

MINUTES

COMMUNITY SERVICES COMMITTEE

REGIONAL MUNICIPALITY OF OTTAWA-CARLETON

CHAMPLAIN ROOM

16 APRIL 1998

1:30 P.M.

PRESENT

Chair: A. Munter

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

Regrets: L. Davis

CONFIRMATION OF MINUTES

**That the Community Services Committee confirm the Minutes of the Meeting of
2 April 1998.**

CARRIED

INQUIRIES

Councillor Holmes made the following inquiries.

1. DENTAL CARE FOR SOCIAL ASSISTANCE RECIPIENTS

Referring to a memorandum dated 26 March 1998 from the Commissioner, Social Services and the Medical Officer of Health, written in response to a letter from the Ottawa Dental Society (ODS), Councillor Holmes inquired about the level of dental care currently provided to adults. Commissioner Stewart confirmed that there had been a change from providing basic dental care to providing only emergency care. He added that when treatment was sought for "pain and suffering", the dental staff took every opportunity to provide as much service as possible under the guidelines. Dr. Cushman clarified that adult emergency care included extractions and not fillings. Commissioner Stewart noted that

Dr. A. Burry, who was not in attendance, was better able to provide more detailed information of the services provided.

Councillor Holmes requested that this item be put on the agenda of the next regular CSC meeting (7 May 1998). Chair Munter responded that after discussions with Commissioner Stewart, Dr. Cushman and Dr. Burry, he felt that the issue, of whether or not the Region is going to continue to provide this service (which is part of Supplementary Aid/Special Assistance), needed to be resolved first. Once that is resolved, the second issue can be dealt with; that is to determine how the service will be provided, i.e. through public health dental clinics or "contracting" it out to private dental clinics (as advocated by the ODS).

Commissioner Stewart stated he anticipated that by 23 April 1998 he would be able to clarify the opportunities for a cost-shared dental program for children and adults in Ottawa-Carleton. Dr. Cushman confirmed that a report, on the 'level of care' options available and the preferred way of providing care, would be available within the next two months.

2) MULTILATERAL AGREEMENT ON INVESTMENTS

Councillor Holmes stated that many cities are attempting to investigate what the consequences will be, if the Agreement is signed. She inquired if the Legal Department was doing any investigation of the RMOC's responsibility level and what affect this is going to have. Mr. D. Wilson responded that this was a new issue and the Legal Department would look into it. Councillor Holmes request the Legal Department investigate what changes in the Region's mandate, responsibilities, and flexibility will result if Canada signs the Agreement?

POSTPONEMENTS AND DEFERRALS

1. RESPONSE TO INQUIRY CSC NO. 05(98): SEXUAL HEALTH EDUCATION FOR GRADES 7 TO 9

- Medical Officer of Health report dated 10 March 1998
- Deferred from meeting of 02 April 1998

Chair Munter requested Vice-Chair W. Byrne assumed the Chair to allow him to move the following Motion.

Moved by A. Munter

That the report entitled, *Sexual Health Education For Grades 7-9* be circulated to community agencies involved in this area to solicit their input and comments on how best to achieve the Mandatory Provincial Public Health Guidelines.

CARRIED

Moved by A. Munter

That the Community Services Committee receive this report for information

RECEIVED

Chair Munter reassumed the role of Committee Chair.

REGULAR ITEMS

2. REPORT ON PEOPLE'S HEARINGS ON POVERTY, MARCH 1998
- A/Co-ordinator, Community Services Committee report dated 31 March 1998

Public Delegations

Joanne Steven, Louise Delisle & Cliff Gazee

Ms. Steven began by thanking the members of Committee and staff their support on 25 March 98 and for the work done and to be done in the future. She stated that a monitoring group was being established to follow the progress of the People's Hearings' recommendations through the channels of regional government, and will be reporting back regularly to communities throughout Ottawa-Carleton. People struggling with poverty need reassurance and proof that their stories have not be told in vain.

Ms. Steven pointed out that although the recommendations in the report appear as discreet categories, the recommendations are very much interconnected and linked together. She made reference to the last recommendation; to set up a Task Force on Poverty, and opined that this could provide the mechanism for all the recommendations to be implemented for the benefit of everyone in the community, not just those struggling with poverty.

