THE REGIONAL MUNICIPALITY OF YORK

REPORT NO. 3
OF THE REGIONAL
HEALTH AND SOCIAL SERVICES COMMITTEE
MEETING HELD ON FEBRUARY 17, 2000

For Consideration by
The Council of The Regional Municipality of York
on February 24, 2000

Chair: Regional Councillor J. Frustaglio

Members: Mayor R. Grossi
Regional Councillor D. Humeniuk
Regional Councillor J. Mabley
Regional Councillor T. Wong, Vice-Chair

Staff Present: P. Carlyle, S. Cartwright, J. Christensen, A. DiMonte, Dr. T. Herrick, Dr. H. Jaczek, J. Simmons, A. Wells, and J. Williams.

The Health and Social Services Committee began its meeting at 2.12 p.m. on February 17, 2000.

1
PREVENTION OF YOUTH VIOLENCE
PROPOSAL BY FAMILY LIFE CENTRES

The Health and Social Services Committee recommends the adoption of the following report, February 1, 2000, from the Commissioner of Community Services and Housing with the addition of the following recommendation:

4. The following deputation be received:

Sandra Savage, Executive Director, Family Life Centre, regarding Purchase of Service programs and the Youth Violence Prevention Initiative.

1. RECOMMENDATIONS

It is recommended that:

1. Regional Council approve the allocation of $3,500. To each of the Family Life Centres (Georgina Family Life Centre, Aurora-Newmarket Family Life Centre, Family and Credit Counseling and Markham-Stouffville Family Life Centre) for a total allocation of $14,000., to develop and deliver a Youth Violence Prevention Program subject to Council approval in the 2000 Budget Estimates.

2. The Commissioner of Community Services and Housing be authorized to revise the existing agreement with the agencies to reflect this approval.

3. The staff take the necessary action to give effect thereto.

2. PURPOSE

The report is recommending that Family Life Centres (Georgina Family Life Centre, Aurora-Newmarket Family Life Centre, Family and Credit Counselling and Markham-Stouffville Family Life Centre) be allocated a further $3,500. Each, for a total allocation of $14,000. To support a Region-wide Youth Violence Prevention Program.

3. BACKGROUND

The four Family Life Centres in York Region provide professional counselling to families and individuals. York Region has purchased counselling services from the Centres since 1998 through a $5,000. Contract with each of the four agencies. Under the agreement, each agency provides services to low-income families, children and individuals that have suffered severe physical and mental abuse.

The Centres have expressed concern that some youth between the ages of 12 and 17 have been identified as being at risk to become violent at home, in the school or in the community. They identify two possible reasons for this situation:

- first, violence related to a previous history of abuse, neglect or deprivation;
- second, violence related to the concept of aggression as "addictive" behaviour (e.g., the school-yard bully).

The Centres propose to develop a program that will target this population of youth and their parents to prevent the development of an escalating, aggressive and violent pattern of behaviour among youth who have difficulty managing their anger appropriately. It will:

- work with parents, schools and other service providers to identify youth at risk of violence or aggressive behaviour;

- provide early intervention through anger management programs;
- increase conflict resolution, mediation and social skills; and
- assist the ability of parents to understand the situation and to respond effectively to their children's behaviour.

The program will consist of pre-group interviews with adolescents, a twelve-week adolescent group program running concurrently with a twelve-week parent program, and parent-child follow-up interviews. A comprehensive evaluation process will analyse behavioural change and participant satisfaction.

The program will be operated across the Region, co-ordinated with local senior public and secondary schools, with intake co-ordinated through a school guidance department or through the Family Service 1-800 phone line.

4. ANALYSIS AND OPTIONS

Adolescents are facing a complex and challenging society in which roles and responsibilities are changing each year. There has been much concern among service providers about the pressures facing youth and their ability to deal with those pressures. In 1997, the Ministry of Citizenship, Culture and Recreation examined the issue of youth at risk and found that adolescents may be at risk of abuse, neglect, violence and criminal behaviour without proper tools and resources. For some, the resources may be as simple as adequate, accessible recreation programs. For others, resources may include basic life skills development. And for yet others, the resources may include professional counselling and anger management programs.

In York Region, youth were identified as a high proportion of those who are homeless in the Region in the Crosslinks report entitled *Out in the Cold*. Anecdotally, agencies talk about the problem of invisible youth homeless – invisible because young people "sofa surf" at the homes of friends. At its December 1999 meeting, Council received a report on the Homelessness Initiative Fund allocation that included funding for an outreach and drop-in program for homeless youth. Department staff are working with agencies serving youth to identify key issues and concerns beyond that of homelessness. Although we have no documentary evidence that the level of youth homelessness is related to violence and anger management problems, there is a probability that the evident breakdown in parent-child relationships may in some cases have its origin in violent behaviour.

This proposal would provide direct support to youth exhibiting violent or aggressive behaviour and to their parents. It would also assist in documenting the extent of the problem and in supporting the development of stronger relationships among professionals involved with youth (schools, other community agencies, probation services, physicians and the police). As well, the program can be linked to the broader Youth Initiatives Strategy that Department staff are in the process of developing. Finally, the proposed evaluation will demonstrate the effectiveness of the program.

The attachment outlines the request and details the program outcomes.

5. FINANCIAL IMPLICATIONS

Funding for the additional $3,500. To each of the Family Life Centres (totalling $14,000.) would be made available through the 100 percent Regionally funded Municipal Purchase of Service Program and is within the year 2000 budget.

6. LOCAL MUNICIPAL IMPACT

There would be no financial impact on local municipalities. However, the service will be available to youth and their parents across the Region. An effective violence prevention program will contribute greatly to the quality of life in the local communities.

7. CONCLUSION

The four Family Life Centres in York Region have requested funding totalling $14,000. ($3,500. Each) for a Youth Violence Prevention Program that will operate across the Region. The program will target youth from 12 to 17 years of age who are experiencing problems with managing their anger or exhibiting violent behaviour at home, at school or in the community. The program will work with youth and their parents, primarily in a group setting, in collaboration with other service providers such as schools, probation services, other agencies and the police. The Centres will prepare an evaluation tool to demonstrate the effectiveness of the program.

