DEVELOPMENT AND PROPERTY COMMITTEE

Tuesday, August 10, 2021– 1:00 p.m.

AGENDA

1. Call to order.

2. Roll call.

3. Disclosure of pecuniary interest and general nature thereof.

4. Adoption of minutes of previous meeting held on June 15, 2021 (attached).

5. Delegations – None at time of mailing.

8. New Business.

9. Closed Meeting – None at time of mailing.

10. Date of next meeting (Tuesday, September 14, 2021) and adjournment.

NOTE: (a) **County Council: Wednesday, August 25, 2021.**

(b) Submissions received from the public, either orally or in writing may become part of the public record.

Strategic Plan

Strategic Plan Goal # 1: To inform the Federal and Provincial government on our unique needs so that Renfrew County residents get their "fair share".

Initiatives:

(a) Create a strategic communications plan
(b) Identify and advocate for issues important to the County of Renfrew.

Strategic Plan Goal # 2: Fiscal sustainability for the Corporation of the County of Renfrew and its ratepayers.

Initiatives:

(a) Commitment from Council supporting principles within the Long-Term Financial Plan
(b) Establish Contingency Plan to respond to provincial and federal financial pressures and opportunities beyond the Long-Term Financial Plan.

Strategic Plan Goal # 3: Find cost savings that demonstrate our leadership while still meeting community needs.

Initiatives:

(a) Complete community needs assessment

(b) With identified partners implement plan to optimize service delivery to the benefit of our residents.

Strategic Plan Goal # 4: Position the County of Renfrew so that residents benefit from advances in technology, to ensure that residents and staff have fair, affordable and reasonable access to technology.

Initiatives:

(a) Ensure that the County of Renfrew is top of the list for Eastern Ontario Regional Network funding for mobile broadband
(b) Lobby for secure and consistent radio systems for first responders and government
(c) Put a County of Renfrew technology strategy in place.

COUNTY OF RENFREW

ADMINISTRATION REPORT

TO: Development and Property Committee

FROM: Paul V. Moreau, Chief Administrative Officer/Clerk

DATE: August 10, 2021

SUBJECT: **Administration Report**

INFORMATION

1. **AMO Delegation Position Papers [Strategic Plan Goal # 3]**

Attached as Appendix I are the position papers that were prepared for our various Delegations with Ministers during the Association of Municipalities of Ontario (AMO) Conference as follows:

(a) Minister Christine Elliott, Deputy Premier and Minister of Health

- Renfrew County Virtual Triage and Assessment Centre (VTAC);
- Ontario Health Teams Governance; and
- Public Health Funding.

The County of Renfrew requested delegation meetings on all three of the above issues, however, we were only successful in getting a meeting with Minister Elliott on RC VTAC. All three position papers were sent to the Minister.

(b) Minister Rod Phillips, Minister of Long-Term Care

- Commission Report on Long-Term Care.

(c) Parliamentary Assistant to the Honourable Steve Clark, Minister of Municipal Affairs and Housing, Jim McDonell

- Seniors Housing Strategy.

2. **EOWC Briefing Notes [Strategic Plan Goal # 3]**

Attached as Appendix II for Committee's information are the briefing notes for the Eastern Ontario Wardens' Caucus (EOWC).

RC VTAC

Renfrew County Virtual Triage and Assessment Centre

the MODEL

Patient-focused Care for Rural Ontario residents

In Renfrew County, as of July 2021, approximately 30,000 or 28 per cent of our residents do not have a family doctor. When you add the planned family physician retirements in 2021-22, the number of unattached residents will likely jump to 35,000.

The persistent challenges faced by our residents in accessing primary health care is putting the wellness and prosperity of our community in jeopardy. While physician recruitment is ongoing, it is impractical to expect that our efforts will result in 30 new doctors moving to our area (based on the average roster of 1,000 patients).

There is however, a solution that has proven to narrow the gap in health service delivery that is efficient, accessible, economical and very well received by Ontarians.

In the midst of the Pandemic, the Renfrew County Virtual Triage and Assessment Centre (RC VTAC) became a lifeline for our residents. Every week, an average of 900 people call RC VTAC. They speak with a doctor who either provides immediate treatment options over the phone or video, consults with community paramedics to arrange a same-day visit for an in-person clinical assessment, refers to another local health care service, prescribes medication or further diagnostic testing or coordinates an urgent Paramedic transfer to the nearest hospital. This is in conjunction with standard registration, testing and vaccination functions of RC VTAC.

For the 28 percent of our population who have not had access to a primary care physician for years, RC VTAC is filling that void and has become their primary care access point for non-urgent medical needs.

This innovative service has not only reduced the demand on our 9-1-1 system, it has resulted in a drop in Paramedic calls for service, and transfers to hospital. RC VTAC is also having a significant impact on reducing hallway medicine in our hospitals.

RC VTAC is a cost-effective, efficient, patient-focused model of care. It has become a lifeline for thousands of our residents, many of them seniors,

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RC VTAC
Renfrew County Virtual Triage and Assessment Centre

who do not have the resources or options to seek healthcare outside of their home communities. Perhaps one of RC VTAC's greatest assets is its adaptability; it can literally be duplicated in any part of Ontario quickly and efficiently.

Provincial funding is essential to RC VTAC. Without this funding VTAC ceases to function. Our hospitals' emergency rooms will be unable to handle the demand and the overall well-being of our residents and of our community will be at great risk.

The province has been our partner in RC VTAC and it is essential that this partnership continue. This requires ongoing sustainable provincial funding, Ministry of Health policy adaptations, and ongoing dialogue with our health-care sector colleagues.

Rural Ontario, and Renfrew County in particular, is facing a health-care crisis. The shortage of family physicians, demands that we look at innovative ways of ensuring the health-care needs of all Ontarians are met. Physician recruitment will not be enough. It is impractical to expect Renfrew County to attract 30 new family doctors to meet the need today, let alone in a year from now, when our unattached patient list will be even higher.

Together, we have the opportunity to improve access to primary care. Let's not lose the momentum that RC VTAC has given us. This is health care transformation at its core; making health care about people, not only today but into the future.

AMO CONFERENCE DELEGATION August 15 – 18, 2021

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RC VTAC

Renfrew County Virtual Triage and Assessment Centre

the FACTS

Renfrew County:

Renfrew County is the largest geographic county in Ontario, encompassing almost 7,500km2, with a population of approximately 107,756.

Five of its larger towns have community hospitals (including Emergency Departments).

There are no walk-in clinics or urgent care centres anywhere in the county, so there is an overreliance on Emergency Departments as a means of accessing any form of healthcare, exacerbating the issue of hallway medicine.

75,935 patients are registered with a practicing family physician in Renfrew County.

2,070 are registered as having a nurse practitioner as their Primary Care Provider.

Approximately 30,000 residents of Renfrew County (28%) have no family physician or alternative primary care provider.

37,429 Virtual Family Physician Assessments have been completed through VTAC.

86% of VTAC users reported that their health care concern was dealt with at their first virtual encounter.

93% reported being happy or very happy with the service.

98% who do not have a family doctor or who cannot access their family doctor would recommend VTAC to family and friends.

46% of VTAC users reported that without VTAC, they would have attended an Emergency Department instead, yet only 3% of VTAC assessments resulted in a transfer to Emergency Departments or 911.

Virtual care has proven to be overwhelmingly acceptable to patients and has improved their experience of healthcare and health outcomes.

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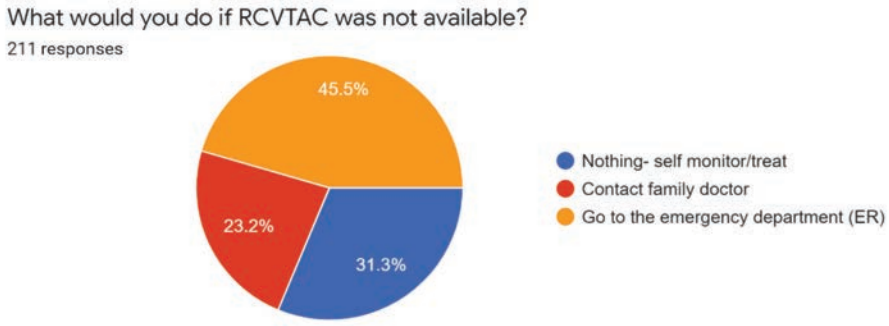
RC VTAC
Renfrew County Virtual Triage and Assessment Centre

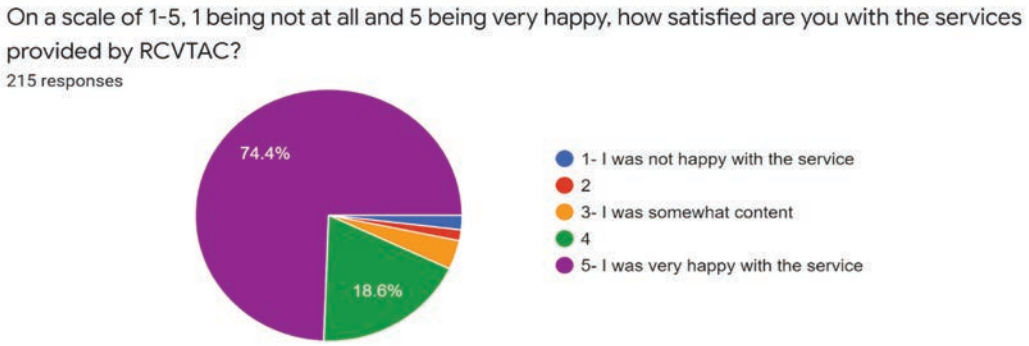
VTAC has provided a highly cost-effective improvement to the overall healthcare system.

VTAC has reduced costs for 911 transfers, Emergency Department visits, and hospital admissions.

VTAC has greatly enhanced access to COVID-19 assessment and testing in rural communities during the pandemic.

The Numbers Say It All





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Data Sources and Acknowledgments: "Effectiveness of Renfrew County Virtual Triage & Assessment Center in Reducing Emergency Department Visits"; Vincent Charbonneau Martel & Alisa Volyeva BSCN Year 4, University of Ottawa in collaboration with Algonquin College, Ontario. Dr. Fitzsimon & Dr. Robert Cushman: medical directors of Renfrew District Health Unit. Mike Nolan: Chief Renfrew County Paramedics. Intellihealth, Renfrew County population by subdivision .

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Commission REPORT

Long-Term Care Priorities

The County Of Renfrew

The County of Renfrew has a proud history of providing long-term care in its two Homes for 110 years. We are leaders in long-term care and hold Accreditation Canada's highest award: Exemplary Standing in both of our Homes and are implementing the person-centred cultural change model "Butterfly Approach".

Thank you to the Ontario Government for initiating the independent Long-Term Care COVID-19 Commission and the commitment you have made to action the recommendations.

We acknowledge it is not reasonable nor realistic to expect the Province to enact all of them at once. The purpose of today's delegation is to apply our decades of long-term care operations experience supporting those recommendations that will have the greatest benefit to our residents, while identifying those that have the potential to result in negative or unintended consequences, detracting from the desired outcomes.

> *"The true measure of any society can be found in how it treats its most vulnerable members"*
>
> – Mahatma Gandhi

Corporation of the County of Renfrew

While the County of Renfrew provides a diverse range of municipal services, long-term care (LTC) represents the largest department in terms of human resources. Our two long-term care homes care for 346 residents and their families. Current LTC bed shortages in Renfrew County result in placement wait times 3x higher than the provincial average. In response, the County of Renfrew:

- Identified the need for a proactive strategy not limited to 'bricks & mortar'
- Optimized technology such as virtual health care and community services delivered through municipal and private partnerships
- Focused on seniors' continuum of care needs
- Initiated a proposal that lead to the Provincial funding for the pilot Community Paramedicine for Long-Term Care Program.
- Developed a Seniors Housing Strategy Report that combined affordable housing options with in-home support services

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Key Long-Term Care Solutions

The County of Renfrew is committed to working with the Ontario Government to achieve its objectives during, and in the aftermath, of the COVID-19 pandemic. We strongly believe that the following solutions can accomplish the shared goals of enhancing resident safety and quality of life in long-term care homes both public and private:

Commission Recommendations	Response
5. f) Include a strategy for predicting and responding to staffing shortages to ensure that the home is not left with a staffing crisis. This strategy should rely on resources available to the home through health-care partners or Ontario Health Teams and minimize reliance on agency staff. This strategy should not only take into account the replacement of sick or absent staff members but also the increased care needs of residents during an outbreak. At the home level, redundancy should be built into the duties of key staff members such that if a key staff member is absent from the home during an outbreak due to illness, self-isolation or other factors, that critical role is not lost.	**5. f)** Elected official representation on Ontario Health Team (OHT) governance boards is essential to recognize the legislative and fiduciary responsibilities of municipal elected officials. We urge the Province to mandate a minimum of one municipally elected representation on each OHT Board.
9.c) Require timely on-site inspections of long-term care homes focused on ensuring that long-term care homes are properly implementing appropriate, proactive Infection Prevention and Control (IPAC) measures. This plan should prioritize homes at a high risk of outbreak based on available information. This plan should include a scheme for supporting and supplementing the IPAC expertise available to the home through the IPAC Practitioner role discussed in more detail in Recommendation #24.	**9. c)** There is duplication between Ministry of Long-Term Care (MLTC) and local public health unit inspector's inspections, and therefore opportunity to reduce costs and inconsistencies while preserving scarce health human resources.

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Commission Recommendations	Response
27. The government should fast-track the implementation of a coordinated governance structure and enhanced funding model to strengthen and accelerate the development of Ontario Health Teams.	**27.** Consistent with #5.f), Elected official representation on the OHT governance boards is essential to recognize the legislative and fiduciary responsibilities of municipal elected officials. We urge the Province to mandate municipally elected representation on each OHT Board.
33. In order to enable residents' families and loved ones to monitor and contribute to resident care, long-term care homes must permit video monitoring technology to be set up and used in an appropriate manner at the request of any resident, their "substitute decision-maker(s), if any, and any other persons designated by the resident or substitute decision-maker."	**33.** Privacy concerns need to be addressed by the Province.
40. The government must fast-track the implementation of Ontario's Long-Term Care Staffing Plan (2021-2025) (the "Staffing Plan") to help address the urgent need for skilled staff in long-term care homes across the province, with amendments as necessary to incorporate the recommendations below.	**40.** Municipalities that have provided local tax dollars to achieve greater care levels, should not be disadvantaged in the transition and should be compensated in a manner that is consistently applied.
43. The government must implement its Staffing Plan in a manner that does not undermine the delivery of home care services.	**43.** Opportunity to expand the County of Renfrew's pilot Community Paramedicine for Long-Term Care Program and Virtual Triage Assessment Center (VTAC) provincially.

