

MINUTES

COMMUNITY SERVICES COMMITTEE

REGIONAL MUNICIPALITY OF OTTAWA-CARLETON

CHAMPLAIN ROOM

18 SEPTEMBER 1997

1:30 P.M.

PRESENT

Chair: M. Meilleur

Members: M. Bellemare, R. Cantin, L. Davis, D. Holmes, H. Kreling, A. Loney,
B. McGarry, A. Munter

CONFIRMATION OF MINUTES

**That the Community Services Committee confirm the Minutes of the Meeting of
03 July 1997.**

CARRIED

REGULAR ITEMS

1. ONTARIO WORKS BUSINESS PLAN - UPDATE
- Commissioner, Social Services Department report dated 20 Aug 97

In his preliminary comments, the Social Services Commissioner, Dick Stewart, informed the Committee that municipalities will have to implement the Ontario Works program by October 1st or face the consequences. He added the start date for Ottawa-Carleton will be September 29th.

The Director, Employment Services Division, Mr. Bob Crook, presented the report. He began by saying the R.M.O.C.'s Business Plan for Ontario Works was submitted to the Ministry of Community and Social Services (MCSS) on 12 Aug 97, and while the program's fundamental goals have not changed, increases have had to be made to the Employment Placements and Community Participation service targets.

Mr. Crook said he believed a high percentage of the service targets is achievable. He noted that, to-date, forty non-profit agencies have "signed up" and the Department is negotiating with an additional sixty agencies: if each agency can accommodate 3 clients, 300 placements will be realized.

Mr. Crook highlighted the following points:

- under Ontario Works, doing nothing is not an option. Clients will have access to employment supports and to a range of options to realize their placements;
- the Ministry has indicated an openness to self-initiated placements for clients already involved in voluntary work;
- the Department has bilingual Placement Development staff to address concerns about placements for francophone clients;

Mr. Crook reminded Committee members that funding under Ontario Works is contingent on achieving the negotiated service targets: there may be problems in doing this as targets increase. He noted that, in 1997, an additional \$19,000 will be required, however it is unlikely this amount will have to be covered from the department's budget. Funding for 1998 will be determined as part of the budgetary process.

Speaking to Council's amendment to the Community Placement standards, Mr. Crook referred to correspondence from the Area Office of MCSS that expresses the concern the additional standard will remove too many placement opportunities and will not be approved by the Province. For this reason, the amendment is not included in the Business Plan.

Speaking to the issue of training and education, and in response to concerns expressed by Committee members, Commissioner Stewart pointed out that the lead Ministry for Ontario Works, the Ministry of Education and Training, has not brought forward any new initiatives in long-term skills training. He added that almost 50% of the department's clients have less than a high-school education and it will be a challenge to place these persons. The department has earmarked \$250,000 from Special Assistance and Supplementary Aid to assist clients in acquiring skills that will make them more employable and funds will also be made available in the 1998 budget for this purpose.

Councillor R. Cantin asked whether the Department has approached high-technology companies requesting they provide equipment and/or skills training and whether community colleges have been requested to fast-track some of their training programs. Commissioner Stewart pointed out that a basic computer skills course costs between \$2-to-\$3,000 and there are insufficient funds within Ontario Works to access these programs. The Committee Chair, M. Meilleur, added that learning institutions have also had budget cuts imposed upon them.

Councillor A. Munter put forward an amendment calling for the Province's own guidelines on the non-displacement of paid employees to be written into the contract the department will sign with all participating agencies.

In response to questions from Councillor D. Holmes, Mr. Crook indicated a one-time payment of \$50 will be made upon the initial placement with an additional \$100 per placement month (based on 70 hours). Other benefits could include a bus pass and child care services. Commissioner Stewart added the Ontario Works program has earmarked funds to provide child care and staff anticipate the greatest demand will be for informal, private home child care.

Councillor Holmes asked whether agencies could specify what background clients should have. Mr. Crook replied in the affirmative, adding staff hope agencies will agree to interview clients themselves. He said he thought some participating agencies had agreed to accept clients who do not have a high school education. The Councillor wanted to know whether any of the 15,000 clients with less than high school education would be placed in high schools. Mr. Crook replied this would not be considered a community placement, however schools will be encouraged to provide clients with this opportunity. Commissioner Stewart indicated the department intends to approach the Boards of Education, asking that those clients already enrolled in an adult education program be considered as having completed the program so they can pursue other elements of Ontario Works.

Councillor Holmes emphasized the need to collect data to prove that, while many clients want to move ahead and away from dependence on social programs, there are little or no opportunities of doing so. She expressed the view that Ontario Works is a punitive program and not, as in other jurisdictions, a program designed to invest in clients to save long term costs.