This report has been reviewed by the Senior Management Group.

(A copy of the attachment referred to in the foregoing has been forwarded to each Member of Council with the February 17, 2000 Health and Social Services Committee agenda and a copy thereof is also on file in the office of the Regional Clerk.)

2

EXPANSION OF THE PARENTING SUPPORT INITIATIVE FOR FATHERS

The Health and Social Services Committee submits for the information of Council the following report, February 1, 2000, from the Commissioner of Community Services and Housing:

1. RECOMMENDATIONS

It is recommended that:

1. This report be received for information of Committee and Council.

2. PURPOSE

The purpose of this report is to provide Committee and Council with an update on the success of the new parent support initiative for fathers and to advise of the interest to make the program more widely available across the Region in 2000. This unique initiative has increased the availability of parenting supports specifically oriented to fathers in York Region.

3. BACKGROUND

The Community Services and Housing Department's Early Intervention Services (EIS) for children with special needs, in partnership with Catholic Community Services of York Region and Family Transitions has recognized the need for parenting supports specifically oriented to fathers.

The partnership produced two series of parenting groups that served 25 fathers. The program was delivered in Aurora, Newmarket and Richmond Hill in space provide by the Aurora Public Library, the YMCA and EIS. There was no cost to participants.

4. ANALYSIS AND OPTIONS

Three fathers receiving services from our Early Intervention Services, and 22 fathers from the community whose children do not have identified special needs, participated in the parenting groups. The number of fathers participating testifies to the success of the program in meeting an unmet need. Preliminary feedback from the participants indicates a high level of satisfaction with the sessions. Articles in the local press, which resulted from the report to Council in November 1999, were instrumental in attracting many of the fathers to the program.

In response to the success of the initial parenting groups, three more groups will be delivered; in Markham (February to March), Vaughan (March to April), and Georgina (April to May). Each group will consist of a free series of seven sessions. Space is being negotiated in Family Resource Centres in each locality.

5. FINANCIAL IMPLICATIONS

Funding for this initiative is shared between Catholic Community Services of York Region and the York Region, Community Services and Housing Department.

York Region's funding share is $9,000. and will be managed within the current budget approval for the Early Intervention Services program, Community Services and Housing Department.

6. LOCAL MUNICIPAL IMPACT

Fathers living in a number of our local municipalities will be able to attend this fathering program to improve their skills and receive support in their relationship with their children.

7. CONCLUSION

The provision of a fathering program in York Region responds to a recognized need for parenting supports specifically oriented to fathers.

This series of "fathering" discussions are unique within York Region and highlight the innovative character of the Early Intervention Services. The partnership in support and joint service delivery exemplifies the integrative and inclusive community capacity building approach the Community Services and Housing Department and Community Programs Division.

This report has been reviewed by the Senior Management Group.

(A copy of the attachments referred to in the foregoing has been forwarded to each Member of Council with the February 17, 2000 Health and Social Services Committee agenda and a copy thereof is also on file in the office of the Regional Clerk.)

3

IMPLEMENTATION OF THE BUSINESS TRANSFORMATION PROJECT AND NEW SERVICE DELIVERY MODEL IN YORK REGION

The Health and Social Services Committee recommends the adoption of the following report, February 3, 2000, from the Commissioner of Community Services and Housing:

1. RECOMMENDATIONS

It is recommended that:

1. Regional Council approve the immediate hiring of a full-time Local Implementation Manager for the Service Delivery Model on a contract basis for a period up to 22 months subject to 100 percent provincial subsidy.

2. Staff be authorized to take all necessary action to give effect thereto.

2. PURPOSE

The purpose of this report is to seek authorization for the Commissioner of Community Services and Housing to hire a Local Implementation Manager on contract for the new

Service Delivery Model for Ontario Works, effective immediately, for a period up to 22 months subject to 100 percent provincial subsidy.

This report provides:

i) An overview of the Ministry of Community and Social Services Business Transformation Project (BTP) "Service Delivery Model"

ii) An overview of the Consolidation Verification Process (CVP), the initial implementation of the Service Delivery Model in York Region

3. BACKGROUND

The Business Transformation Project (BTP) is an initiative of the Ministry of Community and Social Services to develop the business processes and technology needed to support the delivery of the Ontario Works (OW) and Ontario Disability Support Programs (ODSP). BTP is part of the overall provincial government strategy to reform social assistance in Ontario.

This new Service Delivery Model for Ontario Works is mandatory for all CMSM's at the direction of the Province.

The objectives of the Business Transformation Project include:

- A fully integrated, province-wide information system to:
  - Improve business practices
  - Improve service
  - Support client self-sufficiency
  - Reduce program expenditures

- Cost-effective and efficient business and technology solutions to modernize the delivery of social assistance

York Region has had an active involvement with the Business Transformation Project:

- CAO, Alan Wells, member of Quality Council
- Director, Social Assistance Division, Mary-Ann Dawson, member of Municipal Blueprint Working Group and the Municipal Reference Group
- Staff involved in focus groups to define user requirements
- Staff seconded to work on the Project to provide municipal knowledge and expertise

3.1 Latest Information

On January 27, 2000, the BTP invited all Consolidated Municipal Service Managers (CMSM'S) to the official launch of the Service Delivery Model. At this information session, staff were advised:

- There will be no 2000 budgetary impacts.

- The implementation schedule is aggressive with a final completion date of no later than January 2002.
- There is an immediate requirement for each CMSM to identify an implementation lead and the position will be fully funded at 100 percent by the province.

4. ANALYSIS AND OPTIONS

4.1 The Service Delivery Model (SDM)

The new province-wide standard for delivering social assistance is called the Service Delivery Model (SDM). The SDM will bring changes in the delivery of the Ontario Works (OW) and the Ontario Disability Support Program (ODSP). These changes impact business processes, organization structures, systems and technology.