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Commission Recommendations	Response
44. The government should implement the Staffing Plan's increase in "hours of direct hands-on care provided by nurses and personal support workers, to an average of four hours per day per resident" on an urgent basis. In order to meet the target of four hours of direct nursing and personal support worker care, the number of those staff per resident should be increased, and their workload should be changed so they can spend more time providing direct care to each resident. The starting point for the target staffing mix for the four hours of direct care should be as follows, with adjustment made to reflect the needs of the residents in the home: **20 percent registered nurses;** **25 percent registered practical nurses; and** **55 percent personal support workers.**	Many municipal long-term care homes have arbitrated language in the Ontario Nurses' Association (ONA) collective agreements regarding minimum registered nursing staffing – the Province must be prepared to take unilateral action to change this arbitrated language. The staffing mix proposed by the commission would cause staffing costs to escalate. We are currently operating more efficiently with our current combined staffing ratio of **10 percent registered nurses; (RN)** **23 percent registered practical nurses (RPN); and** **67 percent personal support workers (PSW).** We would have to lay off PSWs (as a comparison in cost, approximately 2 full-time equivalent (FTE) PSWs = 1 RN) to increase Registered Nurses. Instead of a 'one size fits all' approach, we strongly urge the Province to let each individual Home operator determine how to optimize any increased funding for their Home. The Province could require proof of consultation with Resident and Family Councils and Governing Body sign off.
45. The government should ensure that its recruitment measures result in a skilled staffing mix that meets the increasing mental health and complex care needs of the long-term care resident population. In particular, recruitment should focus on ensuring appropriate care by registered practical nurses, registered nurses, nurse practitioners and personal support workers. Recruitment should seek to increase the skill level in long-term care homes. Resident Support Aide hours should not be counted in the target average of four hours of direct care per resident.	**45.** The temporary addition of a resident aide type role - as an adjunct to scarce PSW resources during the Pandemic has been very effective. When the Declared Emergency Order is rescinded, we urge the government to include these positions permanently in the Long-Term Care Home Act/Regulations.

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Commission Recommendations	Response
46. Nurse practitioners are underutilized in long-term care. The role of nurse practitioners in long-term care should be expanded to better utilize their skills, and more nurse practitioners should be hired to meet the needs of the province's long-term care residents. The Ontario Nurses' Association and the Registered Nurses' Association of Ontario recommend, and this Commission accepts, that the proper ratio for nurse practitioners in long-term care facilities be set at a minimum of one full-time nurse practitioner for every 120 residents. The government should increase the number of nurse practitioners working in long-term care and target this nurse practitioner-to-resident ratio while ensuring that any resulting adjustments to the staffing mix described above provide the same or more skilled direct care to residents.	**46.** The County of Renfrew Long-Term Care Homes have been successful in recruiting and retaining a shared Nurse Practitioner (1:346 residents) X 21 years because the County of Renfrew 'tops up' provincial funding. The Province should ensure that this valuable position is fully funded at a rate that reflects education and responsibility.
49. The Ministry of Long-Term Care must insist that licensees make changes in working conditions that lead to less reliance on agency and part-time staffing, and provide funding adequate to support these changes, which must include: a. Creating more full-time direct care positions. A target of 70 per cent full-time positions for nursing and personal support worker staff should be set for each long-term care home; and b. Reviewing agreements with direct care staff and making adjustments to better align their wages and benefits within the sector and with those provided in public hospitals.	**49.** The Province must be prepared to take unilateral action where individual collective agreements place restrictions on management's ability to schedule and staff in accordance with the 70% objective. There are three current barriers to staff accepting a full-time position: i. Full-time benefits, including paid sick leave, must be funded by the Province; ii. Some part-time staff want full-time positions. There already exists human capital within the sector to increase the four hours of care/resident/day immediately; and iii. Some part-time staff do NOT want full-time positions because they earn a higher hourly rate related to the percentage in lieu of benefits – this will need to be clawed back unilaterally by the Province in order to foster uptake.

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Commission Recommendations	Response
56. The overall funding for nursing and personal care must meet the overall health needs of the residents in the homes. The current approach, which uses the Case Mix Index to divide the fixed pot of funding among homes based on their relative need, is insufficient. The Case Mix Index should be used only as a measure of need to guide the overall funding for nursing and personal care. The level of nursing and personal care funding should increase to reflect this overall need.	We strongly encourage the Province to eliminate the Case Mix Index (CMI) and replace it with a per bed funding model. i. The CMI was not intended to be a funding tool – Ontario is the only jurisdiction that uses it as such; ii. The CMI is a non-audited calculation that is provided by the long-term care home (LTCH) to the Province. CMI constantly fluctuates throughout the year due to resident intake and discharge; iii. The CMI focuses on physical care requirements and not as equally important, the emotional care needs; iv. LTCHs receive funding based on retrospective data. For example, funding for 2017-18 is based on the case-mix data that was submitted at the end of the four quarters in 2015-16; v. While all LTCHs are working to achieve positive resident outcomes, the current funding model does not incentivize LTCHs to do so, as the funding will decrease with lower acuity; vi. Five percent (5%) cap on year over year changes in CMI does not reflect the actual acuity of care; and vii. The CMI as a funding tool is ineffective and consumes valuable staffing better utilized on the front line. We support a more simplified "per-bed" funding model to increase clarity, efficiency, and transparency of the funding process.

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Commission Recommendations	Response
67. The six clinical indicators tracked in the Health Quality Ontario long-term care home performance reports are a good first step in advancing transparency and flagging issues in homes. However, long-term care homes should monitor and report publicly on additional indicators to provide important information to residents, families and the general public. These additional indicators - the nature and collection of which should be standardized across the long-term care sector – should include family and staff experience, Medical Director engagement, staffing indicators such as direct care staffing mix, and direct care staff-to-resident ratios.	**67.** Each municipal Home reports on Quality Improvement Program (QIP) annually. Further, Accreditation Canada best practices require a quarterly update to the governing body. As Commission noted; "QIP is a start only" – much work is required in developing Quality of Life indicators for both residents and staff i.e., independence/choice/dignity.
68. Long-term care home licensees should be required to provide public reports on these key performance indicators at least annually. These reports, which should be posted to long-term care homes' websites, should be accessible and easy to understand for members of the public. In addition to providing current information, this public reporting should track the performance of individual homes over time as measured by the key performance indicators. These reports should be reviewed and audited as part of the comprehensive inspection regime discussed below.	**68.** The transparency and accountability requirement for municipal homes needs to be in alignment with the Municipal Act.

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Commission Recommendations	Response
71. An independent accreditation process is needed. This accreditation process must not depend on its funding on the organizations it is accrediting. This process must be provided for all homes. **73.** To support long-term care homes in their compliance and quality improvement efforts, the Ministry of Long-Term Care should establish a dedicated ministry compliance support unit as recommended by Justice Eileen Gillese in the Long-Term Care Homes public inquiry. The compliance unit should encourage and assist with compliance training tools, compliance coaching, sharing best practices, and tracking and reporting on improvements. **75:** The Ministry of Long-Term Care should develop a coordinated, comprehensive long-term care home inspection regime involving the Ministry of Labour, Training and Skills Development and the public health units. The inspection regime must ensure that residents enjoy the quality of life and receive the quality of care promised in the fundamental principle in the Long-Term Care Homes Act, 2007, and that a safe and healthy workplace is created for staff. The inspection regime must gather information from residents, their families and loved ones, and front-line staff. The Ministries and the public health units must promptly share the resulting data, findings and compliance enforcement steps with each other to ensure that the government's regulation of long-term care homes is consistent, coordinated and complete. **76.** The inspections conducted pursuant to the long-term care homes inspection regime should be unannounced. The long-term care homes inspection regime must include: a. Annual comprehensive Resident Quality Inspections (RQI's) conducted by the Ministry of Long-Term Care. The continuous quality improvement report results should be reviewed and audited as part of the RQIs;	**71. & 73.** The current 'blame and shame' approach of compliance is clearly not working. There is duplication and incongruity between the 'inspection' mechanisms - Ministry of Long-Term Care legislated standards versus the lack of the fluidity necessary to remain current with emerging best practices. The paucity of inspection components based on contemporary social models of care are indicative of this gap. We thank this government for not implementing the fines for non-compliance as, for non-profit owners such as municipalities; these funds would come from operations and only serve to penalize resident care. Rather than a 'stick' approach, we encourage the Province to consider a 'carrot' approach where Homes would be rewarded for evidenced-based best practice results.

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Municipal GOVERNANCE

Ontario Health Teams: Governance And Municipal Representation

The County of Renfrew has a history of delivering effective and efficient health and community programs that have become models for rural areas in the rest of Ontario. Over the last five years the County of Renfrew has contributed $63 million to the delivery of Long-Term Care, Paramedic Services and Public Health.

Geographically the largest County in the province of Ontario, the County of Renfrew is comprised of rural and small urban communities. With a population widely dispersed, we face unique challenges involving the delivery of health care and community services.

In Renfrew County, a lack of public transit, sporadic cell service, physician shortages and limited urban services, require creative approaches to meeting the health and community service needs of our residents. Municipal politicians, chosen by the electorate, are expected to find solutions to these issues impacting the quality of life of their communities. The introduction of Ontario Health Teams may be one such solution, but without municipal representation, there is a void in the sharing of knowledge. For these reasons, it is imperative that the Province mandate that all Ontario Health Teams include representation by municipal elected officials.

It is also crucial that the Province ensure that the 'risk and gain share' model for Ontario Health Teams is designed to protect both current and future municipal operating and capital investments into any programs they operate such as long-term care, paramedic services and community services.

Ontario Health Teams

We support the Government's quest to end hallway health care and the objective of making health care more efficient, effective and person-focused. We are pleased that our local Ontario Health Team (OHT) applications - Network 24 and Four Rivers - prioritized seniors' needs, with virtual care identified as a significant opportunity to reduce some of the barriers to accessing local health care, particularly in rural Ontario.

For more than 150 years, Ontario municipalities have provided their communities with health and community services including governance

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regarding the programs we provide such as paramedic services, community services including housing and childcare, long-term care and public health. After all, there is no one better to make local health-care decisions than those who best understand their communities.

It is critical that health care modernization recognizes the historical support municipalities have pioneered in innovative, novel solutions to provide highly efficient and effective health and community services, such as the County of Renfrew provides.

This is only possible if municipal elected officials, as the only persons directly elected by our local communities, are at the governance table to participate in these local health and community service decisions and represent the local taxpayers.

Recognition as a full partner in these vital and municipally-resourced health and community programs, through the maintenance of municipal governance and funding - 'say for pay', is critical to protect both current and future municipal investments in local health care.

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Municipal ROLES

Municipal Role in PUBLIC HEALTH

Background

In Ontario, local health units are responsible for the delivery of public health services. Municipalities in Ontario continue to play an important funding and oversight role in this policy area (Hancock 2002; Siegel 2009). Some health units are integrated into municipal structures, but others operate completely separate from their municipal overseers. In 2016, there were 36 public health units in Ontario. Governance structures vary, but in general, they can be divided into two categories: autonomous and integrated. Twenty-two are autonomous, meaning that they operate as distinct local governments, separate from any municipality. The remaining 14 are integrated, meaning that they operate within the administrative structure of a municipality. The boards of autonomous health units are composed of both municipal and provincial appointees, whereas single-tier or regional councils serve as the Board of Health for most integrated health units (four of them – Chatham-Kent, Huron, Lambton and Toronto – have provincial appointees on their boards as well. But the health unit staff are municipal employees, and provincial appointees cannot outnumber municipal appointees) (see Pasut 2007: 16). A medical officer of health (MOH), who is a specialist physician in public health, leads each health unit. In integrated health units, the MOH is a municipal employee and reports to the city manager regarding certain administrative functions, whereas the MOH in an autonomous health unit reports solely to the Board of Health.

Executive Summary

The current situation of public health cost escalation without remedy for the obligated municipalities is unmanageable. The Council for the County of Renfrew has established budgetary constraints for all departments at a maximum annual increase of 2.5%. The increase demanded from our local public health unit has been 400% and 340% higher than this maximum for 2020 and 2021 respectively.

We see only two possible solutions to the pending fiscal crisis.

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1. The Province must continue to fund programs under the current (pre-April 18, 2019 announcement) Public Health Funding and Accountability Agreement -100 percent of the MCCSS programs and a 75/25 split of current cost shared programs.

2. The Province of Ontario must dissolve the autonomous organization known as the Renfrew County District Health Unit and transfer this function to the Municipal Corporation of the County of Renfrew to be integrated into our governance and administrative structure.

This transfer will eliminate the need for duplicate governance and administration of public health offices by integrating the Boards of Health (BoH) governance into our municipal council. As elected municipal officials are closest to the people, there are local synergies to take on the responsibilities of the BoH. In addition, by integrating local public health functions such as administration, finance, human resources and information technology with already existing municipal corporate functions, there is a further opportunity to achieve cost savings. Modernization of public health is important, but not at the expense of local governance and oversight that has a deep understanding of the needs of our people.

Public Health Funding

The province and member municipalities share the costs of delivering public health programs. Under the Health Protection and Promotion Act (HPPA), the enabling legislation for Ontario's health units, contributing member municipalities are obligated to pay what the Board of Health deems necessary to defray the costs of delivering mandatory public health programs. These were known as the Mandatory Health Program and Service Guidelines until 2008, when they were updated as the Ontario Public Health Standards. But the provincial contribution to public health spending, which is based on what the minister considers appropriate, has varied considerably in recent years (Pasut 2007). Before 1997, the province funded 75% of the mandatory program budgets for most boards of health and municipalities funded the remaining 25%. In 1996, the Social Services Sub-Panel of the Ontario Who Does What? panel concluded that the province has the primary interest in public health and that public health services should be delivered by provincially appointed and funded boards of health (Crombie and Hopcroft 1996). However, this recommendation was never implemented. Instead, public health and many social services were downloaded to municipalities in 1997, with the province assuming more responsibility for education (see Graham and Phillips 1998). This total download of public health lasted until 1999, when the province moved

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to a 50/50 funding formula (Campbell 2004). The 50/50 formula stayed in place until 2004. In 2005, the province began to phase in a return to its previous mandatory program contribution level of 75%. This increase in provincial funding was in response to the fallout from two public health emergencies – the Escherichia coli outbreak in Walkerton in 2000 and the Severe Acute Respiratory Syndrome (SARS) epidemic in 2003 – and was intended to increase the capacity of the public health system. The province's original plan was to reach the 75/25 funding split within three years, but it has since capped its annual increases. By 2011, for example, only 17 health units (out of 36) had reached the 75/25 funding split for mandatory programs (Lyon 2016).