Mr. Gazee stated that the report's recommendations were drawn up in consideration of the mandate of regional government. He cautioned that the recommendations were not exhaustive, and encouraged the Committee to read through the testimony and come up with creative solutions in addition to those identified by the Organizing Committee. He

reiterated that creative solutions and collaboration between the Region and community interest groups was needed to reduce the misery and costs to society. Mr. Gazee acknowledged that some recommendations need to be addressed by other levels of government and encouraged Council to work with the Organizing Committee to ensure this happens.

Questions

Councillor Holmes asked the presenters if they thought a Motion for the recommendations to be forwarded to the appropriate RMOC departments and a Task Force be established, to be coordinated by the Social Services Department and include representatives from the appropriate departments, would be appropriate.

Ms. Steven stressed that the Organizing Committee is most concerned that people from the community and people living in poverty are involved in the Task Force. Mr. Gazee opined that he is in favour of establishing a Task Force but stressed it was important to move beyond studying the problem, and begin identifying solutions. He stated he did not want the Region's response to end with the establishment of the Task Force.

Councillor Loney stated that a transit study is currently underway, which deals with the some of the issues identified in the report, and he encouraged participation in the study through public forums. He anticipated that the outcomes of the study will result in substantial changes to transit in Ottawa-Carleton.

In response to an inquiry by Councillor Doucet, Ms. Steven responded that the monitoring committee, comprised of the Organizing Committee and participants in the Hearings, will stay in touch with various Standing Committees to see the passage of recommendations through the process. They hope to work with Council to further develop the recommendations.

Committee Discussion

A Motion was put forward by Councillor Holmes that the recommendations from the People's Hearings on Poverty be directed to the appropriate departments (i.e. Social Services, Health, OC Transpo, Planning & Development and OCEDCO), for their response. A second Motion was moved that a Task Force on Poverty be created to include representatives of RMOC departments including Social Services, Health, OC Transpo, Planning & Development and OCEDCO, and that the Task Force include 10 community representatives including the Alliance to End Homelessness and, that the Social Services Department co-ordinate the Task Force.

Councillor Doucet stated his support for the first Motion. He opined that action is needed versus further studies of poverty. He suggested (monetary) assistance to the Organizing Committee to ensure that their recommendations are implemented. Ms. Steven responded

that the intent was to work with Council, in a spirit of solidarity. She believed that working jointly with the RMOC departments was in the spirit of the People's Hearings. Ms. Steven expressed concerned that Task Force would not just focus on homelessness but rather on the broad issue of poverty. Councillor Holmes stated it would be up to the Social Services Department to ensure broad representation on the Task Force.

Speaking to her Motions, Councillor Holmes opined that it was essential to have the RMOC departments on the Task Force. She stated it was a good working team to have both the bureaucracy involved and the community representatives who have the front line, grassroots's experience of how people are being negatively affected. Councillor Byrne concurred that it was important to have a combined group. The involvement of the RMOC representatives will facilitate the process.

Councillor Loney stated his support of the Motions, and suggested that the recommendations be looked at in terms of how they can implemented within the context of ongoing operations of the relevant departments.

Councillor Doucet suggested a friendly amendment to the Motion to focus on implementing the recommendations rather than further study of the situation.

Moved by D. Holmes

- 1. That a Task Force on Poverty be created in order to deal with implementing the recommendations from the People's Hearings on Poverty;**
- 2. That membership on the Task Force include representation from RMOC departments and agencies including Social Services, Health, Planning and Development, OC Transpo and the Ottawa Economic Development Corporation, as well as up to 10 community representatives including the Alliance to End Homelessness, and;**
- 3. That the Social Services Department co-ordinate this Task Force.**

CARRIED

RESPONSES TO INQUIRIES/MOTIONS

3. RESPONSE TO INQUIRY CSC NO. 04(98): DEATHS AMONG STREET PEOPLE
- Commissioner, Social Services report dated 16 March 1998

Public Delegations

Connie Wallaschuk & Joanne Lowe, Co-Chairs, Alliance to End Homelessness

Ms. Wallaschuk began her presentation by suggesting that the deaths among the homeless are likely higher than reported in Report. The high risk factors, often categorized as “lifestyle choices”, include substance abuse, mental illness or a “lethal” combination of the two factors. She opined that these are not deliberate lifestyle choices. Ms. Wallaschuk noted there are hundreds of homeless people and a only few dozen workers to help them deal with lack of affordable, decent housing, insufficient numbers of support workers, potential closures of day programs, and lack of suitable jobs.