The SDM defines the new business processes and technology for the social assistance system. When full implemented, social assistance will be transformed into a system featuring:

- a common, province-wide centralized database;
- telephone screening for eligibility at centralized intake screening units;
- the use of third-party sources to verify eligibility (including on-line interfaces)
- an automated telephone system with Interactive Voice Response (IVR) to provide clients with general and case-specific information and income reporting.

Key objectives of the new system are to provide fast, accurate eligibility determination and accessible client service. There will be specific service standards built into the new business practices to ensure consistent access to programs across the province. Streamlined processes will enable staff to have more time to assist clients' efforts towards securing employment. Technology will be developed to support the new business processes and will replace the existing fragmented systems currently in place – Comprehensive Income Maintenance Systems (CIMS), Caseworker Technology (CWT), Ontario Works Technology (OWT), Welfare Fraud Control Database (WFCD) and Family Support Worker Database (FSWD).

New features of the system will be the ability to view client information across the province; the capability to reinstate inactive clients from other municipalities; and the portability of files and overpayment information across municipalities.

4.1.1 Service Delivery Model Implementation Plan

The SDM will be implemented in a phased-in approach over the next two years. The project will provide support to municipal and provincial delivery agents throughout the planning and implementation stage. The Local Implementation Manager will be responsible for developing a local planning framework and work plan and implementing the work plan. The work plan will address communication, human resources, training, data conversion, organization and process change, facilities and technological infrastructure.

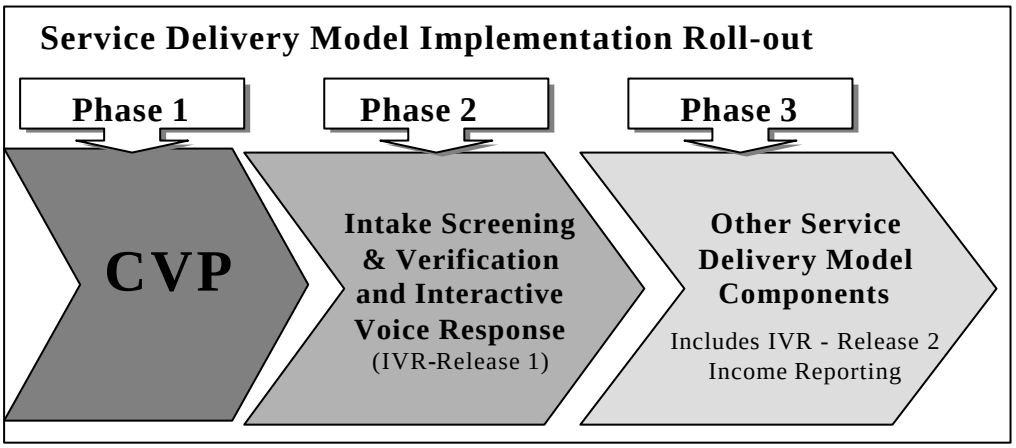

Figure 1: Implementation of the Service Delivery Model.

4.2 Phase 1: Consolidated Verification Process (CVP)

The Consolidated Verification Process (CVP) is the first component of the Service Delivery Model being implemented by the Business Transformation Project and will be operational in Ontario Works sites in York Region effective February 7, 2000. A CVP Coordinator was hired for a six-month period with 100 percent funding from the Ministry of Community and Social Services. An additional nine existing staff were reassigned from Ontario Works case management to CVP.

CVP provides a standardized verification process for assessing financial eligibility for OW clients. It amalgamates several verification processes into a single integrated process and uses new automated tools to support this process. CVP features:

- A shift from time-based to priority-based file reviews. For example, factors such as 'Support Not in Pay' or 'Canada Pension Plan Eligible' may indicate the need for a priority review
- Access to third party information to consistently verify participant information (Employment Insurance, Credit Bureau (Equifax), Revenue Canada)
- New automated tools to assist in managing the process.

Benefits of CVP include:

- Improving business practices

- Increasing the accuracy of eligibility assessments
- Ensuring the right amount of financial assistance is provided to the right person

Issues identified with CVP are:

- Initial implementation is very labour intensive and remains paper based for some contacts.
- Lack of individual on-line interface increases turn around time for getting information back.
- Inability to access some applicable databases such as Ministry of Transportation of Ontario (MTO) and Managing Enforcement with Computerized Assistance (MECA) used by the Family Responsibility Office because information sharing agreements have not been finalized by the province.

4.2.1 CVP Implementation Plan

The Consolidated Verification Process will provide new methods of conducting financial reviews using a dedicated CVP team. Across the Division, nine staff in total have been re-assigned to CVP. Each of our Ontario Works sites will have a local CVP team that will conduct financial eligibility reviews on client files. Comprehensive training has been provided for staff actively involved with CVP. General orientation sessions have been given to all staff in the Social Assistance Division.

The Division has completed local planning and pre-implementation tasks (i.e. training, communication, site readiness activities) and began CVP reviews on February 7, 2000. It is anticipated that the OW caseload will be fully reviewed in approximately 12-18 months.

4.3 Phase II: New Intake Process (Call Centre) and Interactive Voice Response (IVR - Release I)

4.3.1 New Intake Process

Phase II of the SDM, the new intake process (Call Centre), will be piloted in three Ontario sites in Spring 2000 and will be phased-in province-wide by the end of 2000. York Region has submitted a formal request to the Business Transformation Project to be considered as a call centre site. The Province has not yet determined the number of call centre sites across Ontario nor where they will be.

The new intake process will incorporate telephone screening plus a personal verification interview into a standardized application process for both Ontario Works (OW) and Ontario Disabilities Support Program (ODSP) applicants. This two-step process will consist of:

1. Initial Screening - completed by telephone at Centralized Intake Screening Units (call centres). An initial eligibility determination will be made based on standardized questions and the verification interview will be scheduled.