Province Announces a Change

In April 2019, the Ontario Government announced that public health units would be reduced from 35 to 10 and that a new municipal cost sharing relationship would be implemented immediately. The cost sharing model in effect since 2005 would change from a 75/25 provincial/municipal split to a 70/30 provincial/municipal split. Further, some 100% provincially funded programs would no longer be fully funded, and these programs would be rolled into the cost-shared budget. In Renfrew County, there are only the two remaining 100% funded programs. The provincial government anticipates that "these measures are expected to achieve the $200 million in savings the provincial government is hoping to realize" (Papadopoulos, 2019). However, it is important to note that these anticipated savings are an illusion. They are from the province's bottom line, and not that of the public health system or the taxpayer; as there is only one taxpayer. This plan will significantly increase the municipal tax burden and be particularly challenging in rural communities with aging populations and limited resources, such as Renfrew County.

The Province is fully aware of the impact to each obligated municipality because of this decision. In fact, the Renfrew County and District Health Unit (RCDHU) has received $908,400 from the Province in temporary 'mitigation funding' in each of 2020 and 2021. The original Ministry base funding for RCDHU's programs is $6,180,600 and is anticipated to be reduced to $5,272,200 in 2022 when mitigation is no longer received. Therefore, the anticipated impact to the obligated municipalities is an increase of $908,400 (Daly 2021). In Renfrew County, there are three obligated municipalities sharing the municipal cost of public health based on population; the County of Renfrew (86.44%), the City of Pembroke (12.41%) and the Township of South Algonquin (1.15%) .

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Once this mitigation funding is removed, the County of Renfrew anticipates an increase in our subsidy for public health to increase by $785,221 (86.44% of $908,400). This future increase is in addition to a demand from RCDHU for a 10% funding increase in 2020 ($145,273) and an 8.5% increase in 2021 ($135,286). The cumulative impact to the County of Renfrew since 2019 will be an increase in the property tax burden of $1,065,780.

AMO CONFERENCE DELEGATION August 15 – 18, 2021

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Seniors HOUSING

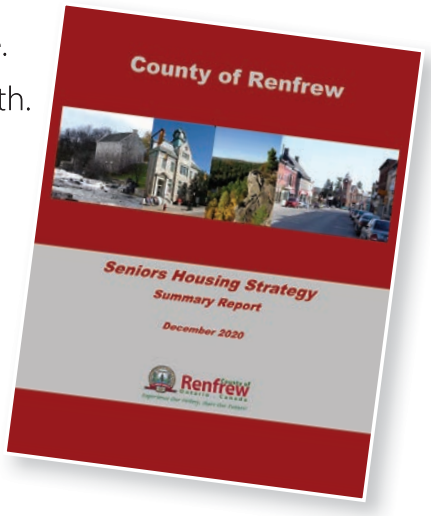
Seniors Housing Strategy

Background

- The County of Renfrew Health Committee identified the need for a proactive strategy in response to the insufficient supply of long-term care beds throughout the county;
- Our strategy considered continuum of care needs and was developed through consultation with community stakeholders including seniors; input into and feedback of draft plan; and
- Strategies were not limited to bricks and mortar. A range of delivery modifications including virtual care technology, community services as well as municipal and private partnerships were considered.

Why have a Seniors Housing Strategy?

- Seniors are a growing segment of the population and this trend will continue.
- Housing is a social determinant of health.
- For seniors, housing and support needs are invariably linked across the system.
- The system is more effective when the efforts of the many partners within the system are aligned.
- Setting community goals, objectives and actions can improve outcomes for seniors.



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REPORT

Seniors Housing STRATEGY

Study Process

1. Document local seniors housing needs and supply
2. Inventory senior services, providers and roles
3. Situate seniors housing in Renfrew County within broader context
4. Identify and evaluate options for expanding housing/services
5. Recommend strategies to capitalize on best options

Consultations

- Council Questionnaire
- Key Informant interviews
- Focus Group sessions
- ommunity Roundtable session
- Circulation of draft report for public comment
- Project mailbox

Consultation effects were impacted by challenges arising from COVID-19

Report findings

- Seniors have a desire to maintain independence
- Lack of appropriate housing options for seniors
- Sustained demand for housing that addresses long-term care needs
- Limited access to services and transportation challenges in more rural locales
- affordability concerns persist for seniors, both in terms of housing and support service costs
- Challenges exist within the health care system in terms of service coordination and staffing shortages
- Range of ideas/opportunities which could help address needs

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System-Level Observations

Housing:

- Limited program resources to foster development at most affordable levels
- Lack of investment/interest to address gaps within the private market
- Uncertain about modernization impact on community housing
- Challenges meeting housing need equitably over broad service area
- Disparity in local land use policies to support a range of housing

Services and Supports:

- Concentration of services/ facilities in larger population centres
- Inability to correlate functions, resources and outcomes across the support system
- Lack of system coordination and clarity in leadership
- Uncertainty in the health care sector due to evolving structure
- Inconsistency and availability of local data to support planning

Municipal Roles within the System

- Service system manager for housing and homelessness
- Affordable housing provider
- LTCH owner/operator
- Support services provider
- Paramedicine provider
- Land use regulator (planning/development)
- Development facilitator

Many roles that cut across a variety of areas but the County is only one of the principal partners in the system

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County of Renfrew Action Plan

Recommendations

Align with internal planning on housing objectives

- Provide a virtual community forum (1 or 2 sessions) regarding the development of affordable housing and invite speakers from the County of Renfrew, other municipalities, Canada Mortgage & Housing Corporation (CMHC), etc. to inform the community and special interest groups of potential resources and examples of successful developments across Ontario
- Include seniors needs regarding the disbursement of current and future funding (i.e., reserve a portion of Community Homelessness Prevention Initiative (CHPI) funding to meet a component of senior needs)
- Determine if feasible to use a portion of Ontario Priorities Housing Initiative (OPHI) funding to provide a rent supplement for low income/vulnerable seniors
- Partner with Long-Term Care – any opportunities to collaborate and pool funding for creative housing/services

Broadening awareness on innovations with stakeholders

- Seek public/private partnerships to increase development opportunities
- Continue to engage key stakeholders in plans

Establish/grow housing and service hubs in rural communities

- Assess and evaluate municipal housing assets
- Definite areas of greatest need, priority areas
- Identify willing host communities
- Seek/identify funding opportunities
- Continue to review peer best practices in Seniors Housing Strategy opportunities

Expand Community Paramedicine initiatives in support of Aging in Place efforts

- Extend Virtual Triage and Assessment Centre (VTAC) post COVID-19
- Explore the Community Paramedicine at Clinic (CP@Clinic) model as an innovative, evidence-based, chronic disease prevention, management, and health promotion program
- Expanding Remote Patient Monitoring to include Philips devices allows the Community Paramedicine Program to increase the number of devices available to patients, and expand the eligibility of remote patient

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- Expand Community Paramedicine incentives to sustain the local Ontario Health Teams: Network 24 and Four Rivers

Facilitate continuum of care campuses adjacent to existing County Long-Term Care Homes

- Hire consultant to draft 'shovel ready' proposal for operational and capital funding of affordable assistive living spaces through the 2022 budget process

Leverage opportunities with other providers to utilize residual spaces/create additional care beds

- Collaborate with stakeholder group

Advocate for program funding & additional respite care services

- Change Bonnechere Manor Long-term care respite to Adult Day Program respite to enhance response time and flexibility: seek Ontario Health approval for operational and capital funding
- Consider space and funding for new Miramichi Lodge Adult Day Program to include respite (include in Assisted Living proposal)

Engage Ontario Health Teams to promote coordination of home and community care

- Seniors care identified as focus for Year 1 Network 24 and Four Rivers Ontario Health Team applications
- Municipal representation on Ontario Health Teams governance and decision making (in alignment with the Association of Municipalities Ontario [AMO]/Eastern Ontario Wardens' Caucus [EOWC])

Share info to create a more collaborative, responsive and transparent system

- Regular engagement and communication with community stakeholders

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EOWC

Eastern Ontario Wardens' Caucus

EOWC Advocacy Briefing Package

AMO 2021 Conference

Eastern Ontario's Leadership Council Economic Development

EORN EASTERN ONTARIO REGIONAL NETWORK

EOWC
Eastern Ontario Wardens' Caucus

What's inside?

Eastern Ontario Wardens' Caucus

EOWC Background

The Eastern Ontario Wardens' Caucus (EOWC) Inc. is an incorporated not-for-profit organization comprised of the heads of Council of eleven Counties and two single-tier municipalities in Eastern Ontario. Member municipalities work together as a team, researching important issues, advocating for our 750,000 residents. The EOWC speaks with one regional voice, ensuring that our views are heard and considered by federal and provincial policy makers, business leaders, the media, and the public.

EOWC Members:

County of Frontenac
County of Haliburton
County of Hastings
City of Kawartha Lakes
County of Lanark United
Counties of Leeds and Grenville
County of Lennox and Addington
County of Northumberland
County of Peterborough
United Counties of Prescott and Russell
County of Prince Edward
County of Renfrew
United Counties of Stormont, Dundas and Glengarry

Progress Report Card

Ontario's Long-Term Care Sector

Operational funding methodology

Fail

Comments

- CMI is an insufficient calculation
- CMI is complex, retrospective & labour intensive
- System creates winners and losers each year based on year-old resident care data
- The current model of funding will make it challenging to implement the Province's propose d 4 hours of care

Solution

- Trans tion to a per bed funding model to increase clarity, efficiency, and transparency

Capital investment partnerships

Improvement Needed

Comments

- • Commitment made to providing new beds
- • Funding and funding formula to be determined
- • New LTCH construction financing costs are a significant burden on the municipal tax base and debt ceiling

Solution

- • Provide upfront no-interest financing
- • Ensure re-development and modernization does not impede 4 hour care model
- • Increase capital funding for on-going capital maintenance costs
- • Enhance the predictability, fairness and transparency for capital funding

Collaboration and partnerships for quality care

Incomplete

Comments

- No concrete actions
- Ontario Health Teams are moving forward without meaningful cons ltation with the LTC s ctor

Solution

- Increase efficiency and effectiveness
- Support continuous improv ment
- Dev lop a provincially led leading practice unit
- Include municipal LTC in provincial policy and Ontario Health Teams dev lopment

Addressing staffing and care hours

In Progres

Comments

- Commitment made by the Provi nce
- Ontario's LTC Staffing Plan was a positive 1st step
- Provi nce has y t to announce funding or hard targets to achiev the 4 hour s andard
- Cons s ent follow up required
- High performing LTCHs s ould not be dis da ntaged by increas d funding
- Recently announced CMI funding has reduced funding for front line staff in several LTCHs and is contrary to the Provincial 4 hours of care target

Solution

- Increas direct care funding to achiev the Provincial benchmark of 4 hours of care model
- Increas the us of Res dent Support Aides
- Enhance training & retention of LTC employ es

Facilitating resource efficiency

Incomplete

Comments

- No iv s ble action to date

Solution

- Promote and s pport res urce s aring
- Promote collaboration
- Enhance IPAC reporting
- Create incentiv s for s ared purchas s
- Addres labour relations

Provides residents with dignity and respect in final home

Satis actory

Comments

- Recognition of the is e, howev r, it needs to be trans ated into actions and policies that s pport the quality of life for res dents

Solution

- Long-term care is the final home for our most v lnerable citiz ns their las rock ng chair, their las hug with their grandchildren and their las contact with a caregiv r
- This approach to LTC should be preserved; not transitioned into a hospital or medical ins itution model

EOWC
Eastern Ontario Wardens' Caucus

Eastern Ontario Wardens' Caucus

EOWC's Response to Ontario's Long-Term Care COVID-19 Commission Final Report

Summary of EOWC's key recommendations:

1. Increase direct care funding to achieve the provincial benchmark of the four hours of care model
    a. Increase the use of resident support aides
    b. Enhance training and retention of long-term care home (LTCH) employees
2. Transition to a per bed funding model to increase clarity, efficiency, and transparency of the funding process
    a. Case Mix Index (CMI) is a non-audited calculation that is provided by the LTCH to the Province. CMI constantly fluctuates throughout the year due to resident intake and discharge
    b. LTCHs receive funding based on retrospective data. For example, funding for 2017-18 is based on the CMI that was submitted at the end of the four quarters in 2015-16
    c. While all LTCHs are working to achieve positive resident outcomes, the current funding model does not incentivize homes to do so as the funding will decrease with lower acuity
    d. There are impediments to changes in funding, such as the 5% cap on year over year changes in CMI
3. Increase provincial capital funding predictability and provide on-going support for capital maintenance
    a. Increase capital funding for on-going capital maintenance costs
    b. Enhance the predictability, fairness, and transparency for capital funding
    c. Ensure re-development and modernization does not impede 4 hour care model
    d. Provide up front funding
4. Promote and support resource sharing between LTCHs
    a. Promote collaboration
    b. Enhance IPAC reporting
    c. Create incentives for shared purchases
    d. Address Labour relations
5. Improvements in LTCH processes to increase efficiency and effectiveness
    a. Support continuous improvement
    b. Develop a provincially led leading practice unit
    c. Include municipal LTCH in provincial policy development
6. **Overarching Theme**: EOWC appreciates the Province's support for the LTC model where residents are provided a final home. This approach to LTC should be preserved; not transitioned into a hospital or medical institution model.