Ms. Lowe (also Executive Director of the Canadian Mental Health Association{CMHA}) discussed the circumstances that lead to the deaths of the individuals identified in the Report and countless others, and the needs of homeless individuals. She shared with Committee the highlights of a *Report on the Findings of Interviews with 100 Homeless Persons*, a joint project of the CMHA and the University of Ottawa.¹ The final Report will be forthcoming from the University and Ms. Lowe offered to share with the Committee.

Ms. Lowe stated the Alliance has begun to identify and implement strategies, of which there are three main strategies: 1) broader public support and awareness of the issues of homelessness; 2) increased partnership with the business community for longer term solutions particularly permanent, affordable housing, and; 3) obtain/maintain resources from Regional government to implement these community strategies, including community development, maintaining existing levels of services/supports, and to maintain strategies as a political priority.

Chair Munter opined that the key was to provide more and better supportive housing in the community to support people to move from being homeless to living independently. He asked Ms. Lowe to describe the adequacy of supportive housing. In response Ms. Lowe stated that an individual who survives on General Welfare Assistance (GWA) has about \$325/month available for rent. The average rent for a bachelor apartment in Ottawa-Carleton is \$569/month. Only 80 private rental units were completed in the past year, and 15,000 households will have to wait 5 years to access 1998 non-profit housing in this Region. According to Canada Mortgage & Housing Corporation (CMHC) statistics, only 28 bachelor units became available in the public rent stock, and 229 units in the private rent stock in 1997. She emphasized that there needs to be flexibility and

¹ A copy of these highlights is kept on file by the Committee Co-ordinator.

portability of supports, versus tying supports to housing. Commissioner Stewart added that there are approximately 100 supportive housing units in the Region (Options Bytown and the Women in Crisis Project) for a homeless population of approximately 6000.

Wendy Muckle, Sandy Hill CHC

Ms. Muckle addressed the Committee as the Co Chair of the Street Health Coalition, comprised of organizations aiming to improve access to the health care system and improve the overall health of homeless people. She agreed that the Report underestimated the real numbers and the real situation, particularly among youth and their risk taking behaviour and suicide.. She noted that many of the homeless people die in the hospital or in rooming houses versus “on the street” and therefore, were not included in Report. She stated there are higher mortality and morbidity rates among this population.. Finally, she stated experience shows that people in housing are healthier and use less services, and therefore it is cheaper to provide adequate housing.

Mary-Martha Hale, Centre 454

Ms. Hale is also a member of Day Program Committee. She advocated for a co-ordinated effort of all services provided to the homeless in the community, and to enhance the assistance in obtaining housing. First hand, the staff of the Centre and Day Programs see the risk these people are facing and tenuous lives they live, the fears and anxiety around their health and the potential for death. In conclusion, Ms. Hale supported a call to Council to reflect on the kinds of strategies that would promote the health and improve the situation of these clients.

Sue Langlois, Women in Crisis

Ms. Langlois stated that since the Report was written, two more women have died in emergency shelters. One of the women who did die didn't come from a street background, but had just experienced a personal crisis. This demonstrates when part of a personal support system falls apart, the other pieces become vulnerable too. Ms. Langlois stated that in terms of homeless women, there are almost always mental health issues involved. Women in Crisis provides an emergency shelter and supportive housing (515 McLaren). In Ottawa-Carleton, there is an established range of supports for people who are at risk of homelessness or are homeless. She reiterated that the solution to homelessness is a whole community solution including business, politicians, and Social Services. There are a number of different responses that work for different people. With respect to supportive housing, there are a particular number of very vulnerable people, for whom it is not enough to have portable services, they need something that is on-site and more accessible. In conclusion she stated the existing range of services in Ottawa-Carleton is good and needs to be maintained, and the whole community needs to be involved in finding solutions for the future.

Chair Munter stated that, in the past three years there has been an increase in the number of homeless, but no corresponding increase in services for this population. Councillor Holmes asked if there was a need for more supportive housing. In response, Ms. Langlois stated that there are 39 homeless women in the shelter every day, and that they are all waiting for housing. Some could live independently in safe, affordable housing, others would require supports. She concluded that if more supportive housing was available it would definitely be used.