2. Verification interview - completed during a personal interview at a local OW office and will confirm the eligibility of the application using information gathered from third-party sources as well as documentation provided by the applicant.

Issues with the new intake process are:

- Consolidated Municipal Service Managers (CMSM's) want an assurance that there will be an adequate number of call centres to meet resident needs across the province.
- An alternative service delivery model(s) must be available for any resident who can't use the call centre approach or who comes into an office.
- CMSM's are concerned that the call centre approach which focuses on only one program, Ontario Works, opposes the provincial direction of integrated services within the mandate of the CMSM's such as Child Care and Housing. It is essential that the client's first point of contact be through the municipality (CMSM).
- On-line interface at time of implementation of this service delivery model is needed to ensure there is no increase in the length of time to provide service to residents.

It is the intention of the Social Services Department to establish a centralized intake call centre for the department. This will provide integrated one stop access to all mandated provincial programs and regional programs through a single access number.

4.3.2 Interactive Voice Response – Release I

Interactive Voice Response (IVR) - Release I will also be introduced in this phase to give the general public and OW participants access to an automated direct inquiry system within and outside of regular office hours, reducing the number of inquiries to staff. OW participants for example, will be able to use IVR to determine the amount and issue date of their monthly assistance, and the public will be able to receive automated information on the application process and general eligibility. This initiative will benefit both staff and participants. The recommended model in Release I is a centralized approach with delivery by the province.

4.4 Future Phases of the Service Delivery Model (SDM)

Implementation of all other components of the SDM will continue throughout the latter part of 2000 and throughout 2001. These include Payment Administration, Case Management, Eligibility, and Interactive Voice Response (Income Reporting – Release 2). This subsequent release of IVR will give participants the ability to report income by telephone.

Detailed information is not yet available on these components.

5. FINANCIAL IMPLICATIONS

Caseload reductions as a result of CVP are anticipated to range between 10-15 percent on a cumulative basis over the 18 months of the CVP project, but the real impact is still unknown at this time.

The Provincial government is providing 100 percent funding of the projected $150,000 for the Local Implementation Manager's salary, benefits, furniture, equipment, administration supports, mileage and supplies in the year 2000. The costs for the balance of the contract will be handled in the 2001 budget, conditional on continuing 100 percent funding.

Implications for Phase II and III and the extent of needed resources are unknown. Once details are provided, this information will be assessed and reported back to Regional Council.

6. LOCAL MUNICIPAL IMPACT

In the new SDM, residents in municipalities applying for OW or ODSP will be directed to call one toll free telephone number for the initial screening process before attending the local offices.

7. CONCLUSION

The Business Transformation Project will be introducing new business processes, supporting technology, and a new Service Delivery Model in phases over the next two years. The initial release, the Consolidated Verification Process, will be operational in York Region in February 2000. This phase of the Business Transformation Project will enhance current business practices and ensure eligible clients are in receipt of the correct amount of assistance but remains labour intensive, as on-line electronic interfaces are not yet in place.

Future phases of this project will require effective technology, individual on-line interfaces, adequate resources, enhanced information sharing agreements, and alternative service delivery models to ensure the ultimate goal of a streamlined, efficient, but responsive system. The hiring of a Local Implementation Manager, as soon as possible, is critical to the successful planning and implementation of this project.

Given the proposed implementation schedule of the Service Delivery Model and the scope of the Business Transformation Project as outlined, the Social Assistance Division will undergo very significant changes in 2000 and 2001.

This report has been reviewed by the Senior Management Group.

(A copy of the attachment referred to in the foregoing has been forwarded to each Member of Council with the February 17, 2000 Health and Social Services Committee agenda and a copy thereof is also on file in the office of the Regional Clerk.)

4
ONTARIO WORKS AND ONTARIO DISABILITY SUPPORT PROGRAM INTAKE SCREENING UNIT

The Health and Social Services Committee recommends the adoption of the following report, February 14, 2000, from the Commissioner of Community Services and Housing recommending that:

1. RECOMMENDATIONS

It is recommended that:

1. Regional Council approve York Region's pursuit of the Ontario Works and Ontario Disability Support Program Intake Screening Unit for Central East Region.

2. The Commissioner of Community Services and Housing be authorized to develop and submit an Expression of Interest and, if required, a Business Plan, to the Ministry of Community and Social Services (M.C.S.S.) for an Ontario Works and Ontario Disability Support Program Intake Screening Unit, to serve the Central East Region as defined in this report. The business plan will be developed within the parameters of the 2000 Budget and Business Plan.

3. The Commissioner of Community Services and Housing report back to Regional Council on results of the negotiation of the submission.

2. PURPOSE

The purpose of this report is to seek Regional Council's endorsement of York Region pursuing the opportunity to operate the Intake Screening Unit for the Central East Region and to receive the required authorization to proceed. This report provides an outline of the selection process for the locations of the Intake Screening Units for both Ontario Works (OW) and the Ontario Disability Support Program (ODSP).

3. BACKGROUND

On February 8, 2000, the Ministry of Community and Social Services (M.C.S.S.) announced their decision to establish seven municipally operated Intake Screening Units across the province.

M.C.S.S. is redesigning the Social Assistance delivery system through the Business Transformation Project (BTP).

Under the new design, the intake process will be as follows:

1. Applicants will contact the local Consolidated Municipal Services Manager for the service. After it is determined the applicant wishes an application for Ontario Works or the Ontario Disability Support Program, the call will be transferred to an Intake Screening Unit. People who are in crisis or unable to be screened over the telephone will not be required to use the new process, but will be served at the local office.

2. The Intake Screening Unit staff will explore the applicant's financial eligibility through a telephone application. Once the call has been screened and potential eligibility is determined, the applicant will be scheduled for an interview in the local office.

3. Applicants will participate in a personal interview at the local office to verify eligibility.

3.1 Selection Process

The Ministry of Community and Social Services (M.C.S.S.) has decided to introduce Intake Screening Units in seven regions that parallel the "clusters" of municipalities within the M.C.S.S./Ministry of Health Regional boundaries. The selected Intake Screening Unit will do the telephone screening for other municipalities in the defined region.