Ontario's Long-Term Care COVID-19 Commission Recommendations	Recommendation/Comment (with reference to EOWC recommendations)
Precautionary Principle 1. All pandemic plans in the province of Ontario that affect the long-term care sector's pandemic response must be guided by a proper appreciation and application of the precautionary principle 2. This Commission repeats the SARS Commission Report's recommendation that the precautionary principle should "be expressly adopted as a guiding principle throughout Ontario's health, public and worker safety systems." The Covid-19 crisis in long-term care homes has proven that the precautionary principle must also be expressly adopted as a guiding principle in Ontario's long-term care home system. This should be done by way of policy statement, by explicit reference in all relevant operational standards, directions, protocols, and guidelines, and by way of inclusion (through preamble or otherwise) in relevant long-term care home and public health statutes including the *Long-Term Care Homes Act,* 2017, (LTCHA) and the *Health Protection and Promotion Act*. Specifically, Ontario Regulation 79/10 should be amended to require that the precautionary principle guide each long-term care home's infection prevention and control (IPAC) program, outbreak management system and written plan for responding to infectious disease outbreaks. 3. The pandemic response should be consistent with available scientific evidence and public health expert advice including from the Chief Medical Officer of Health and Public Health Ontario. Where long-term care homes, public health officials, health care providers, government officials, or anyone involved in directing the response of any of those entities departs from the evidence and/or public health expert advice in response to a public health threat, a clear and public explanation should be provided for the departure.	1-3. Agree with the precautionary principle.
4. The government should amend the *Health Protection and Promotion Act* to clarify that the Chief Medical Officer of Health has the authority to issue any comment, including public comment, without prior authorization.	4. Clarification. Should not include directives. See Commission recommendation #9 f.

Pandemic Plans	
5. The province must amend Ontario Regulation 79/10 to provide specific requirements for long-term care homes' mandatory written infectious disease outbreak plans. These requirements must include that the plan: a) State the precautionary principle ("reasonable action to reduce risk should not await scientific certainty") and explicitly require that the principle guide the plan's execution; b) Clearly identify who is responsible for coordinating the home's outbreak response; c) Require regular, proactive, timely communications with residents and their families and loved ones, substitute decision-makers, essential caregivers, and any person designated by the resident or substitute decision-maker: i. At the outset of any infectious disease outbreak: ii. During an outbreak, including proactive updates regarding the status of the home in general and the health status of individual residents; iii. Whenever new management is introduced; and iv. In response to requests for information. d) Make provision for safe, in-person access to residents by essential caregivers;	5. Agreed. Cost needs to be fully funded by the Province. Many aspects of this can be developed collaboratively. See Recommendation #4.
e) Provide for the facilitation of regular remote visits between residents and their families and loved ones during an outbreak;	e) Many LTCHs will require physical changes to their facilities in order to make this possible. Capital funding support is required. Providing remote visits is a labour intensive exercise and will increase demand for PPE. See recommendation #3.
f) Include a strategy for predicting and responding to staffing shortages to ensure that the home is not left with a staffing crisis. This strategy should rely on resources available to the home through health care partners or Ontario Health Teams and minimize reliance on agency staff. This strategy should not only consider the replacement of sick or absent staff members but also the increased care needs of residents during an outbreak. At the home level, redundancy should be built into	f) Municipal participation in OHTs in eastern Ontario has been inconsistent. Single and upper-tier municipalities need to be included in OHT discussions at the earliest possible time. Governance of OHTs need to recognize the legislative and fiduciary responsibilities of municipal elected officials and mandate a minimum of one municipally elected representative from each upper-tier or single-tier on each OHT Board. This is particularly critical in the LTC sector where our homes are an integral part of the health care system.

the duties of key staff members such that if a key staff member is absent from the home during an outbreak due to illness, self-isolation, or other factors, that critical role is not lost; g) Include a system that ensures the home maintains its pandemic stockpile or personal protective equipment (PPE) and other necessary items (discussed below) with sufficient supply to respond during an infectious disease outbreak; h) Include a plan to group residents to avoid the transmission of infectious disease ("cohorting") with appropriate staffing for each cohort, and also include a plan for moving some residents to another side or sites ("decanting") if cohorting measures are deemed unlikely to contain an outbreak. Agreements should be put in place in advance with the home's health care partners to facilitate the cohorting and decanting plans, and those agreements should be reviewed and tested annually and updated as needed; i) Require the long-term care home to: i. Continually assess and provide timely and complete information to the public health unit regarding the need for cohorting or decanting (where cohorting measures are unlikely to contain an outbreak); and ii. Consult and coordinate with the public health unit on appropriate cohorting and decanting measures to implement. j) In the event that residents are confined to their rooms to minimize the spread of infectious disease, require the Medical Director to continually assess the impact of such confinement on the quality of care and quality of life of the residents and work with relevant health partners to make appropriate adjustments as necessary; and k) Require annual drilling and testing of the home's plan for responding to infectious disease outbreaks. The long-term care home's health partners, including but not limited to the public health unit and Ontario Health team, should participate in the annual drills and tests. The results of the drills and tests should be reported to the Ministry of Long-Term	h) Agreed. Funding support must be provided by the Province. Physical space for PPE shortage is at a premium in most homes. Access to capital funding is required. See recommendation #3. Agreed. Dependent upon a timely implementation of staffing plans and attaining the four hours of care. See recommendation #1. j) Agreed k) Agreed. These requirements will place a burden on staffing. See recommendation #1.

Care and the public health unit as part of the compliance and inspection regime discussed below.	
6. Long-term care home licensees should be required to post the home's infectious disease outbreak plan and any related plans to the home's website and make this information publicly available in other formats as requested. The licensees should also post online and make available in other formats as requested. The licensees should also post online and make available in other formats contact information for the home's Administrator and, in the case of homes owned by corporations, a contact person at the corporate level.	6. Agreed.
7. The province must clearly define the respective roles of the Ministry of Health and the Ministry of Long-Term Care in addressing health emergencies, especially emergency planning with respect to long-term care, and update Order in Council 1157/2009 accordingly. The province must also ensure that the safety of long-term care residents is reflected in any provincial emergency plan.	7. Agreed. Province should provide clarity between the role of Public Health Inspectors, the Ministry of Labour, and the Ministry of Long-Term Care as LTCHs can often receive contradictory advice and direction.
8. The government must ensure that comprehensive pandemic plans anticipating various scenarios are developed, updated, tested, drilled, and communicated at all levels (provincial, regional, municipal and in each long-term care home). The plans must include clearly defined and delineated roles and responsibilities and identify a clear and direct chain of command. In particular, the Ministry of Health and the Ministry of Long-Term Care must finalize a comprehensive all-hazards plan for the health care sector, including provisions for the long-term care sector. This plan must be made available to the public. The Chief Medical Officer of Health should be responsible for this plan and should report on it annually to the legislature.	8. These requirements will place a burden on staffing. See recommendation #1. There is the opportunity to share best practices. See recommendations #4 and #5
9. Pandemic preparation and response in the province's long-term care sector should be explicitly provided for in provincial, regional, and local pandemic plans. Long-term care home licensees, management, front-line staff, residents, and their loved ones should be consulted regarding the pandemic plan provisions affecting long-term care. The province must ensure that the pandemic plan provisions regarding long-term care:	9. Agreed.

a. Include a strategy to address critical staff shortages in long-term care homes, including identifying where surge capacity or other resources may be required and deploying critical staff to long-term care homes in the event of staff shortages; b. Ensure that staff are supported so that they do not – for financial reasons – attend work while sick; c. Require timely on-site inspections of long-term care homes focused on ensuring that long-term care homes are properly implementing appropriate, proactive IPAC measures. This plan should prioritize homes at an elevated risk of outbreak based on available information. This plan should include a scheme for supporting and supplementing the IPAC expertise available to the home through the IPAC Practitioner role discussed in more detail in Recommendation #24; d. Ensure that any surge in pandemic –related hospitalizations does not result in: I. Shifting patients to already overburdened, under-resourced and understaffed long-term care homes; and II. The failure to transfer long-term care residents to hospital for care where necessary. e. Include arrangements to move long-term care residents to other facilities to avoid the spread of infectious disease if directed by the local medical officer of health of the Chief Medical Officer of Health; f. Ensure the coordination and prioritization of all information, directives, and guidance documents sent to the long-term care sector by all government sources during an emergency. A user-friendly, central repository of all such documents should be maintained in such a way that it is clear what information, directives and guidance documents are the most current so homes can easily identify the most up-to-date information and know what is required of them. When revised directives or guidance documents are issued, these should include a blackline version that highlights the changes.	a. Agreed. See recommendations #1 and #4. b. Agreed. Must be fully funded by the Province. c. Agreed. See recommendations #1 and #4. d. Agreed. e. LTCH must be provided with the staffing to effectively deal with the new residents and the complex needs that are likely to result from such an order. f. Agreed. One point of contact for directives is critical. Coordination between the local MOH and the Province is critical. Contradictory directives create confusion. Every effort should be made to provide directives during normal business hours. The Province should maintain a website with all directives listed and their current status.

10. The government's pandemic plans must include strategies to ensure laboratory surge capacity sufficient to respond to a variety of challenges, both in terms of volume of testing and duration of increased laboratory demand. The laboratory surge capacity strategy should prioritize long-term care in accessing effective testing and timely, efficient reporting of testing results. This includes ensuring long-term care homes have the technological capacity to receive electronic medical test results.	10. Agreed.
11. The pandemic plans must include all provincial laboratory assets whether they are public or private, and all such assets should be advised of the terms of the plans that apply to them. The pandemic plans should ensure that the Ontario laboratory system is connected and coordinated, and that laboratories and long-term care homes are interconnected.	11. Agreed.
12. The priority assigned for access to vaccinations for residents, staff and essential caregivers must recognize and consider the vulnerability of long-term care home residents in a pandemic.	12. Agreed. Vaccinations should be provided in the home in order to reduce the risk of staff travel to group clinics and increase staff uptake.
13. Where reliable, clinically accepted rapid testing for a virus or other pathogen causing infectious disease outbreaks is available, the government should ensure that every long-term care home in the province is provided on a priority basis with the appropriate tools, equipment and support necessary to facilitate rapid testing of residents, staff, management, and visitors.	13. Agreed.
14. The province's pandemic plans must include a strategy for ensuring that funeral home staff and staff from the coroner's office may safely complete their usual duties for the respectful disposition of deceased long-term care home residents during an infectious disease outbreak using appropriate precautionary measures, including appropriate infection prevention and control practices. It must not fall to nurses, personal support workers (PWSs) or other staff employed by long-term care homes to perform duties normally performed by funeral service providers or the coroner for deceased residents (including the transfer of deceased residents into body bags).	14. Agreed.
15. To ensure that the provincial pandemic plans are ready to be activated on short notice, they must be reviewed, assessed, and drilled annually. The	15. Agreed.

province should set out a testing strategy that involves a review of the pandemic plans and full simulations that engage all key stakeholders involved in implementing the plan. The drill exercise results should be disseminated to the key stakeholder participants for review to improve the pandemic plans. The plans must also be updated promptly.	
16. As part of its pandemic planning, the province should ensure that there is a central procurement process for personal protective equipment and other necessary supplies that provides clarity about purchasing and supply chain legislation, policies, and best practices. Whenever possible, this process should place emphasis on maintaining within the province of Ontario a capacity to manufacture PPE. The procurement process should include pre-existing agreements to ensure necessary resources are available at pre-established prices and quantities.	16. Agreed. See Recommendation #4
Provincial Pandemic Stockpile	
17. The Chief Medical Officer of Health must be responsible for the province's pandemic stockpile.	17. Agreed.
18. This responsibility must include ensuring that the provincial stockpile contains sufficient supply to allow the government to respond appropriately to needs that may arise from long-term care homes in the case of a pandemic.	18. Agreed. Plan should include a deployment plan that ensures that PPE can be delivered to LTCHs in a timely manner and in alignment with mandatory PPE orders.
19. The government should provide the funding to: a. Ensure that the provincial pandemic stockpile has sufficient supply to support a provincial response to current and anticipated needs and public health threats, including known and novel infectious diseases. The stockpile should contain appropriate supplies to support long-term care homes as needed during any infectious disease outbreak, including a pandemic. Long-term care homes should be given priority access to supplies from the provincial stockpile; and b. Actively manage the provincial pandemic stockpile to avoid the expiration of stockpile supplies before they can be used.	19. Agreed. a. Mandatory PPE requirements must be coordinated with supplies.

20. The Chief Medical Officer of Health must report to the legislative each year as part of the annual report required in the *Health Protection and Promotion Act* on all matters relevant to the stockpile.	20. Agreed
21. The province should make any legislative amendments necessary to designate the Chief Medical Officer of Health as responsible for the management of the stockpile in accordance with the recommendations set out above.	21. Agreed
Addressing the Aftermath of COVID-19 for Residents and Staff	
22. Long-term care licensees should make counselling services available to the residents and staff living and working in long-term care during the pandemic. Long-term care licensees should bear the cost of this counselling, and no portion of that cost should be passed on to residents or staff.	22. Agreed. Funding envelope must be expanded in order to compensate licensee for the full cost of this service. During an outbreak, staffing levels will be compromised and the ability to provide this service will be difficult without dedicated and trained staff. See recommendation #2. Also, an opportunity for resource sharing. See recommendation #4.
Infection Prevention and Control	
23. All long-term care homes in the province must be held to the same IPAC standards. These standards, which should include requirements for a pandemic stockpile, should be set, published, and regularly reviewed and updated by Public Health Ontario.	23. Agreed. Must be fully funded. See recommendation #4. Funding support must be provided by the Province. Physical space for PPE shortage is at a premium in most homes. Access to capital funding is required. See recommendation #3.
24. To ensure that long-term care homes have meaningful access to IPAC expertise, Ontario Regulation 79/10 should be amended to: a. Require the licensee to appoint one full-time, dedicated registered nurse per 120 beds as the home's IPAC Practitioner(s). This role, which replaces that of the staff IPAC coordinator currently required, should report directly to the Director of Nursing and Personal Care; b. Set out specific minimum IPAC education, training, and certification requirements that the IPAC Practitioner must keep current. The IPAC Practitioners in long-term care homes should be trained and supported by IPAC specialists from the local hospital or public health unit as appropriate; and	24. Agreed. Must be fully funded and supported by a Provincial best practices' unit. See recommendations #1 and 4.

c. Require the IPAC Practitioner to take on the duties formerly assigned to the staff IPAC coordinator and to oversee, implement and maintain the home's infection prevention and control program and required staff IPAC training in consultation with the local IPAC Specialist.	
25. The Ministry of Long-Term and Ministry of Health should amend the *Intuitional/Facility Outbreak Management Protocol, 2018*, to explicitly provide for the involvement of local hospitals to support long-term care homes in their IPAC practices, up to and including a related management agreement if and as necessary, along with any other legislative amendments necessary to facilitate the IPAC program.	25. Agreed but must reflect the "home" nature of LTCH. See recommendation #6.