Joanne Steven & Cliff Gazee

Ms. Steven emphasized that the People's Hearings' recommendations addressed the issue of homelessness particularly the recommendations dealing with social assistance, housing and community programs (outreach and drop-ins). Homelessness is one aspect of the diverse face of poverty. Many of the recommendations address preventative measures that could be put in place to reduce the possibility of deaths amongst the most vulnerable in the community.

Mr. Gazee stated, as the President of a public housing tenants' association, and a board member of Somerset West Community Health Centre, he is seeing more disadvantaged people in the community. He feels it is important that the issue of homelessness be addressed at all of its stages including unemployment and the lack of public housing. In Ottawa-Carleton there are too many families on waiting lists for social housing. He concluded that when people die on the streets, society pays for it morally.

Barbara Neuwelt Centretown Community Health Centre

Ms. Neuwelt stated she was also speaking on behalf of Judy Nelson from Centre 507. Ms. Nelson wanted it emphasized that the situation is getting worse; that among her clientele she is witnessing an increase in stress, anxiety, depression and despair. This had led to an increased use of alcohol and drugs. Ms. Nelson had expressed her interest to be involved in the Task Force.

Speaking on behalf of Centretown CHC, Ms. Neuwelt stated it was important to remember that homeless people aren't always visible on the street. There are people living in rooming houses, shelters and other unstable housing. She equates unstable housing with no housing.

Ms. Neuwelt referred to the Rooming House Information Exchange Network, funded by the City of Ottawa, which is trying to stabilize the rooming house stock and improve conditions in rooming houses. The CAO from the City of Ottawa is currently negotiating with the CAO from the Region for a joint funding arrangement to continue this project. There is also a Peer Support Project, in which people who are former "roomers" work with roomers, who are at risk of eviction, to try keep these people housed. Recently the Ministry of Health announced a \$8 million fund to address the health problems of

homeless people. Centretown, Sandy Hill, and the Somerset West Community Health Centres are working on a proposal for some of that funding. In conclusion, Ms. Neuwelt stated the Centretown CHC Board is currently involved in initiative to challenge Regional Councillors, City Councillors, the media and members of the community to try and live on welfare for a week (\$37/week).

Committee discussion

Councillor Holmes put forward a Motion that an annual report be issued starting January 1999 regarding the health status of homeless residents, including death statistics, by the Health Department and an annual report by the Social Services Department documenting the need for supportive housing and recommending solutions and plans for advocacy.

Speaking to her Motion, Councillor Holmes stated she was surprised by the lack of information, other than anecdotal, available about the health of the homeless population and number of deaths. There is a lack of information about the risks being faced by the homeless population. Her Motion, asking for annual report from the Health Department, will put in place an administrative system to collect better information about the health risks, diseases, degree of substance abuse in this population and attempt to identify preventative techniques and strategies.

Councillor Holmes stated there is an immediate crisis in housing. To attempt to move people out of shelters into something more stable is impossible because the housing is not available. The Region has the mandate for emergency shelters, therefore has some direct responsibility in providing housing. In order to get people healthier they have to have some kind of stable housing and, in some cases, supports to stay in stable housing. Councillor Holmes suggested the Region should start lobbying the Provincial and Federal Governments regarding housing for the homeless. As well, the Region should work with community agencies to find out and document the size of the problem to then go forward to the Province and request the kind of housing we need in Ottawa-Carleton.

In response to a question from Councillor Beamish, Dr. Cushman stated the death rate of the homeless population was 3-5 times higher than expected in this age population. He stated that clearly this is group very much at risk. From a public health perspective this is a group that may have been sicker prior to homelessness, however homelessness leads to a severe number of health problems including diseases such a tuberculosis, Hepatitis B and HIV. Dr. Cushman quoted a leading social demographer who said, "tell me how they lived and I'll tell you how they died." He noted there had been discussion about how some of these people died, but not about how they lived, i.e. the difficulties they faced. He opined that there is a structural underclass, and it will require strong conviction on the part of this community to deal with this problem. It requires first, moral outrage, and then some strong work and strong money.