York Region is part of the Central East Area, which is also comprised of:
- Regional Municipality of Durham
- County of Northumberland
- City of Peterborough
- County of Simcoe
- County of Victoria

The M.C.S.S. selection of the sites for the Intake Screening Unit is to be done through a competitive two step process:

Step One – requires the submission of an expression of interest to operate an Intake Screening Unit. If there is more than one response in the designated area, the process moves to step two.

Step Two – requires the submission of a detailed business plan based on specific requirements.

3.2 Evaluation Process and Schedule

M.C.S.S. advises that a site selection panel will complete an evaluation based on the Intake Screening Unit requirements and there will be seven selected, one from each of the defined "clusters" of municipalities.

The site selection schedule is:
- Expression of interest — Due by February 29, 2000
- Business Plan — Due by April 14, 2000
- Confirmation of selected sites — Spring 2000

4. ANALYSIS AND OPTIONS

4.1 Intake Screening Unit

In the Community Services and Housing 2000 Business Plan, the proposal of an Ontario Works central intake screening unit with expansion to a wider inter-regional catchment area was approved as an objective for 2000.

The approved relocation of the Markham office to a new site in Richmond Hill will provide:

- the ability to have independent secure space for a central east intake screening unit incorporated into the space design,
- the ability to build the required telephony into the space,
- access to planned training space in the building.

If selected, the Department is positioned to assume the management of the Intake Screening Unit by the Spring of 2001 subject to negotiation of acceptable terms and conditions.

5. FINANCIAL IMPLICATIONS

The negotiations for the business plan proposal for the Intake Screening Unit will proceed within the parameters as approved in the 2000 Budget and Business Plan.

York Region's own share of the costs for the proposed Intake Screening Unit are included in the approved 2000 Budget. Additional costs (staffing and infrastructure), for York Region to provide this service to the extended catchment area are expected to be recovered from these areas and will form part of negotiated terms and conditions.

Should York Region not be selected as the Intake Screening Unit provider for our catchment area, we will still be required to pay the selected Consolidated Municipal Service Manager for this service.

6. LOCAL MUNICIPAL IMPACT

Residents in municipalities applying for OW or ODSP will be directed to call a toll free number to reach the Intake Screening Unit for the defined Central East catchment area.

7. CONCLUSION

By submitting an expression of interest and a business plan, York Region has the opportunity to be selected as the CMSM to manage intake screening on behalf of ourselves and other municipalities. This direction fits well with York Region's approach to Consolidated Service Delivery and could augment our Year 2000 initiative to establish single point access to the Community Services and Housing Department's programs.

This report has been reviewed by the Senior Management Group.

(A copy of the attachments referred to in the foregoing has been forwarded to each Member of Council with the February 17, 2000 Health and Social Services Committee agenda and a copy thereof is also on file in the office of the Regional Clerk.)

5
ADMISSIONS TO LTC FACILITY PROGRAM

The Health and Social Services Committee recommends the adoption of the following report, January 24, 2000, from the Commissioner of Health Services:

1. RECOMMENDATION

It is recommended that the Health and Social Services Committee receive and approve the following report regarding Resident Admissions for December 1999.

2. BACKGROUND

Six (6) applicants to the Regional LTC Facility Program have been assessed and properly documented. They have been found to be eligible for admission under the terms of the Long Term Care Statute Amendment Act and meet the admission policies of the Region.

Male	41	Complex/Cognitive Care
Male	86	Psychiatric Care
Male	85	Cognitive Care
Male	78	Cognitive Care
Male	71	Cognitive Care
Male	77	Cognitive Care

6
PESTICIDE USE FOR LAWN CARE AND PUBLIC SPACES

The Health and Social Services Committee recommends the adoption of the following report, February 3, 2000, from the Commissioner of Health Services:

1. RECOMMENDATIONS

It is recommended that:

1. Health Services staff co-ordinate the formation of an inter-departmental working group to:
   a) Initiate consultation with York Region residents, area municipalities, and interested stakeholders on key issues around pesticide use for lawn care and public spaces and explore alternatives;

b) Organize a public forum on the use of pesticides for lawn care and public spaces;

c) Conduct an inventory of pesticides used on regionally owned or leased land; and

d) Continue to monitor developments and progress of pesticide initiatives adopted by other municipalities.

2. Staff report back to Health and Social Services Committee and Regional Council with an action plan based on the outcome of the May 2000 public forum.

2. PURPOSE

On November 18, 1999 the Health and Social Services Committee requested a report by Health Services staff on actions that can be taken by York Region to promote the safe and responsible use of pesticides (i.e., insecticides and herbicides) on private and regionally owned land, and to organize a public forum.

3. BACKGROUND

Concern has been raised by some York Region residents about the use of pesticides on residential lawns. The need to investigate the use of pesticides in York Region is identified in the draft document *Our Environment, Our Home* -York Region State of the Environment Report 1999.

3.1 What are Pesticides?

The term "pesticide" is used to describe a broad range of chemicals and biological agents that are designed to control or eliminate unwanted plants or animals, including insects. Pesticides include insecticides (used to control insects), herbicides (used to control weeds), fungicides (used to control moulds and fungi), termiticides (used to control termites), and rodenticides (used to control rats and mice). The major chemical classes of pesticides include organochlorines, organophosphates and phenoxy herbicides.

This report deals only with those pesticides (i.e., insecticides and herbicides) used on residential lawns and public spaces. While there are no central records of pesticide use on residential lawns, it is believed the most frequently used pesticides include 2,4-D, mecroprop, diazinon, and dicamba. In 1994, Statistics Canada estimated that approximately 34% of Ontario households with a lawn, yard or garden used chemical pesticides. A pesticide inventory will be assembled by an inter-departmental working group which will include the types and concentrations of pesticides used by York Region in public spaces.