26. Ontario Regulation 79/10 should be amended to require the licensee to: a. Ensure that the members of the home's interdisciplinary IPAC team, already required under the regulation, reflect the home's staff complement, including representatives from the nursing, personal support worker, environmental cleaning, food service and administrative staff. The home's IPAC Practitioner should be the lead of the interdisciplinary IPAC team; b. Ensure that the home's infection prevention and control program is consistent with the standards, best practices and key principles established by Public Health Ontario; c. Ensure that its long-term care home(s) maintain a stockpile of personal protective equipment and other necessary supplies under the supervision of the home's IPAC Practitioner. The stockpile should be readily accessible and replenished regularly to ensure that supplies are used before they expire. d. Require the IPAC Practitioner to ensure that personal protective equipment is also available to all staff and visitors as appropriate; and e. Ensure staff receive IPAC training, delivered by the home's IPAC Practitioner(s), at the following minimum intervals: I. At the commencement of their employment with the long-term care home: II. Annually; III. Whenever there is a change to IPAC policies or practices, and IV. At the outset of and during any infectious disease outbreak in the long-term care home.	26. Agreed. Must be fully funded by the Province, with best practice direction from the Province. See recommendations #4 and #5. c. During a pandemic, the availability of PPE will be beyond the scope of a local IPAC Practitioner. Provincial Medical Officer of Health must lead and control the supply and distribution. Province should consider mandating that each Home is provided with and must store one week's worth and then Province must create user-friendly, responsive (24/7) reliable system to purchase/store and distribute as needed.
Strengthen Health Care System Integration	
27. The government should fast-track the implementation of a coordinated governance structure and enhanced funding model to strengthen and accelerate the development of Ontario Health Teams.	27. Inclusion in OHTs in eastern Ontario has been inconsistent. Single and upper-tier municipalities need to be included in OHT discussions at the earliest possible time. Governance of OHTs need to recognize the legislative and fiduciary responsibilities of municipal elected officials.

28. The Ministry of Health and Ontario Health must work with the Ministry of Long-Term Care as local/regional Ontario Health Teams are implemented	28. Agreed.
Improve Resident- Focused Care and Quality of Life	
29. The government should amend the fundamental principle in section 1 of the *Long-Term Care Homes Act, 2007,* to explicitly acknowledge that long-term care residents have complex physical and mental health needs, including cognitive impairments, and to promise that licensees will ensure that residents' complex care needs are met.	29. The ability of LTCHs to provide complex care will be dependent upon capital investment (see recommendation #3) and increased staffing with new/ enhanced skills (see recommendation #1). High needs/complex continuing care will require staffing levels in excess of the four hour of care model.
30. The Ministry of Long-Term Care should amend Ontario Regulation 79/10 to a presumption against prohibiting all visitors to long-term care homes experiencing an outbreak because of the negative effects of isolation on the quality of life and health of long-term care residents. Any changes to visiting rules during an infectious disease outbreak must seek to place the minimum possible restrictions on visits to long-term care residents.	30. LTCH staff should not be placed in the position of enforcing/monitoring testing and travel requirements imposed by the Province or local MOH. This responsibility will clearly be vested with public health.
31. In order to avoid the separation of residents from their families and loved ones in future infectious disease outbreaks, the province should amend Ontario Regulation 79/10 to recognize the role of "essential caregiver" (individuals "designated by the resident and/or their substitute decision-maker… to provide direct care to the resident"). Essential caregivers may be family, loved ones or people hired to provide care to the resident. Basic IPAC training, including the appropriate use of personal protective equipment, should be required to qualify as an essential caregiver. The training should be mandated for all essential caregivers at least annually and at the onset of any infectious disease outbreak. The amendment should ensure that essential caregivers who have compiled with these training requirements are allowed to enter the home.	31. Agreed. LTCH staff should not be placed in the position of enforcing/monitoring testing and travel restrictions imposed by the Federal or Provincial Governments, or local MOH. This responsibility should be vested with public health or an appropriate enforcement agency.
32. Licensees must ensure that their home maintains an up-to-date contact list for all persons, including essential caregivers, designated by the resident and/or their substitute decision-maker. Management of each home should delegate a member of the management team to coordinate regular communication with families and loved ones about key activities and issues in the home. Long-term care homes licensees, operators and their directors	32. Agreed. Onus must rest with the caregiver to provide contact information.

must be held accountable for ensuring that the home communicates proactively and regularly with residents' chosen contacts.	
33. In order to enable residents' families and loved ones to monitor and contribute to resident care, long-term care homes must permit video monitoring technology to be set up and used in an appropriate manner at the request of any resident, their "substitute decision-maker(s), if any, and any other persons designated by the resident or substitute decision-maker."	33. Privacy concerns must be addressed by the Province. Must consider rights of roommate and that Home must be informed and approve placement to ensure video does not capture other resident(s) and consider whether audio is permissible re: privacy laws. LTCH cannot be made responsible for the provision or support of this technology.
34. Long-term care residents require social and other connections both inside and beyond the long-term care home. In order to ensure this need is consistently met, the province should make the following legislative amendments: a) The *Residents' Bill of Rights* should be amended to include the right to the technology required to permit residents to "communicate in confidence, receive visitors of his or her choice and consult in private with any person with interference;" and b) Ontario Regulation 79/10 to the *Long-Term Care Homes Act, 2007*, regarding residents' rights, care and services should be amended to require long-term care licensees to provide reliable Wi-Fi and consistent, frequent access to technology, such as computer tablets and smartphones, to facilitate residents' remote visits with those outside of the home.	34. Agreed.
35. Physicians providing care to long-term care home residents must be required to physically attend when needed and within 24 hours of the request for care.	35. Agreed.
36. Long-term care home licensees must ensure that residents are provided with appropriate palliative and end-of-life care. To that end: a) Long-term care home licensees must ensure that their homes always have ready access to skilled clinicians with the training to provide palliative and end-of-life care in the long-term care home whenever appropriate; and	36. Should be fully funded by the Province. Resource sharing and best practice development may be a practical response. See recommendation #4.

b) The Ministry of Long-Term Care must, after consulting with palliative care and other relevant experts, require long-term care homes to implement best practices for end-of-life care.	
Diversity and Inclusion	
37. The *Residents' Bill of Rights* should be amended to align more closely with the prohibited grounds of discrimination in the *Ontario Human Rights Code*.	37. Agreed.
38. The *Residents' Bill of Rights* provides that residents have the right to have their lifestyle choices respected. Residents also have the right to reasonable assistance from the licensee to pursue their interests and live to their potential. Consistent with these rights, licensees must recognize and respect residents' social, cultural, religious, spiritual, and other histories, and choices. For example, long-term care home licensees should be required to: a) Recognize and respect 2S-LGBTQ+ spousal relationships and chosen/non-biological family relationships generally and in any rules or policies regarding visitation and the provision of essential care to 2S-LGBTQ+ residents; and b) Ensure that residents are provided with culturally and linguistically specific care, including but not limited to traditional foods; activities and opportunities for socializing in the resident's first language; culturally specific activities; observation of holidays; and religious and spiritual practices and services.	38. Agreed.
French-Language Services	
39. To protect the rights of Francophone residents in long-term care, the Ministry of Long-Term Care should: a) Design and implement a provincial strategy to increase French-language long-term care services and increase the number of French-language beds through the prioritization of designations under the *French Language Services Act,* and cultural designations under section 173 of Ontario Regulation 79/10; and	39. Agreed.

b) Adopt a clear definition of “Francophone beds” that excludes long-term care homes that have not demonstrated their capacity to provide services in French.	
Accelerate Long-Term Care Staffing Plan implementation	
40. The government must fast-track the implementation of Ontario’s Long-Term Care Staffing Plan (2021-2025) (the “Staffing Plan”) to help address the urgent need for skilled staff in long-term care homes across the province, with amendments as necessary to incorporate the recommendations below.	40. Agreed. See Recommendation #1. Municipalities that have provided local tax dollars to achieve greater care levels, should not be disadvantaged in the transition and should be compensated in a manner that is consistently applied.
41. The government must, with the assistance of key stakeholders (including residents, families and loved ones, and front-line staff), immediately identify specific and measurable targets that clearly track the government’s Staffing Plan implementation progress. It should also develop a way of measuring the success of the Staffing Plan as it impacts resident care and quality of life, as well as outcomes to staff.	41. Agreed. Should not create an administrative burden and if possible, integrate with existing reporting requirements.
42. To enhance accountability and increase transparency in the implementation of the Staffing Plan, the government should: a) Require long-term care licensees to provide regular public reports on the progress of each of their long-term care homes in meeting the Staffing Plan targets discussed in the Recommendation #44; b) Instruct Ministry of Long-Term Care inspectors to audit these reports as part of the inspection process; and c) Provide public reports, including information from the individual home reports, measuring the rate and success of the sector’s implementation of the Staffing Plan. The government should post its progress reports on the Ministry of Long-Term Care website in a manner that makes them easy to find and review.	42. Agreed.
43. The government must implement its Staffing Plan in a manner that does not undermine the delivery of home care services.	43. Agreed.
Increase number of skilled staff	
44. The government should implement the Staffing Plan’s increase in “hours of direct hands-on care provided by nurses and personal support workers, to an average of four hours per day per resident” on an urgent basis. To meet the target of four hours of direct nursing and personal support worker care,	44.Agreed. See Recommendation #1. Note that many municipal LTCHs have arbitrated language in ONA collective agreements re: minimum RN staffing that may exceed this. See recommendation #4.

the number of those staff per resident should be increased, and their workload should be changed so they can spend more time providing direct care to each resident. The starting point for the target staffing mix for the four hours of direct care should be as follows, with adjustment made to reflect the needs of the residents in the home: a) 20 per cent registered nurses; b) 25 per cent registered practical nurses; and c) 55 per cent personal support workers.	
45. The government should ensure that its recruitment measures result in a skilled staffing mix that meets the increasing mental health and complex care needs of long-term care resident population. Recruitment should focus on ensuring appropriate care by registered practical nurses, registered nurses, nurse practitioners and personal support workers. Recruitment should see to increase the skill level in long-term care homes. Resident Support Aide hours should not be counted in the target average of four hours of direct care per resident.	45. Agreed. RSAs should not be included in the four-hour mix calculation, but the role of RSA should be recognized. See recommendation #1.
46. Nurse practitioners are underutilized in long-term care. The role of nurse practitioners in long-term care should be expanded to better utilize their skills, and more nurse practitioners should be hired to meet the needs of the province's long-term care residents. The Ontario Nurses' Association and the Registered Nurses' Association of Ontario recommend, and this Commission accepts, that the proper ratio for nurse practitioners in long-term care facilities be set a minimum of one full-time nurse practitioner for every 120 residents. The government should increase the number of nurse practitioners working in long-term care and target this nurse practitioner-to-resident ratio while ensuring that any resulting adjustments to the staffing mix described above provide the same or more skilled direct care to residents.	46. Agreed. Many municipal LTCHs provide top-up to NP wages. Full cost must be covered by the Province.
47. Further to the French-Language Services recommendations above, the recruitment efforts of the Ministry of Long-Term Care and long-term care home licensees and management should include targeted efforts to attract and retain Francophone registered practical nurses, registered nurses, nurse practitioners and person support workers.	47. Agreed.

48. The target increase for resident access to allied health professionals in the Staffing Plan is insufficient given their importance in improving resident quality of care and quality of life. The government's target average care per day per resident provided by allied health professionals- including dieticians, speech language pathologists and audiologists, physiotherapists, occupational therapists, recreational therapists, social workers, and others – should be increased from 36 minutes (the target set in the Staffing Plan) to 60 minutes.	48. Agreed. Allied health professionals are integral to achieving a home environment. See recommendation #6.
Retain and Attract Staff **Improve working conditions and compensation**	
49. The Ministry of Long-Term Care must insist that licensees make changes in working conditions that lead to less reliance on agency and part-time staffing, and provide funding adequate to support these changes, which must include: a. Creating more full-time direct care positions. A target of 70 per cent full-time positions for nursing and personal support worker staff should be set for each long-term care home; and b. Reviewing agreements with direct care staff and making adjustments to better align their wages and benefits within the sector and with those provided in public hospitals.	49. Agreed. Province must be prepared to take unilateral action where individual collective agreements place restrictions on management's ability to schedule and staff in accordance with the 70% objective. See recommendation #4. Wage adjustment recommendations must be fully funded by the Province. LTCH that are above the wage target should not be disadvantaged by funding. NOTE: Many part-time staff do not want full-time positions because they earn a higher hourly rate including a percentage in lieu of benefits that have been negotiated by unions and incorporated in collective agreements. Provincial intervention will be required. See recommendation #4.
50. Long-term care home licensees must recruit home management that have the leadership skills and capacity to lead and to create a respectful and inclusive workplace. To improve staff morale, licensees must create a workplace culture that is compassionate, and values based.	50. Agreed. Should be supported by Provincially led best-practice and training. See recommendations #1 and #4. Pandemic wage enhancements provided to front line staff are appreciated, but the exclusion of management personnel leads to disillusionment, frustration, and salary compression. It is also a disincentive for talented front-line workers to move into leadership roles. Targeted wage increases have the potential to result in contravention of the Pay Equity Act.
Support enhanced education, training, and development	
51. The government's implementation of the Staffing Plan should prioritize "supporting continued development and professional growth for long-term care staff" to retain skilled, experienced, and dedicated workers. Consistent with the recommendations made by the Honourable Justice Eileen E.	51. Agreed. Should be supported by Provincially led best-practice and training. See recommendations #1 and #4.