Councillor L. Davis spoke about the logistical nightmare of agencies trying to monitor three people working in various combinations of time to realize their 70 hour month placement. She echoed the sentiments expressed by Councillor Holmes, saying the department will be challenged to implement the program in a humane manner and coordinate all the elements, and she praised the work undertaken to date.

Councillor A. Loney asked if staff are optimistic targets can be met. Mr. Crook replied he was optimistic about meeting targets for last quarter of 1997, but less optimistic about doing so in subsequent years. He said he thought the problem would be organizations being pressured on several fronts to accept placements (coop students, community service placements) thus saturating the market. He expressed the hope there would be enough Province-wide experience between now and then to allow for opportunities to negotiate changes.

In reply to a further question from Councillor Loney, Commissioner Stewart said that, from November 1996 to June 1997, there has been a month over month increase in the caseload: this is different from the provincial trend which has seen a marginal decrease in the same period. The RMOC caseload over the last three-to-four months has decreased by 200-300 per month and staff anticipate this trend will continue to the end of 1997. He recalled that the 1997 budget was predicated on an average monthly caseload of 26,500 but it has been averaging 28,400 per month. Funds from Special Assistance and Supplementary Aid have been used to cover the caseload shortfall and it is estimated the combined budgets will be overspent by \$238,000 at year-end.

Councillor Loney encouraged staff to continue making the comments they have made to the Ministry regarding changes to Ontario Works. He said problems will need to be documented so the Ministry can make changes to the program to ensure it works to the benefit of the client, and by extension, to all concerned.

The Committee Chair, M. Meilleur, asked whether the fact that education is the responsibility of the Province, and training the responsibility of the Government of Canada, did not create a Catch-22 situation for clients. Commissioner Stewart agreed the department is in a "deficit position" to ensure clients get services and training. Chair Meilleur wanted to know what would happen if placement targets were not met because there are no clients for placement. Mr. Stewart replied the ultimate responsibility for placement will be with the department and targets will have to be met and exceeded if clients believe this represents an opportunity for them to get on with their lives, find employment, develop skills, gain work experience. He added there are many uncertainties related to the program, and the department will have to show flexibility in its approaches, shift resources if required, to do a better job.

The Committee then considered the report recommendations:

That the Community Services Committee recommend Council:

- a) **Approve the adjusted service targets and budget as proposed;**

Moved by A. Munter

- b) **Receive the Provincial response relating to Council's amendment to the Community Placement standards; that in compliance and accordance with the Provincial Government guidelines for Ontario Works, the Social Services Department include, in its contracts with community placement agencies, a commitment from agencies that the Ontario Works participants in their agencies are not undertaking:**
- **duties currently held by an employee**
 - **duties performed by an employee who has been laid off and has recall rights under a collective agreement**
 - **duties of an employee who is on a leave of absence**
 - **a collection of duties previously held by employees, within a minimum of two years**

CARRIED

2. **OTTAWA-CARLETON SUBMISSION TO THE ONTARIO HEART HEALTH PROGRAM**
- Medical Officer of Health report dated 02 Sep 97

Councillor R. Cantin congratulated Health Department staff for their involvement in the recent "Hug Your Heart" Program. The Councillor noted the department has often been at the forefront initiating programs the rest of the Province then follows.

Councillor A. Loney asked whether staff had any assurance the funding for this program would continue beyond January 1998. The Medical Officer of Health, Dr. Robert Cushman, replied that funding has been promised over a five-year period. He added that bridge funding has been secured to January and he expressed the hope that, should any change be forthcoming, the Province would honour its commitment for the first year.

That Community Services Committee recommend Council approve that the Health Department and its Heart Beat partners apply for renewal of funding from the Ontario Heart Health Program, and that the Health Department continue to act as fiscal agent for the project.

CARRIED

3. HIV RATES IN INJECTION DRUG USERS: UPDATE

In his introductory remarks, the Medical Officer of Health, Dr. R. Cushman, said the report before Committee documents the changing pattern of HIV in Ottawa-Carleton. It underscores the concentration of HIV among injectable drug users and the increasing prevalence of HIV infection in that community. The Health Department proposes to expand the Needle Exchange Program by increasing the hours of service and to work hard with partners to ensure the Program is community-based, with more channels for exchanging needles and further development and expansion of comprehensive preventive and clinical services.

Dr. Cushion went on to say his message is four-fold:

- there is currently an epidemic of HIV among intravenous drug users;
- the epidemic can be ascribed to a change in the pattern of drug usage, with a shift from heroin to cocaine and the increase in the number of needles required;
- immediate action is required and funding to increase the Needle Exchange Program is available from the Ministry of Health;
- while the epidemic is among the injectable drug use population, the implications are drastic and dramatic for HIV levels in the general population. It is clear from a historical perspective that HIV spreads rapidly and the Health Department wants to send a clear message to the public at-large.