3.2 Pesticide Legislation

In Ontario, the *Pesticides Act* is administered by the Ministry of the Environment and controls the sale, handling and use of pesticides, as well as the licensing of pesticide applicators(i.e., exterminators). The licensing requirement for applicators includes the successful completion of an approved Ministry of the Environment course, payment of

appropriate licence fees and the provision of minimum insurance coverage. Technicians working for a licensed applicator must have completed a pesticide safety course and be supervised by the applicator.

The *Pest Control Products Act* (Canada) administered by the Health Canada's Pest Management Regulatory Agency (PMRA) has control over the manufacture, importation and registration of pesticide products in Canada.

The PMRA reviews a battery of health (e.g., toxicity, carcinogenicity) and environmental (e.g., fate, mobility) assessments on new pesticide products before they can be registered in Canada. Risk assessment, in general, combines the results of hazard assessments with those of exposure assessments to determine a margin of safety. It is the responsibility of the manufacturer to submit the detailed scientific tests and studies to PMRA for review. It should be noted that 407 of the 550 active ingredients in pesticides in use today were registered before the standardized toxicological guidelines were developed in 1994. Health Canada is planning to re-evaluate the active ingredients in pesticides and their products that were registered prior to December 31, 1994.

4. ANALYSIS AND OPTIONS

There is growing concern expressed by residents regarding the potential detrimental effects of pesticides on human health and the environment. Several municipalities in Canada (e.g., City of Toronto, City of Waterloo, and Region of Ottawa-Carleton) have already implemented a variety of initiatives to either phase-out and/or promote the responsible use of pesticides.

Health Services staff has been liasing with municipalities and other Regional Departments, such as Transportation and Works, to investigate the issue of pesticides used on Regional properties. As part of the Health Hazard Investigation Mandatory Program, York Region Public Health Inspectors respond to inquiries and complaints of pesticide use on residential properties. In addition, Section 11 of the Health Protection and Promotion Act outlines the duties and responsibilities of Boards of Health to ensure the investigation of health hazards related to occupational and environmental health. Health Services staff also provides information to concerned residents and referrals to other Government agencies through our Health Connection telephone service.

There is a need for staff to identify the key issues and concerns with respect to pesticide use in York Region through public consultation, and to explore possible action plans. This can be achieved through the formation of an inter-departmental working group, a public forum, and a public education campaign.

4.1 Inter-Departmental Working Group

It is proposed that an inter-departmental working group explore current pesticide use within York Region. The types, quantities, and locations of pesticide application will be researched with a detailed review of the legislation and scientific literature. The working group would

organize a public forum and prepare a report to Health and Social Services Committee and Regional Council on the key issues (e.g., lawn care company practices, public education) additional concerns raised in the forum and possible initiatives to be taken by York Region in the future. It is suggested that membership of this inter-departmental working group include representatives from Health Services, Transportation and Works, Legal Services, Facilities Management and Supply and Services.

4.2 Public Pesticide Forum

The need for public consultation and dialogue on the issue of pesticide use in York Region is crucial in light of recent controversy surrounding the potential adverse health effects.

It is suggested that the forum be scheduled for an afternoon session in May 2000 in the York Region Administration Building.

The suggested panel may consist of representatives from Health Canada, Ministry of the Environment, Ontario College of Family Physicians, School Boards, York Region Environmental Alliance, with a member of York Regional council as chair. The public would be advised of the forum location and time through press releases, and the York Region website.

It is recommended that the panel members provide a brief introduction identifying their role, experience and position in dealing with pesticides used for lawn care and public spaces, followed by an open discussion of key concerns raised by forum attendees.

4.3 Public Education Campaign

The inter-departmental working group will consider the development and implementation of a public information and awareness campaign to educate the public on the responsible use and impact of pesticides. Components of this public education might include the use of less toxic alternatives, changes in lawn maintenance practices (e.g., lawn mowing, watering, and fertilizing), changes to pesticide application practices, and safe handling and storage of pesticides.

5. FINANCIAL IMPLICATIONS

Public education and public forum costs will be accommodated within the annual Health Services Departmental budget.

6. LOCAL MUNICIPAL IMPACT

It is anticipated that participation by area municipalities would be required to establish a pesticide inventory and any pesticide reduction programs on municipal property.

7. CONCLUSION

The responsible use of pesticides in York Region on lawns and public spaces has been identified as an issue both from a public and corporate perspective. It is intended that information collected from the forum along with suggestions from the inter-departmental working group will be incorporated into a follow-up report to the Health and Social Services Committee and Regional Council for their review and consideration. The pesticide inventory will identify current pesticide practices employed by York Region. It is proposed that a public education campaign be developed and implemented on the responsible and safe use of pesticides.

This report has been reviewed by the Senior Management Group.

7
INFECTIOUS DISEASES ASSOCIATED WITH DOMESTIC CATS

The Health and Social Services Committee submits for the information of Council the following report, January 21, 2000, from the Commissioner Health Services:

1. RECOMMENDATIONS

It is recommended that this report be received for information.

2. PURPOSE

The purpose of this report is to respond to questions posed by a member of Regional Council related to infectious diseases spread by cats to humans. The report will highlight York Region Health Services health protection and health promotion strategies aimed at minimizing these risks, and summarize local municipal by-laws pertaining to cats.

3. BACKGROUND

Cat owners benefit from the companionship of their animal. For the most part these benefits outweigh any attributed health risk. However, cat owners and the general public must be aware of the rare but potentially serious consequences associated with exposure to infected animals.

3.1 Diseases Associated with Domestic Cats

Diseases spread from animals to humans are called zoonoses. The most notable zoonoses from cats include Toxoplasmosis, Rabies and Cat Scratch Disease. Less known diseases include Toxocariasis, Ringworm, Salmonellosis, Giardiasis, Campylobacteriosis, Q fever, and Plague. Cats also cause injuries such as bites and scratches that can become infected with a variety of organisms.