Gillese as part of her Public Inquiry on the Safety and Security of Residents in the Long-Term Care Homes System, this training should be completed during regular work hours and staff should be paid for the time spent in training. This training should prioritize: a. Geriatric care; b. Skills and practices for effectively caring for residents with dementia and related illnesses in the long-term care home setting; c. Comprehensive and meaningful training on palliative and end-of-life care in long-term care; and d. IPAC training (discussed in more detail above).	
52. The province must amend Ontario Regulation 79/10 to define ongoing training requirements for long-term care health care professionals, including the Medical Director, in key areas responsive to resident needs. These areas include IPAC, geriatric medicine, caring for patients with dementia and other cognitive dysfunction, the appropriate use of antipsychotic medication, palliative and end-of-life care, and leadership development and crisis management. Further to these requirements, and consistent with Justice Gillese's recommendations, Ontario Regulation 79/10 should be amended to eliminate the training exemptions provided in section 222(1) and (3).	52. Agreed. Should be supported by Provincially led best-practice and training. See recommendations #1 and #4.
Regulate personal support workers	
53. The Ministry of Health and Ministry of Long-Term Care should ensure basic requirements are in place to support the regulation of personal support workers and consider that initial regulation could be provided by an established health care regulator.	53. Agreed. All costs related to this initiative must be fully funded by the Province.
54. The government should, with the assistance of relevant stakeholders, establish and implement standardized minimum training and education requirements for personal support workers.	54. Agreed. Should be supported by Provincially led best-practice and training. See recommendations #1 and #4.
Enhance Oversight of Medical Director	
55. The Ministry of Long-Term Care and the Ministry of Health must work with the College of Physicians and Surgeons and the Ontario Medical Association to create a system of formal oversight for long-term care	55. Agreed. Should be supported by Provincially led best-practice and training. See recommendations #1 and #4. The role of a Medical Director should be

homes. Medical Directors, similar to the Medical Advisory Committee model for physicians with hospital privileges. This oversight should include a review and assessment of the candidate's expertise in the care needs of the long-term care home resident population (including IPAC, geriatric medicine, caring for patients with dementia and other cognitive dysfunction, the appropriate use of antipsychotic medication, and end-of-life care), and in leadership and crisis management.	clearly defined, in particular, the relationship between a Medical Officer of Health and the Medical Director.
Operational Funding: Increased Investment in Care	
56. The overall funding for nursing and personal care must meet the overall health needs of the residents in the homes. The current approach, which uses the Case Mix Index to divide the fixed pot of funding among homes based on their relative need, is insufficient. The Case Mix Index should be used only as a measure of need to guide the overall funding for nursing and personal care. The level of nursing and personal care funding should increase to reflect this overall need.	56. Disagree. Current CMI is ineffective, unaudited and consumes valuable staffing resources that would be better utilized on the front line. Support a more simplified "per-bed" funding model. See recommendation #2. NOTE: CMI is not intended to be funding tool. Ontario is the only jurisdiction that uses it in this manner.
57. In addition to the recommendation above, the Commission endorses implementing Justice Gillese's recommendation to "encourage, recognize, and financially reward long-term care homes that have demonstrated improvements in the wellness and quality of life of their residents." Improved resident outcomes should be specific and measurable (such as overall resident, family/loved ones, and staff experience; appropriate use of anti-psychotic drugs as compared to other homes; maintaining weight; fewer infections).	57. Agreed. This recommendation is contrary to recommendation number 56, which advocates for the continuation of CMI.
58. The Ministry of Long-Term Care should actively promote and provide funding for homes transitioning to recognized alternate, person-centred models of care. Examples of these models are discussed in chapter 4 of this report.	Agreed. The EOWC strongly supports the vision of person-centred care. Many of our homes have fully or partially implemented care models such as the Butterfly Model and Gentlecare(R). We recognize that the full implementation of these models are more care intensive than traditional models and will require full implementation of four-hours of care (see recommendation #1). The Province needs to provide leadership, guidance, and funding support to homes in order to achieve this objective. (see Recommendations #4 and #6).
59. It is important to give elderly people choices regarding the care they receive and enable them to age at home, where possible. For that reason, the government should increase funding to home care services, including	59. Agreed. See recommendation #6.

innovative models of delivering home care, and to community-based supports for seniors.	
Long-Term Care Home Development	
60. As outlined above, and in more detail in chapter 1, the government must urgently implement a model for building and redeveloping long-term care facilities to ensure that quality long-term care capacity is created to meet the province's current and projected demand for beds. This model should separate construction of the home from its operation. Persons skilled at the former may not be appropriate for the latter.	60. Agreed. See recommendation #3. Heavy debt burdens related to LTC capital restricts the borrowing capacity of municipalities, including the ability to borrow for roads, bridges, water, and sewer infrastructure.
61. The model for building and redeveloping long-term care facilities must also include appropriate incentives to: a) Create smaller, self-contained units within existing and new homes; b) Build smaller group homes to expand choices as part of a continuum of care for seniors; and c) Integrate homes into the broader health and social services community.	61. Agreed. See recommendation #6. The rural nature of EOWC member's LTCHs are appreciated by our residents and families. Integration into the broader health and social services community will present a challenge. Province must recognize that rural lifestyle is part of the "home" experience for many residents and that centralized care in an urban campus of care model would deny residents of the rural home character they desire.
62. The province should provide additional support and incentives for applications from organizations that prioritize the availability of culturally and linguistically specific care to meet the needs of ethnically diverse residents.	62. Agreed. See recommendation #6.
63. The province must urgently implement a streamlined, expedited approvals process for creating redeveloped and new long-term care beds that accommodates the participation of existing and new not-for-profit and municipal licensees. The province should also insist that municipal governments streamline their municipal approval process for long-term care home development.	63. Agree with caution. See recommendation # 3. Municipal planning approvals are dictated by Provincial legislation including the Planning Act, Development Charges Act and Provincial Policy Statements. Municipalities do not have the authority/ability to deviate from existing legislation or policies. Direction must be provided by the Province.
64. The Ministry must review and update the *Long-Term Care Home Design Manual, 2015,* as soon as possible to respond to long-standing infrastructure needs. The design standards must facilitate the implementation of infection prevention and control best practices. The updates to the *Design Manual* should include:	64. Agreed. See recommendation #3. Should also include funding for isolation units and family visitation units that will appropriately protect residents and staff from the spread of infections/contagions.

a) Sufficient space to allow for the effective cohorting of residents in the case of an infectious disease outbreak; b) Design solutions to facilitate the effective provision of palliative care; and c) Updated heating, ventilation, and air-conditioning systems. Improvements to ventilation systems in existing homes should be made on an urgent basis to bring them up to the revised standard and ensure regular maintenance.	
65. The licensing requirements under the *Long-Term Care Homes At, 2007*, should be updated to reflect compliance with the changes to the *Design Manual.*	65. Agreed. Must be accompanied by appropriate funding. See recommendation # 3. Heavy debt burdens related to LTC capital restricts the borrowing capacity of municipalities, including the ability to borrow for roads, bridges, water, and sewer infrastructure.
Increase Accountability and Transparency in Long-Term Care	
66. The Ministry of Long-Term Care must require long-term care home licensees to publicly post: a) Current information about the individuals with decision-making authority at the owner/licensee level, including their names, contact details and annual compensation, along with relevant organizational charts for the licensee and any company retained to manage the long-term care home; b) The Long-Term Care Home Service Accountability Agreement between the local health integration network/Ontario Health and the long-term care home licensee, and the Direct Funding Agreements between the Ministry of Long-Term Care and the long-term care home license; and; c) The most recent audited Long-Term Care Home Annual Report.	66. Agreed.
Public Performance Indicators and Standards	
67. The six clinical indicators tracked in the Health Quality Ontario long-term care home performance reports are a good first step in advancing transparency and flagging issues in homes. However, long-term care homes should monitor and report publicly on additional indicators to provide valuable information to residents, families, and the public. These additional indicators - the nature and collection of which should be standardized	67. Agreed. The transparency and accountability requirement for municipal homes needs to be in alignment with the Municipal Act. Each municipal LTCH reports on Quality Improvement Plans (QIP) annually.

across the long-term care sector – should include family and staff experience, Medical Director engagement, staffing indicators such as direct care staffing mix, and direct care staff-to-resident ratios.	
68. Long-term care home licensees should be required to provide public reports on these key performance indicators at least annually. These reports, which should be posted to long-term care homes' websites, should be accessible and easy to understand for members of the public. In addition to providing current information, this public reporting should track the performance of individual homes over time as measured by the key performance indicators. There reports should be reviewed and audited as part of the comprehensive inspection regime discussed below.	68. Agreed. The transparency and accountability requirement for municipal homes needs to be in alignment with the Municipal Act.
69. Long-term care homes currently supply data about residents to the Canadian Institute for Health Information (CIHI) using the Continuing Care Reporting System. The system provides a hindsight view of aspects of resident life and care. CIHI has implemented a new assessment standard (interRAI-LTCHF) and reporting system (the integrated interRAI Reporting System, or IRRS) in other jurisdictions that permits near-real-time collection of resident data, significantly improving timely data access in crisis situations. The government should consult with CIHI and long-term care stakeholders and then create a transition plan to introduce the new assessment and reporting system in Ontario. The transition plan should be completed within six months of the first consultation with CIHI and should include a plan for timely implementation, including public progress reports posted to the Ministry of Long-Term Care website.	69. Agreed with caution. The administrative and nursing care burden associated with this recommendation will need to be supported by additional resources as well as recognize the home nature of long-term care. See recommendation #6.
70. The Ministry of Health should work with the Ministry of Long-Term Care to collect and analyze data on the long-term care workforce to determine current staffing profiles, achievement of staffing targets, and support HR planning and strategies at the provincial and home level.	70. Agreed. The EOWC LTCH report completed by KPMG could be used as a template.
71. An independent accreditation process is needed. This accreditation process must not depend on its funding on the organizations it is accrediting. This process must be provided for all homes.	71. Agreed. The system needs to be a balance of inspection to confirm compliance to minimum standards and accreditation approach to coach and support ongoing quality improvement.

72. The Ontario government should participate in current and future efforts to implement standards and best practices for long-term care across the Country.	72. Agreed. See recommendation #4.
Comprehensive and Transparent Compliance and Enforcement	
73. To support long-term care homes in their compliance and quality improvement efforts, the Ministry of Long-Term Care should establish a dedicated ministry compliance support unit as recommended by Justice Gillese in the Long-Term Care Homes public inquiry. The compliance unit should encourage and assist with compliance training tools, compliance coaching, sharing best practices, tracking and reporting on improvements.	73. Agreed.
74. The Ministry should recognize that the concerns of the insurance industry are important. If insurance companies were to withdraw from the sector, it would have a significant negative impact on the construction and operation of long-term care homes. The government has a role to play to ensure that homes can obtain necessary insurance and should consult with long-term care licenses and the insurance industry to determine what additional solutions are needed.	74. Agreed.
75. The Ministry of Long-Term Care should develop a coordinated, comprehensive long-term care home inspection regime involving the Ministry of Labour, Training and Skills Development and the public health units. The inspection regime must ensure that residents enjoy the quality of life and receive the quality of care promised in the fundamental principle in the *Long-Term Care Homes Act, 2007*, and that a safe and healthy workplace is created for staff. The inspection regime must gather information from residents, their families and loved ones, and front-line staff. The Ministries and the public health units must promptly share the resulting data, findings, and compliance enforcement steps with each other to ensure that the government's regulation of long-term care homes is consistent, coordinated, and complete.	75. Agreed. The current regime includes oversight, inspection and directives from multiple Provincial ministries and public health. During the pandemic, municipal LTCHs were often receiving contradictory or confusing advice and direction. This process needs to be clarified and coordinated.

76. The inspections conducted pursuant to the long-term care homes inspection regime should be unannounced. The long-term care homes inspection regime must include: a) Annual comprehensive Resident Quality Inspections (RQI's) conducted by the Ministry of Long-Term Care. The continuous quality improvement report results should be reviewed and audited as part of the RQIs; b) Annual inspection of the IPAC program, including compliance with the requirements of the *Long-Term Care Homes Act, 2007*, and Ontario Regulation 79/10; the adequacy of the home's IPAC program and related training, and assessment of the sufficiency of the home's IPAC supplies and stockpiles, to be conducted by the public health unit. This inspection should include consultation with the relevant IPAC partners. To facilitate these inspections, the government should amend the Ontario Public Health Standards and related protocols and guidelines. This includes amending the *IPAC Protocol 2019* to identify long-term care homes as a third category of settings subject to inspection by the public health unit at least once every 12 months for adherence to IPAC practices, with consequential amendments to the other IPAC protocols; c) The board of directors of the licensee, under the signature of the chair of the board (or the applicable equivalent), should publicly certify annually to the Ministry of Long-Term Care that the licensee has completed appropriate audits of the home's IPAC program and pandemic plan, including the sufficiency of the home's pandemic stockpile and testing of the plan; and d) Targeted inspections responsive to complaints, critical incidents and trends identified in the data generated from the inspection regime should continue to be conducted by the relevant Ministry or public health unit, with the assistance of other authorities where appropriate. The Ministry of Long-Term Care should consult with long-term care home staff, residents, and their families and loved ones about how to provide meaningful whistleblower protection to ensure timely reporting of concerns about the operation of long-term care homes and treatment of their residents.	76. Agreed. Inspections must be supported by sufficient funding and a Provincially led best practices unit. See recommendation #5.