Councillor Beamish opined that the deaths among this population appear to be correlated with substance abuse and not directly to homelessness. Referring to the presentations focusing on housing, he opined that housing was important but expressed concern that deaths were being used to promote the cause to increase social housing in Ottawa-Carleton.

Chair Munter opined that another correlation is to government policy. He referred to the government policies which cut services for mentally ill people, with the promise to put in place community services, which never materialized. He suggested that if homelessness is caused by government policies then the solution is equally to be found there. This issue needs to put on the agenda in this community, that means at the Region, in the business community, and in the broader community. The Provincial government has set up a Task Force on Homelessness as a reflection of what is happening in Toronto. He opined that Councillor Holmes' Motion is a beginning, to get people thinking about what can be done as a community and as a regional government.

Councillor McGoldrick-Larsen concurred that the community has to work together to find solutions. She referred to a component of the Ministry of Community and Social Services' (MCSS) Life Skills program called House Share, in which people who have space in their house rent out to people who might be ready for this type of housing. Commissioner Stewart stated he was not aware of a similar model being applied to the homeless in Ottawa-Carleton. He was aware of examples of individuals who have tried to assist on a volunteer basis, however he emphasized that additional support services are still required.

Moved by D. Holmes

- 1. That an annual report be issued starting in January 1999 regarding the health status of homeless residents, including death statistics, by the Health Department, and;**
- 2. That an annual report be prepared by the Social Services Department documenting the need for supportive housing and recommending solutions and plans for advocacy.**

CARRIED

That the Community Services Committee receive this report for information.

RECEIVED

NEW BUSINESS

Moved by H. Kreling

That the Rules of Procedure be waived to add: 1) a 15 minute presentation on the Ottawa Community Health Information Partnership (OCHIP) and, 2) a report on ambulance service.

CARRIED

UPDATE ON THE OTTAWA COMMUNITY HEALTH INFORMATION PARTNERSHIP (OCHIP)

Mr. Ken Lawless, Ottawa Life Sciences Council (OLSC), gave a overhead presentation to update the Committee on the status of this initiative.² The mission of OCHIP is “to provide a secure, integrated electronic patient information system that links providers, educators and researchers throughout the health care delivery system”. Current stakeholders include local hospitals/Health Care Institutions, private laboratories, University of Ottawa, Community Care Assess Centre, RMOC Health Department, Community Health Centres and the Department of National Defense. Since the OCHIP Working Group formed in February 1997, they have submitted their Vision Document and First Steps Document to the Health Services Restructuring Committee (HSRC). They have developed a Terms of Reference and Business Plan. Next steps include finalizing recommendations for the System Architecture and identifying private sector partners. The business plan should be completed this summer and submitted to the HSRC and MOH in August for funding.

For the OCHIP initiative , the Life Sciences Council will be requesting the Corporate Services Committee to consider a one-time assistance of \$60,000, in addition to the 1998 core funding request of \$150,000. This request for \$60,000 was not reflected in the region’s budget books received to date.

² A copy of the overheads from this presentation are kept on file by the Committee Co-ordinator.

Questions to Presenter

Councillor Loney opined that unless OCHIP has a pre-commitment upfront from the Ministry of Health (i.e. the Ministry says it has to be implemented), it will be difficult to succeed with this initiative. He referred to his experience with the Ottawa-Carleton Health Services Restructuring and Municipal restructuring. He opined that this kind of project would be worthwhile provided there was an end of the process that resulted in something happening. He questioned whether it was productive to move ahead in terms of community effort and money from the Region.

In response, Mr. Lawless stated he was not in business of doing this kind of project for it not to happen. He went on to say that the OLSC was approached by community stakeholders to get involved in this project, as a neutral party without a vested interest in which hospital succeeds and which one doesn't. In terms of commitment, he stated that a number of organizations have already changed architecture plans to incorporate such a system. The HSRC has indicated that OCHIP has the right process. There will be five other regions, to be determined by the province, and OCHIP will be part of the network. The HSRC has also indicated a number of options available to them; one is to recommend to the Province that they do this, i.e. to order health care providers to implement this system.

Councillor Loney clarified that the HSRC doesn't have any authority in the area of reinvestments, that it is up to the Ministry. He reiterated that this is where the gap exists. He opined that the August deadline was not important; that the only deadline that is important is whether or not the Ministry is going to do something. Councillor Loney questioned how much of this process is tied to the design of new software versus just implementing it.