There is a lack of reliable data on diseases transmitted from cats to humans. Many of the diseases caused by cats are not designated as "reportable diseases" at the provincial or federal level in Canada. Some reportable diseases such as Salmonellosis may be misclassified as being foodborne where a cat vector may have been overlooked.

3.1.1 Toxoplasmosis

Toxoplasmosis is a parasitic infection that in most cases is spread from a mother to her unborn child. Cats, including wild species, are the only animals that harbour the adult parasite in their intestinal tract. This intestinal tract reservoir is critical to the life cycle of the parasite for all Toxoplasmosis transmission to humans. However, the role of domestic and other cats in dissemination of the infection has not been fully assessed. The parasite can be found in sandboxes, playgrounds and yards where cats have defecated.

Other sources of this disease include food-borne transmission (consuming raw or undercooked pork, mutton or beef), accidental ingestion of the infective stage of the parasite (usually by small children), blood transfusions and organ donation. Inhalation of Toxoplasmosis parasites has been implicated in one reported outbreak in the United States.

The symptoms of congenital Toxoplasmosis are usually not apparent at birth. However, visual impairment, learning disabilities, or mental retardation will become evident months to years later. Individuals who become infected after birth usually do not have symptoms (asymptomatic). When symptoms do develop they may include malaise, fever, sore throat, and muscle aches. Food-borne infection is often associated with consumption of raw or undercooked infected meat including pork, mutton, or (seldom) beef. Prevention messages focus primarily on properly cooking meat, proper hand washing if handling raw meat, cat proofing children's sand boxes and avoiding emptying cat litter boxes if pregnant.

Prevalence studies in the United States indicate 30 to 40% of Americans have been infected with this parasite. Most cases were asymptomatic. Seventy percent of women of child-bearing potential are at risk of Toxoplasmosis and 20 to 50% of babies born to infected mothers will also become infected. It is estimated that 1 per 3000 pregnancies are complicated by Toxoplasmosis in the United States. There are at least 10,000 cases of Toxoplasmosis each year in the United States; 3000 from births. It can be assumed that the proportion of illness in Canada would be similar to that in the United States. However, Toxoplasmosis is not reportable provincially or nationally in Canada.

3.1.2 Rabies

Rabies is an acute, almost invariably fatal, viral infection transmitted via contact with the saliva of an infected animal, usually through a bite or scratch. Rabies is an extremely rare disease in humans with most cases occurring in developing countries. Domestic animals such as cats, dogs, and ferrets who have come into contact with infected racoons, skunks, foxes, bats, and other species have been implicated in the spread of Rabies. There have been 24 reports of Human Rabies in United States since 1980. The last reported case of Human Rabies in Canada occurred in 1985.

3.1.3 Cat Scratch Disease

CSD is a self-limited bacterial disease characterized by malaise and fever. The disease is most often associated with the lick, scratch, or bite of cats, often kittens. Dogs, monkeys and inanimate objects have also been implicated. The disease occurs world-wide but is uncommon. The annual incidence of CSD was reported in one United States study to be 4.0 per 100, 000 population. CSD is not reportable provincially or nationally in Canada.

3.1.4 Toxocariasis

Toxocariasis is a chronic and usually mild disease, predominately of young children. Adult infection is often asymptomatic. The disease is caused by migration of the parasite in organs and tissues. Severe forms of Toxocariasis can cause disease of the eye and the central nervous system, often producing paralysis. Accidental ingestion of the infective stage of the *Toxocara* parasite from surface soil contaminated by dog (*T. canis*) or cat *(T. cati*) faeces is the usual source of infection. Blood studies on immunity to *Toxocara* parasites indicate that 3 % of the population have been exposed, reaching 23 % in some United States sub-populations. Toxocariasis is not reportable provincially or nationally in Canada.

3.1.5 Q Fever

Q Fever is usually a mild, self-limiting febrile illness. Symptoms may include sudden onset of chills, headache, weakness, malaise and severe sweats. The disease is spread via airborne dissemination of the organism, usually in dust contaminated by placental tissues, birth fluids and excreta of infected animals. The source of this disease is not limited to cats. Persons involved in the birthing of cats are at increased risk. Immunosuppressed or pregnant women may exhibit more severe symptoms including pneumonia, hepatitis, fetal death, and neurologic manifestations. In as many as 10 per cent of patients, Q fever can result in a chronic heart condition (endocarditis). There have been four cases of Q fever in York Region since 1995. Q fever is not nationally notifiable in Canada, but it is reported to the Province of Ontario.

3.2 Rabies Vaccination

Most health units in Ontario, including York Region Health Services, require that cats be vaccinated against Rabies as indicated in the *Health Protection and Promotion Act* Revised Statutes of Ontario 1990 (HPPA R.S.O. 1990) Regulation 567 (Amended to O. Reg. 502/96).

3.3 York Region Health Services Department Activities

3.3.1 Health Protection Division (HPD) Activities

Under the HPPA R.S.O. 1990 Communicable Diseases Regulation 557 (Amended to Reg. 471/90) the health department is responsible for the investigation of animal bites for possible exposure to a rabid animal. The investigation may include the quarantine or destruction of the animal and an assessment of the patient's eligibility for rabies vaccine and other preventative therapies. HPD conducted 162 Rabies investigations related to cats in 1999 (i.e. bites, scratches). Ninety-four (58 %) incidents involved cats that were either stray

or where the owner could not be located. Thirty (18 %) incidents involved cats that were unvaccinated by their owner, and 38 (23 %) of the rabies investigations involved cats that had an up-to-date rabies vaccination (*Attachment 1*).

The Health Protection Division will also investigate sanitation complaints that involve cats. If cats appear to be contributing to the complaint, or appear to be sick, then the appropriate municipal animal control authorities are notified.

Under the *Mandatory Health Programs and Services Guidelines*, April 1997, *Infection Control in Institutions Program*, public health inspectors are given the authority to inspect day nurseries. In addition to inspections of the food premises, public health inspectors conduct inspections of the on-site playground to ensure that there is adequate protection of sandboxes and other sandy areas from contamination by animal faeces.

