to require the transfer from provincial to municipal responsibility on Feb.1, 2000, as it would be unwise to attempt to make a major turnover of the service on the very day where the functionality of computer systems is in serious doubt, and;

FURTHER that copies of this resolution be forwarded to the Association of Municipalities in Ontario and to local M.P.P.s.

CARRIED, as amended

5. RECOGNITION OF THE HEALTH DEPARTMENT

Councillor M. McGoldrick-Larsen wanted to relay comments received from her community about the manner in which the Regional Health Department handled a recent medical emergency situation at Merivale Public School. The Councillor indicated that parents were pleased with the proficient and efficient way the Health Department handled the matter and that Dr. Ed. Ellis is held in high regard by those concerned.

Dr. R. Cushman thanked Councillor McGoldrick-Larsen for her comments, indicating he would convey the message to both Dr. Geoff Dunkley, Associate Medical Officer of Health on call at the time, and Dr. Ellis, who provided his assistance.

Councillor C. Doucet spoke about recently attending an Association of Local Public Health Agencies (ALPHA) Conference, where the point was made that public health bodies across the Province are not skilled at telling people about the work they perform. He suggested the Department consider how it might better communicate with the public in this regard. Dr. Cushman said the Department has been examining how it might work towards having a physical presence in Ottawa-Carleton communities and this would be a big step towards improving communication with the population at-large.

ADJOURNMENT

The meeting adjourned at 3:30 p.m.

NEXT MEETING

14 January 1999 - 1:30 p.m.

CHAIR

CO-ORDINATOR