Dr. Cushman introduced Ms. Lynne Leonard, Department of Epidemiology and Community Medicine, University of Ottawa. Ms. Leonard began by saying that data on a sample of injection drug users (IDUs) attending the Needle Exchange Program in Ottawa-Carleton demonstrates the gravity of the escalating problem of HIV infection among this group, the necessity for immediate action and the validity of the Health Department's response. She described the methodology used during an epidemiological surveillance project undertaken by a collaborative network of ten HIV prevention programs for IDUs, including the Health Department's SITE Needle Exchange Program starting in April 1996. The objective was to ascertain and characterize the prevalence of HIV infection among IDUs attending HIV prevention programs and to document the rate at which new infections are occurring (incidence): two hundred and fifty (250) individuals participated in the survey.

Ms. Leonard highlighted the findings of the surveillance project:

- the prevalence rate of HIV infection among the 250 participants was 19.2%; rates of infection are similar between women and men and all age groups are infected in equal proportions;
- the proportion of IDUs using the SITE who are HIV positive has nearly doubled from that recorded four years ago in an evaluation of the program. From 1992-93 to 1996-97, the rate has risen from 10.3% to 19.2%, compared with 17.3% in Montréal and 8.7% in Québec City;
- the incidence rate of 12% is comparatively high however the sample size is small. The data indicate that the momentum of the epidemic is too fast, and urgent action is required.

Ms. Leonard said that, in looking at the relationship between injection behaviour and seropositivity, a statistical association was found between three injection behaviours and HIV positive status:

- HIV positive IDUs were significantly more likely to have injected with used needles. The proposal of the Health Department staff to increase services and diversify access to clean needles is a solution consistent with the identification of injection with used needles as one of the factors related to positive HIV status;
- be established users (injecting for more than two years). Data demonstrate a relationship between established drug use and the presence of HIV infection. The Health Department's proposal to expand services such as referral to drug assessment and treatment programs should be maintained, expanded and regarded as an integral component of all counseling to IDUs;
- have first injected at 20 years or younger. Data demonstrate a relationship between initial injection at an early age and the presence of HIV infection which is statistically significant. In view of this, services for injection drug users must expand and diversify to reach this young group.

Ms. Leonard said another significant finding is that, with access to HIV prevention services, IDUs have been successful in changing, high risk-related behaviour. Over half of the 250 persons surveyed had injected with used needles at some point in their injecting history. Six months preceding their interview, less than one-third injecting with used needles and at the time of their interview, 13% were injecting with used needles.

She concluded her presentation by asking that the Committee strongly endorse the Health Department's proposal.

In response to questions from Councillor A. Loney about the future funding of AIDS programs, Dr. Cushman expressed the belief AIDS programming will remain the responsibility of the Province, and there was support for this approach from the federal government.

Replying to questions from Councillor L. Davis, Ms. Leonard said the Van is seen as an useful off-shoot of the SITE program. Dr. Cushman, responding to a further question about the number of clients served, said there were over 5,000 visits to the SITE in 1996 and 620 new clients were served. Staff estimate there are approximately 3,000 IDUs in Ottawa-Carleton. He expressed the belief this is another marker of disenfranchised youth and there is ample anecdotal evidence a much younger population is being served.

Mr. Peter McKenna, Acting Director, of Ottawa-Carleton, spoke in support of the Needle Exchange Program and its companion programs. He expressed the belief the program is the point at which people using intravenous drugs who are not ready to access addiction treatment services receive vital treatment information. He indicated that Ontario addictions treatment programs will be radically restructured and that the Addiction Assessment Services will be there as a partner after the system has been redesigned.

Mr. Paul Lavigne, Addiction Research Foundation HIV Program, said there is no evidence that needle exchange programs increase intravenous drug use but good evidence they reduce high-risk injection practices, and increase the demand for addictions therapy. They are an important access points for comprehensive services and for many people their only contact with the health care system. These benefits far outweigh any risk the program may increase intravenous drug use.

Kimberly Mansfield, Community Outreach Worker, Somerset West Community Centre. Ms. Mansfield spoke about her background as an intravenous drug user, saying there was no such thing as clean needles. She added she did not know of any intravenous users who have not shared needles. She suggested that, at this point in the epidemic, there is a need to move quickly, to allow people to access clean syringes at all kinds of centres, including pharmacies. She said she would recommend pharmacies not be allowed to refuse to sell syringes as happens in some communities where there is a high incidence of drug use. She said she found it disturbing that people who are dealing with a number of issues and who are trying to do one responsible act by using clean syringes are not having the opportunity to do so without the help of the SITE program.

The Committee heard from Dr. Bruce Marshall, a Physician in general practice. Dr. Marshall is Chair of the Ottawa-Carleton HIV Primary Care Group and a member of HIV Substance Abuse Sub-Committee of Ottawa-Carleton Council on AIDS. Dr. Marshall provided the following data from his own practice:

- 38% of his HIV patients have been infected through injection drug use;
- 41% of his female HIV patients became infected directly through injection drug use and additional 7% became infected indirectly through unprotected sex with an infected person;
- 15% of injection drug using patients are HIV seropositive.