77. The government must provide the funding necessary to implement the comprehensive inspection regime. This funding must include ensuring that there are enough inspectors to conduct the required inspections, and that those inspectors are provided with the education and training required to conduct the inspections effectively.	77. Agreed. The EOWC recognizes that enforcement is ultimately a tool that needs to be fully funded by the Province, but it must be supported by the funding necessary to implement four-hours of care (see recommendation #1), provide training and supports necessary to ensure that fully qualified staff are available and provide an environment where sharing and best practices are encouraged and supported by the Province (see recommendation #4). Enforcement without supports will only lead to a "shame and blame" mentality that will be counter-productive to person-centred care.
Enforcement	
78. The results of the inspections conducted by the Ministry of Long-Term Care, the Ministry of Labour, Training and Skills Development, and public health units should form the basis for a clear and consistently applied enforcement regime. The enforcement regime should include: a) Proportionate and escalating consequences for non-compliance. Repeated findings of non-compliance must be met with consequences of increasing severity up to and including measures such as mandatory management orders and the transfer of the long-term care home owner's operating licence; and b) A centralized public reporting system that provides meaningful current information about each home's compliance and enforcement status, including: I. The dates of the most recent inspections and information about the cause and outcome of the inspections, including the findings made and how they were resolved and remedied; II. Current enforcement orders and unresolved inspection findings, including the status of any enforcement or remediation action and any enforcement or remediation deadlines; and III. Relevant historical data (e.g., historical inspection findings and enforcement orders with information about how those findings were resolved or remedied).	78. Agreed.
***Health Protection and Promotion Act* Investigations**	

79. The government must review the additional provisions of the *Public Inquires Act* and consider incorporating such other provisions that may assist the investigators in conducting section 78 *Health Protection and Promotion Act* investigations. Any such amendments must maintain the ability to ensure investigations are done expeditiously with maximum flexibility. 80. On more than one occasion the Commission was reminded about the importance of whistleblower protections. It therefore recommends strengthening the protections offered in the context of *Health Protection and Promotion Act* investigations 81. The government must take steps to ensure the timely and orderly production of documents for future investigations.	79-81. Agreed.
Ensure Public Access to Public Health Reports	
82. To ensure that public health reports remain available for future reference and use, all such reports should be carefully publicly archived and readily available on the internet. In addition, other public health interest documents, such as Ontario's 2016 Ebola Step-Down Plan, should not be labelled as the product of a previous government. 83. The Ministry of Long-Term Care told the Commission that the government will be receiving a report on the success of the decanting facility referred to as a Specialized Care Centre. That report should be made public. 84. The government should ensure that Commission websites and reports remain readily accessible online indefinitely.	82-84. Agreed.
Responding to the Commission's Report	
85. The Ministry of Long-Term Care should, on the first and third anniversaries of the release of this report, table in the legislature a report describing for the benefit of the stakeholders and the public the extent to which it has implemented this Commission's recommendations.	Agreed. Ongoing dialogue with licensee should be incorporated into reporting.

Health Care Transformation

2021 AMO Delegation Briefing Note

Eastern Ontario Wardens' Caucus

Introduction

The Eastern Ontario Wardens' Caucus (EOWC) has identified health care transformation, with a focus on both Ontario Health Teams and virtual care, as a key priority for 2021. The COVID-19 pandemic has highlighted the importance of having an effective, efficient and accessible health care system.

For more than 150 years, Ontario municipalities have provided their communities with health and community services. EOWC members are critical partners in the delivery of health care and are responsible for co-funding and delivering provincial health programs such as paramedic services, long-term care, and public health. In order to address local needs, EOWC member municipalities also make additional financial contributions above and beyond their required cost-share to hospitals, family health teams/medical centres, and physician recruitment. Since 2017, EOWC member municipalities have invested ~$613M in locally raised tax dollars for health services which equates to approximately $122.6M per year.

EOWC members have a vested interest in the health care system and strive to shape the best possible care for rural eastern Ontario residents. The EOWC endeavours to ensure that rural residents have access to the same quality care as their urban counterparts. However, health care is the Province's jurisdiction and responsibility rather than municipalities, and as such the Province must be the primary funder. When municipalities are required to step in and bridge funding gaps, it places an extreme burden on the municipal property tax base and diverts resources away from other priority areas such as affordable housing, critical infrastructure such as roads and bridges, and the delivery of key services.

Ontario Health Teams

Across eastern Ontario, Ontario Health Teams (OHTs) are in various stages of development. Some EOWC members are a partner in an approved OHT; some are involved in the application phase, while others are excluded from the entire process. There is an inconsistency in municipalities' engagement with their local OHT and that is of significant concern to our members.

Municipalities require a seat at the OHT table, not only during the initial phase, but also as a valued and respected member of the ongoing governance structure. Similar to the governance of Public Health Units, municipal appointments must be guaranteed. Thus, the EOWC strongly advocates for the Province to mandate that the leadership of all OHTs must include representation from each County or Region within their catchment area. Municipal elected officials are best positioned to make local health-care decisions as they understand the unique challenges that rural communities face. They are elected to represent the interests of their taxpayers and communities and, as such, must be at the governance table to participate in these local health and community decisions

A guiding principle of the EOWC is 'say for pay', where municipalities are required to pay for services, a governance model needs to be in place that allows municipalities to have a say in program development and delivery. It is also critical that both current and future municipal investments in local health care are protected. The OHT model must be designed to protect both current and future municipal operating and capital investments into any programs they operate such as long-term care, paramedic services and community services

Municipalities are the only health care group that is both a taxing and spending authority and OHT funding and programs should respect this unique delivery model. OHT processes will impact funding from upper and single-tier municipalities for direct health care services and social services, as well as influence the way these services are delivered to our residents. Additionally, elected members of municipal councils have a duty to represent the interests of their ratepayers, by providing oversight for health-related services While direct taxation may not be an issue for an agency with a volunteer Board of Directors, it is of paramount importance to our municipal councils This process should be transparent and based on a governance model that will allow municipalities to meet their fiduciary duty and responsibilities under the Municipal Act. In short, the EOWC must be confident in a decision-making framework that recognizes the unique role of municipalities

The responsibility to be the voice of our residents in the future direction of community based health care, including the evolution of OHTs, is a key priority for the EOWC. Approving the structure and leadership of such a regionally based organization, with a broad-based mandate for health, requires input and leadership from the level of government that is closest to the people.

Virtual Care

Virtual care has risen in prominence during the COVID-19 pandemic and has allowed rural communities to overcome access barriers by enabling residents to access quality and timely health care services

During the COVID-19 pandemic, physicians' offices closed completely in some areas, while others operated on a limited appointment capacity. Meanwhile, people still needed care and access to their family doctors Virtual care allows this connection to occur via a phone or video depending on patient need. This access during the pandemic has occurred due to the Province's willingness to allow primary care doctors to use virtual billing codes for virtual care over the phone or through a non-Telemedicine network platform. However, virtual billing codes are temporary at this time, and are only connected to the pandemic. The EOWC urges the Province to modify the existing fee-code system to allow for the permanent delivery of virtual care.

The critical shortage of family physicians across Ontario and specifically eastern Ontario is not a new issue. Nearly 50 percent of EOWC member municipalities are considered underserviced, with a number of others just teetering on the edge.

For example, in Renfrew County 25 percent of the population (27,000 and growing) have no family doctor. If residents need care, their only option is to travel to the emergency room of a hospital for what is most often a non-emergency issue. There are no walk in clinics within Renfrew County

To protect the surge capacity of their local hospitals, Renfrew County established the Virtual Triage and Assessment Centre, originally set up as a service to assist people with suspected COVID-19 symptoms, expanded to include anyone with a non-emergency health care issue. Within a very short time, people who had not previously had access to a doctor for years were speaking with a family physician and getting the care they needed. For example, residents can call a 1-844 number and after being triaged, will receive a phone call from a physician, usually within one hour or less

Family physician recruitment is ongoing but with tens of thousands of people needing a doctor, and retirements looming, it is simply unrealistic to think that EOWC member municipalities will be able to recruit the hundreds of physicians urgently needed in this region.

However, virtual care can be part of the solution to physician shortages in eastern Ontario. Virtual care physicians provide care and follow up as required, by the physician or through partnerships with Community Paramedic Services As long as virtual billing codes are permitted, residents will receive the care they need.

In addition, the COVID-19 pandemic has magnified pre-existing problems within health care. EOWC member municipalities have seen an alarming increase in the number of opioid and other drug-related overdoses since the onset of the pandemic. In fact, some EOWC members are on target to quadruple the total number of overdose-related paramedic calls requiring the use of Narcan to save lives. The limited availability of mental health and addiction prevention supports continue to be a challenge, however virtual care can also be used to address this need.

Post-pandemic, the EOWC endeavours to build resilient communities and we will not be successful if vulnerable and marginalized people in need are left behind. We have an opportunity to do business differently, however, leadership from senior levels of government is required.

The Province must also ensure equitable access to virtual care solutions, as the pandemic has exposed the serious lack of internet access and capacity, which hinders equitable access to virtual care in rural communities that do not have reliable broadband. The EOWC will continue to advocate for better broadband in rural communities and provide ongoing support to any solution that delivers broadband connectivity to the region at speeds comparable to urban areas

In summary, the EOWC is strongly supportive of expanding virtual health care across rural eastern Ontario. However, this requires government support, collaboration, funding, policy development and maintaining the billing codes that allow for the effective delivery of virtual care.

Modernization of Public Health and Emergency Health Services

Finally, the EOWC would like to remind the Province that the Caucus has not lost sight of the modernization of public health and emergency health services. The EOWC was very active in responding to and informing the Provincial Government's modernization consultations and legislation reviews. EOWC members would like to reiterate that the Caucus's position on these matters remains unchanged. Should the Province decide to resume this work, the EOWC will continue to advocate strongly that governance changes are not the solution to improving Paramedic Services. In addition, we will continue to remind the Province that municipalities are a key stakeholder in public health as funding contributors, and reinforce that a governance model needs to be in place that allows municipalities to have a say in program development and delivery.

Joint Community Paramedicine Policy Framework

Paramedic services in eastern Ontario are innovative leaders in community paramedicine and these services have improved overall patient wellness and reduced 911 calls and repeat hospital admissions. The EOWC is supportive of the Community Paramedic Policy Framework developed by AMO and the Ontario Association of Paramedic Chiefs (OAPC) and strongly agrees with the recommendations outlined in the AMO-OAPC joint paper.

Conclusion

EOWC member municipalities are the largest contributors to health care outside of the Province of Ontario and are deeply invested in public health and health care systems.

The EOWC strives to ensure that eastern Ontario residents have access to the same quality care as their urban counterparts. 'Say for pay' is a guiding EOWC principle. Where municipalities are required to pay for services, a governance model needs to be in place that allows municipalities to have a say in program development and delivery.

The EOWC values its strong relationship with the Province and we understand the importance of working collaboratively in order to create a world-class health care system. The EOWC remains committed to being the Government's municipal voice and expert. As co-funders and service delivery agents, EOWC members are strategically positioned at the frontline to provide meaningful input into health care planning and local operations.

Municipal Investment in Health Care

Partners for a Healthy Ontario

When municipalities are required to bridge funding gaps, this puts an **extreme burden on the municipal property tax base** and diverts resources away from other priority areas such as roads, bridges, affordable housing, etc.

EOWC member municipalities **make significant investments** to health care services in order to ensure the best possible care for rural eastern Ontario residents

The EOWC member municipalities are the **biggest** contributors to health care outside of the Province of Ontario in Eastern Ontario

$612,888,556
In health care contributions over the last 5 Years

Eastern Ontario Municipal Health Care Funding 2017 compared to 2021

Municipal governments play important roles in the health care system: co-funding and delivering provincial health programs such as paramedic services, long-term care, and public health. EOWC members also make additional financial contributions to hospitals, family health teams/medical centres and physician recruitment.

EOWC

Eastern Ontario Wardens' Caucus members are critical partners in the delivery of health care

Affordable and Attainable Housing in Eastern Ontario

2021 AMO Delegation
Briefing Note

Introduction

In 2021, the topic of affordable and attainable housing in eastern Ontario has been pushed to the forefront as a result of the impacts caused by the COVID-19 pandemic. The financial pressures and economic uncertainty of navigating a pandemic, combined with increased population in rural areas, have made it clear just how difficult it is for many Canadians to secure housing is in eastern Ontario. For this reason, affordable and attainable housing remains a key priority for the Eastern Ontario Wardens' Caucus (EOWC).

Background

In eastern Ontario, there is a growing gap between individuals who can afford to live in the region and those who cannot. As the costs of home ownership continues to rise to previously unseen levels, and our populations continue to increase, this reinforces that the EOWC must take on a leadership role in order to advocate for eastern Ontario residents and to highlight the unique challenges and obstacles faced by our rural communities

The COVID-19 pandemic has not only created a financial strain on residents, but also on municipalities looking to undertake or complete affordable housing projects The costs of building materials and skilled labour, for example, has risen exponentially and funding programs do not take price escalation into consideration. In short, funding supports must consider the new realities that municipalities face that make existing challenges to get a project built all that more difficult. A premium added to funded projects to cover these costs for small, rural municipalities would ensure a level playing field with larger centres and larger developers that are able to better absorb these market fluctuations.

The EOWC is doing its part to find solutions to support private sector and not for profit builders looking at affordable and attainable housing construction in rural communities The EOWC has been awarded $200,000 as part of the Canada Mortgage and Housing Corporation (CMHC) Housing Supply Challenge to build a prototype data solution.

This solution aims to support the long-term planning of housing programs and incentives for municipalities. It also aims to support not for profit and private sector builders in overcoming barriers to implementing housing in rural communities resulting from information gaps

On the assisted housing side, the EOWC, in an effort to explore all possible options in alleviating the housing struggles of rural eastern Ontario, seeks clarification and further information regarding the Canada Ontario Community Housing Initiative (COCHI) and Ontario Priorities Housing Initiative (OPHI). As Service Managers are currently in the final year of the first phase (2021/2022) and there have been no announcements to date regarding the second phase, a problem arises of being unable to plan to commit funds under our COCHI and OPHI investments Service Managers are unable to commit further funds to non-profit housing providers who have previously been the recipients of COCHI and OPHI investments As such, they may be unable to continue maintaining their affordable housing units Furthermore, Service Managers may, for example, be unable to carry out health and safety repairs or replace/repair core building systems

It is evident that affordable housing has become even more unattainable to thousands of families in eastern Ontario, and the repercussions of this are felt in many areas of public policy including economic recovery and job creation post pandemic. To address affordable housing issues in our communities is to ensure job growth and economic prosperity now and into the future.

Key Recommendations

Rural vs. Urban Divide:

- Allow for the accumulation of COCHI and OPHI funding on a yearly basis, so as not to restrict rural municipalities from taking on larger affordable housing projects
- Extend funding timeframes so that rural municipalities have the ability to plan for future development. Rural communities do not have the number of residential developers that exists in urban areas, therefore it can take longer to attract, plan and execute an affordable housing project in a rural area.
- Create a rural funding stream for affordable housing development. Rural projects are at a smaller scale thus the operating costs are higher. In addition, capital costs per unit is also higher.
- Provide a premium to small, rural municipalities that apply for housing project funding to address their inability to absorb market fluctuations in the costs of materials and labour.