Mr. Lawless stated there were several different pieces to this project. One piece is how to transport the information, and that "piece" already exists. He added that connectivity is not the issue. Where time and energy is being spent is on developing the application. The technology is already available it is just not being applied. There is a commitment, by the players, to share that information.

Councillor Loney asked if some legislative changes were required to authorize this kind of intrusion into people's records. Mr. Lawless responded that there is already legislation that will be passed in the next month by the Privacy Commission. The recommendation of the Program Management Office to the Minister will also include legislative changes that will need to be in place. The Smarts System Office is recommending a Standards Council be established and OCHIP has recommended an Implementation Council be established, to deal with similar issues. He emphasized that OCHIP was not operating in isolation. If OCHIP is successful in only linking the hospitals together with information, it will have succeeded far more than any other community to date. This is a five year implementation

plan. The challenges relating to restructuring and transition are going to go on for a long time. OCHIP has started to plan for this system because caregivers need it now.

Mr. Lawless clarified for Councillor Loney that the OLSC is involved in this initiative because it is important for the advancement of medical-related business in the community, research and clinical care. Another reason is that OLSC believes this system should have been established a long time ago. The business plan outlines the creation of a not-for-profit corporation that is owned by stakeholders and driven by stakeholders in this community.

Councillor McGoldrick-Larsen suggested the \$60,000 be provided as a long term grant with the notion that the Region will get that money back when the system is up and running, and potential to sell it to other municipalities. She also stated she would like assurances that a universal language is used, to avoid costly future revisions. She made reference to the GIS system that is costing some municipalities more money in terms of additional staff positions.

Mr. Lawless clarified that OCHIP would not be generating profits itself on the licensing of systems. OCHIP will work with partners to develop those systems, the partners will go out and create the jobs etc. It is clear that there will be intellectual property rights and a royalty stream that would probably flow back as a result of the applications that are developed with OCHIP. These issues will be dealt with in the business case. Referring to comments about the GIS system, Mr. Lawless stated there is currently a lot of money being spent in the health care system, with each hospital having a major management information system. This project will move towards integrating those systems.

Councillor McGoldrick-Larsen expressed concern that there would be jobs eliminated. Mr. Lawless responded that community services are very limited and cannot manage the load from deinstitutionalization. Reinvestment into the community is not happening and those organizations in community cannot do their jobs because they don't have access to the appropriate information. He opined that this is doing disservice to them and to others. As patients are discharged from hospital earlier, adequate home care is essential or patients will be readmitted. It is important to look at the health care system as a whole verses looking at it as separate entities.

Councillor Byrne expressed concern about security of the system and confidentiality of patient information. Mr. Lawless responded that the Provincial Guidelines were very specific - a caregiver does not have unlimited access to patient information. There are current systems in place in hospitals, and that practice will basically be extended. There will be process checks in place. OCHIP will develop a system, set standards, and if a user doesn't comply with the standards, security and otherwise, he/she won't be able to access the system.

Councillor Bryne inquired if there was any financial commitment from the hospitals. Mr. Lawless stated there was a \$85,000 commitment, in addition to time commitment of the senior management and the required modifications to existing systems.

Councillor Kreling stated that delivering services smarter in Ottawa-Carleton is what OCHIP is all about. At the present time, the Region has an edge over other regions in Ontario; the edge is the cooperation of hospitals. Hospitals have come together for the long term benefits that exist. There is an opportunity for, and an economic benefit, to a locally developed product.

Moved by H. Kreling

That the Community Services Committee received this presentation for information

RECEIVED

Moved by A. Loney

That the Community Services Committee move IN-CAMERA to discuss legal issues, under Section 11(f) of the Procedure By-law (112 of 1994).

CARRIED

That the Community Services Committee meeting resume in Open Session.

CARRIED

INFORMATION PREVIOUSLY DISTRIBUTED

1. Take Five - La pause
- Medical Officer of Health memorandum dated 25 March 1998

ADJOURNMENT

The meeting adjourned at 4:45 p.m.

NEXT MEETING

23 April 1998 (budget review)

CHAIR

CO-ORDINATOR