3.3.2 Family and Community Health Division (FCHD) Activities

During pre-natal classes, Public Health Nurses from the *Healthy Babies Program* advise expectant mothers of the small but real risk of contracting Toxoplasmosis from cats. Mothers learn about the disease, how it is spread and prevented, and receive instruction on litter-box safety, food safety, and the importance of wearing gloves and hand washing after gardening or landscaping. The Health Connection Information Line also provides fact sheets and information over the phone to individuals upon request.

3.3.3 Infectious Diseases Control Division (IDCD) Activities

The IDCD provides information to the public on all infectious diseases, including those transmitted by cats. The Sexual Health Program provides information on safe pet ownership and advises on the low risk versus the potentially great benefits of pet ownership in their immunosuppressed HIV/AIDS clients.

3.4 York Region Municipal By-Laws

Two municipalities in York Region have by-laws regulating the number of cats per dwelling. Richmond Hill allows no more than six cats per dwelling, while Markham allows two cats per dwelling. Licenses are required for cats in Aurora, Newmarket, and Markham. The City of Toronto by-law limits the number of animals (in total) to six per dwelling.

4. ANALYSIS AND OPTIONS

The risk of contracting serious infectious disease from a domestic cat is extremely rare in Canada. Most diseases that have been associated with cats do not meet the criteria for a notifiable disease in Canada. Many of these diseases may also be more commonly associated with other reservoirs or other mechanisms of transmission than cats.

There is little reliable information on the number of cats in the Region and no clear association with any cases of infectious disease. York Region Health Services, under the Provincial *Mandatory Programs and Services Guidelines*, investigates complaints related to cats and investigates reportable diseases that may be associated with cats. York Region Health

Services also provides fact sheets and information to the public about diseases that may be associated with cats. Further measures do not appear to be warranted based on the low prevalence of human disease resulting from domestic cats.

5. FINANCIAL IMPLICATIONS

None

6. LOCAL MUNICIPAL IMPACT

There is no local municipal impact.

7. CONCLUSION

The risk of contracting a serious infectious disease from a domestic cat is extremely rare in Canada. The York Region Health Services Department has health programs in place in a number of divisions to further minimize this risk and to provide advice to the general public.

This report has been reviewed by the Senior Management Group.

(A copy of the attachment referred to in the foregoing has been forwarded to each Member of Council with the February 17, 2000 Health and Social Services Committee agenda and a copy thereof is also on file in the office of the Regional Clerk.)

8
UPDATE – COMMITTEE PROCEEDINGS

The Health and Social Services Committee advises Council of the following matters having been considered by the Health and Social Services Committee with the action as noted:

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SOCIAL SERVICES

MONTHLY REPORT(S)

1. Monthly Program Activity Reports, Social Services Department, as at November 30, 1999 and December 31, 1999. Received.

COMMUNICATION(S)

2. The Honourable Patrick J. LeSage, Chief Justice of the Superior Court of Justice, January 25, 2000, appointing Joann Simmons to the Community Resource

Committee for the Family Court in York Region for a period of two years. The Committee received the correspondence and offered their congratulations to Ms. Simmons.

HEALTH SERVICES

COMMUNITY CARE ACCESS CENTRES

3. Embodied in Clause 5 of Report No. 1 of the Health and Social Services Committee, adopted by Council at its meeting of January 27, 2000, was the request that a draft letter to the Premier of Ontario and the Minister of Health and Long-term Programs regarding Home Care Services funding be available for review at the February 17, 2000 meeting. This was in response to a resolution adopted by the Township of St. Joseph and endorsed by Council.

A draft letter was presented for Committee consideration that also included Council and community concerns regarding the current quality of service. The Committee approved the draft document and recommended that it be sent to the parties named.

YORK REGION WALKS TO SCHOOL

4. The above-named report was received at this Committee for information. It was received for information by Council on February 10, 2000 by the adoption of Clause 2, Report No. 2 of the Planning Committee meeting held February 2, 2000.

PRESENTATION(S)

5. KING CAMPUS HEALTH AND ENVIRONMENTAL SCIENCES BUILDING

Stephen Quinlan, President, Seneca College, made a presentation based on a project report from the College entitled 'King Campus Health and Environmental Sciences Building'. Mr. Quinlan gave an overview of long-term nursing needs in the Region and Seneca's plans, in conjunction with regional health partners, the Michener Institute and York University, to offer education and training programs designed for the changing health care realities of York Region and Ontario.

The Committee received the presentation and the above-referenced report and referred it to staff in order that a report can be prepared for the Committee at a future date.

MONTHLY REPORTS

6. Customer Service Indicators – Monthly Customer Service Indicators as at October, November and December, 1999. Received.

COMMUNICATIONS

7. Robert M. Prentice, Director of Corporate Services/Town Clerk, Town of Newmarket, forwarding a Town Council resolution adopted on January 24, 2000, regarding the Report to Health and Social Services Committee on a Corporate Model for Clean Air. Received.

8. Louise Gartshore, City Clerk, City of Woodstock, February 2, 2000, forwarding a resolution adopted on December 2, 1999, requesting that the Federal and Provincial Governments fund Health Care to sufficiently alleviate the backlog of patient waiting lists and in turn set up Universal Med Care to the standard acceptable to the OMA. Received.

OTHER BUSINESS

9. The Committee requested that a letter from the Chair and Regional Council be sent to Dr. Margaret Arkenstall, offering congratulations to her on the recent conferral of the Order of Canada.

10. The Committee resolved into Private Session to discuss a legal matter. No report was issued from that meeting.

The Health and Social Services Committee meeting adjourned at 3.27 p.m.

Respectfully submitted,

February 18, 2000 **J. Frustaglio**
Newmarket, Ontario **Chair**

(Report No. 3 of the Health and Social Services Committee was adopted, without amendment, by Regional Council at its meeting on February 24, 2000.)