Dr. Marshall pointed out that the spread of infection is not confined to the drug using population; it finds its way into the general population because people like to have sex. Needle sharing happens when people are not aware of the risk, when the supply runs out and/or when users get so high they forget which needle is theirs. Education, counseling, HIV and Hepatitis testing, immunization and needle exchanges are all effective ways of reducing the spread of infectious diseases and this is the work of the SITE Program. These efforts must be expanded to address a prevalence rate of almost 20%, a frightening number that signals the early stages of rise to a more dangerous level unless positive steps are taken.

Laurienne Ring, President, Board of Director, Sandy Hill Community Health Centre, Past-Chair, advisory group to the OASIS Program. OASIS is a regional program that offers integrated outreach health and social services to persons with HIV or at-risk of becoming HIV positive. It provides accessible services to IDUs, homeless or unstably-housed persons and sex trade workers. Ms. Ring expressed the belief that the solution to concerns about an expanded needle exchange program rests with the community-wide, region-wide response encompassing both education and the full range of services. The experience of OASIS is that the partnership with SITE is valuable, it is bringing people into contact with medical care and is reducing the hazard of needles on the street.

Committee Chair M. Meilleur thanked all those who made presentations. She commended Ms. Kimberly Mansfield for her courage and for sharing her experience through her presentation, thus helping the Committee put a face to the problem. Chair Meilleur reminded Committee members the official opening of the new OASIS site will take place on Wednesday, October 15, 1997, between 3:30 and 7:30 p.m., at 116 Lisgar Street.

Dr. Cushman indicated, in response to questions from Councillor Loney on the future funding of the Needle Exchange Program, that mandatory programs are currently under review and indications are these programs will be part of mandatory programs. Councillor Loney reminded those present that any program which is not mandatory after January 1 1998 can potentially have its funding cut off. He said it would be important to give a strong indication the program has to be provided during the 1998 budget deliberations.

Councillor H. Kreling asked whether staff maintain data to help Council determine whether it is reaching the community that is highest at-risk so it makes the best use of the program and whether targets are being met. Dr. Cushman responded by saying that, through a more community-based approach, more outreach and additional partnerships, the Health Department will reach the unreachable. He added that an outreach worker such as Ms. Kimberly Mansfield adds another dimension to the program.

Councillor Kreling drew attention to the improvements outlined in the report, wondering whether these are key areas targeted by health departments in North America or whether new initiatives elsewhere are starting to show a positive response. Dr. Cushman indicated staff want to expand these main aspects of the program but are not limited to them. There is continual evaluation of world literature on this issue and the Department is in touch with other initiatives.

That the Community Services Committee recommend Council receive this report for information.

RECEIVED

4. ONTARIO PUBLIC HEALTH ASSOCIATION-
48TH ANNUAL CONFERENCE

That the Community Services Committee approve the attendance of Committee Chair M. Meilleur, Councillor R. Cantin and Councillor A. Munter at the 48th Annual Conference of the Ontario Public Health Association to be held in Kingston, Ontario from November 24 to November 26 1997.

CARRIED, as amended

INFORMATION PREVIOUSLY DISTRIBUTED

1. Progress Report on the Re-opening of Nelson House
- Social Services Commissioner memorandum dated 07 Aug 97

Councillor D. Holmes asked when Nelson House would reopen. Commissioner D. Stewart indicated that the Board of Directors of Nelson House and the Area Office of the Ministry of Community and Social Services (MCSS) have agreed on a workplan and a contract should be signed by November. Replying to a further question from the Councillor, Mr. Stewart said the department has been working with the Violence Against Women community since October 1996 to develop a Request for Proposal that would result in the selection of a proponent by the end of February 1997 and this deadline was met. He added the service contract is strictly between the Board of Nelson House and the MCSS but it will be complemented by per diem funds from the Region to the end of 1997. He noted that the entire program of Violence Against Women, including shelters, will become the sole responsibility of the Province on January 1, 1998.

The Committee Chair, M. Meilleur, asked who was responsible for the delay in reopening the facility. Mr. Stewart replied that no one entity was responsible: the MCSS set out to have a new contract consistent with service standards the Province has developed, and with the framework for those services developed by the community and the Area Office. In addition, the membership of the Negotiating Committee for the Nelson House Board changed at one point and this contributed to the delay. Mr. Stewart said he concurred it was regrettable the facility has not reopened to-date.

2. Tobacco Sales to Minors
- Medical Officer of Health memorandum dated 02 Jul 97

NEXT MEETING

02 October 1997

CHAIR

CO-ORDINATOR