Streamline Ministerial Administration:

- Provide flexible funding without the ongoing reporting burden. This will allow Service Managers and municipal partners to be more creative with their funding and developing more affordable housing.
- Provide clear direction on the future of COCHI and OPHI funding (second phase).
- Apply a rural lens to future funding opportunities, understanding that large scale projects both in costs and scale are unworkable in smaller communities

Increase Supply:

- Increase financial support given directly to municipalities in the development of more affordable housing.
- Increase funding for housing allowances to address urgent housing needs in rural communities as a bridge to more permanent housing solutions

Conclusion

Every Canadian ought to have the ability to live in a safe and secure environment with a roof over their head — whether they're in a big city or a rural community. As we move forward to address the ongoing issues surrounding affordable housing, a rural approach must not be overlooked. The EOWC is committed to working with key stakeholders, including the Provincial Government, to improve affordable housing in rural eastern Ontario. In addition to funding municipal projects, there is a need to incentivize the private sector. All levels of government, plus the private sector must work collaboratively to achieve these goals

Broadband and Cellular Services

2021 AMO Delegation Briefing Note

Eastern Ontario Wardens' Caucus

EORN
EASTERN ONTARIO REGIONAL NETWORK

Introduction

Making eastern Ontario the best-connected region in North America continues to be one of the primary objectives of the Eastern Ontario Wardens' Caucus (EOWC). Access to ultra-fast broadband and state of the art 5G cellular services for residents and businesses, wherever they are in our region, has been a core EOWC mission for more than a decade. The EOWC saw the need for better connectivity as critical infrastructure for the future of its region.

In 2010 the EOWC created the Eastern Ontario Regional Network (EORN), a municipal not-for-profit corporation to be the vehicle through which this mission was to be executed. The choice to create a not-for-profit corporation was a deliberate one.

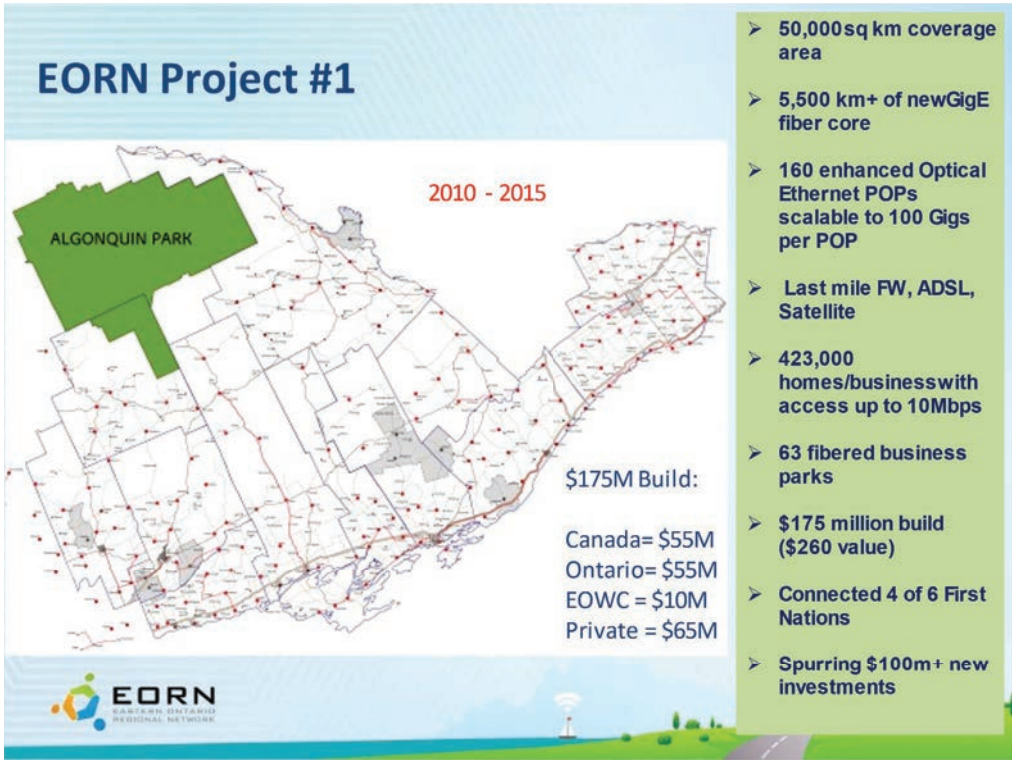
The EOWC and EORN's core philosophy was and continues to be that public funds should only be used where there is market failure. If the private sector would otherwise build broadband or cellular infrastructure on its own because it could make a return on its investment, then governments should not intervene. EORN's job was to do the research necessary to determine where market failure was occurring and using this research to make the case with local municipalities, the Federal and Provincial Governments decided that incentivizing private sector investment through a public-private partnership (PPP) project was the most efficient way to get region-wide broadband and cellular infrastructure built.

Getting all public sector funding in one place through an EORN lead project simplifies the work for private sector companies. This 'one window' procurement process was and is the most effective way to bring all parties together. Simply handing money over to private sector partners was not acceptable to the EOWC and EORN. Both wanted long term commitments from any company that obtained subsidy money to do two basic things, have their networks continue to perform and commit to ongoing investments using their funds to increase access to high-speed services. To do that, EORN developed long term commercial contracts. This was unique at the time and still is a key feature of EORN's projects.

Project 1 – Expanding Access to Fixed Broadband Services

In 2010 EORN launched its first project. The objective was to expand access to high-speed broadband services across eastern Ontario. At the time, the CRTC definition of high speed was 1.5Mbps. EORN's project objective was to push that to 10Mbps down and 1 Mbps up (10/1) for 85% of the region. Industry told EORN that was too much and not necessary. EORN trusted our research and proceeded with its first project.

It was a project that led to a combined $175 million investment and ended up delivering 10Mbps/1Mbps to 89% of the region and the remaining 11% received between 1.5 Mbps and 10 Mbps. The project ran from 2010 and ended in 2015. In the years since 2015, EORN calculates that more than $100 million in additional private sector spending has been made by its project partners.

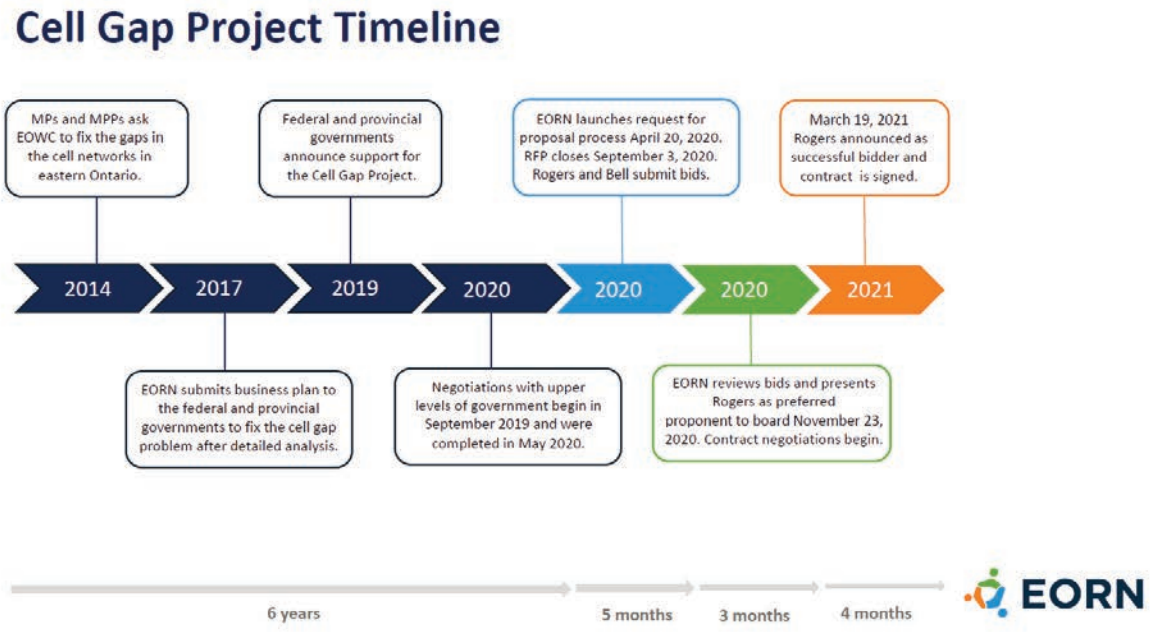


Project 2 – Improving Cellular (Mobile Broadband) Services

As our first project was coming to an end, the EOWC was asked by several MPs and MPPs to consider how cellular based services could be improved across eastern Ontario. Like residents and businesses, legislators in Ottawa and Toronto regularly faced significant breaks in coverage as they drove to and from their ridings. It became clear to the EOWC and EORN that cellular services were increasingly critical to the goal of making the region the best-connected region on the continent.

As the timeline below identifies, EORN began its work in 2014 to develop a project that would solve the problem. EORN and the EOWC, along with support from nearly every member municipality of the Eastern Ontario Mayors' Caucus (EOMC) recognized that this was going to require a similar effort to the first project and require the support of both Federal and Provincial Governments, respectively.

After spending nearly one million dollars of municipal funds for research into the problem, developing the solutions needed for another regional project to close the coverage gaps and boost network capacity, a business case was submitted to both the Federal and Provincial Government in 2017. On March 19, 2021 the contract for the work was awarded to Rogers Communications.



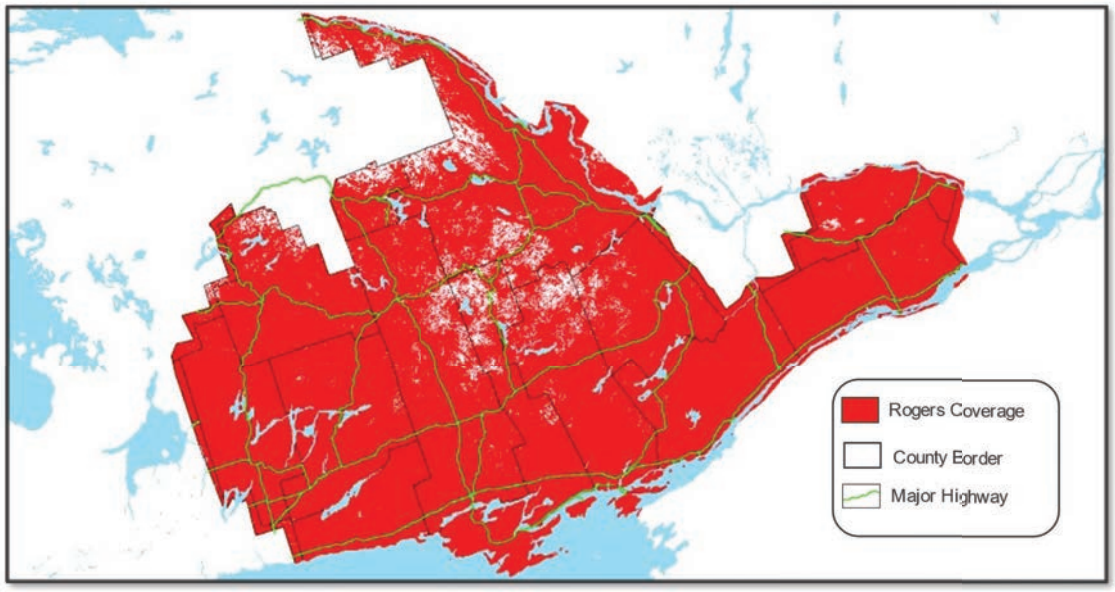
The Cell Gap project represents an investment of more than $300 million dollars with Rogers committing $150 million to the project. Canada and Ontario are providing $71 million each and the EOWC/EOMC a combined $10 million.

The project involves the uplifting (upgrading) of some 300 existing Rogers towers to 5G capabilities and a further 300 new towers.

When the project is complete in 2025 there will be coverage for voice services across 99% of the area where people live, work or travel and at least 85% of that same area will be able to receive high-definition services that will support items like video conferencing, streaming services and large file transfers.

EORN is now engaged in an extensive Duty to Consult process with Indigenous communities and organizations across the region to ensure that the project brings both the benefits of better cell coverage and responds to the concerns and interests that Indigenous communities may have with a project of this scope.

2025 Projected Coverage Map



2 Confidential | Cell Gap Project | Rogers Communications

Project 3 – Proposed EORN Gig Project

With the Cell Gap project successfully underway, the EOWC asked EORN to undertake further research into the growing inequalities across eastern Ontario for access to better broadband services. Despite the significant progress with Project 1, the demand from citizens, businesses and institutions for high-speed broadband services continued to grow rapidly. When COVID-19 hit, the world changed particularly for rural residents, students, and businesses. It sharply brought into focus the divide between those with adequate broadband services and those who were being left behind.

The EOWC called upon EORN to look for solutions once again. This time municipal elected officials realized that the incremental approach to fixing the situation was not going to be acceptable. The EOWC and EOMC asked EORN to develop a project proposal that would 'fix the problem for a generation'.

EORN researched and costed its proposed Gig Project. A PPP project would connect more than 540,000 premises (homes, businesses, seasonal properties, institutions, medical offices) with a fibre solution capable of delivering at least 1,000 Mbps or 1 Gig of speed. It would fix the connectivity problem for a generation and give rural customers the same kind of speeds now available in many urban communities.

EORN submitted its business case and request for funding to the Federal and Provincial Government in the summer of 2020. It re-submitted its proposal in March of this year. The project requires $200 million from each, a contribution of $400 million from the Infrastructure Bank of Canada and $400 million raised through EORN's successful public procurement process for a total project value of $1.2 billion.

Federal and Provincial Programs

Both the Federal and Provincial Government, in the past 12 months, launched ambitious broadband infrastructure programs that aim to improve access to better broadband service. Both as we understand it, aim to ensure homes get access to at least the CRTC minimum standard of 50 Mbps down and 10 Mbps up.

The Federal Government has a Universal Broadband Fund with total subsidies of $2.75 billion available for projects and the Provincial Government recently announced its new Ontario Connects broadband program valued at $4 billion. Together these represent historic investments in broadband investments.

Key Messages

The EOWC and EORN welcome Federal and Provincial investment in broadband.

EORN's analysis demonstrates the economic value of connecting our communities to future-proof, Gig-speed internet. This should be the standard for projects in our region.

The EOWC and EORN are and will continue to be strong advocates for connectivity across eastern Ontario.

EORN will monitor progress on Federal and Provincial programs to ensure the necessary investments in critical broadband infrastructure are made in the region.

The EOWC and EORN will continue to advocate on behalf of smaller, regional service providers because these smaller providers are key economic drivers for the region.

The EOWC and EORN will continue to advocate for improved services for the region's most rural and remote residents, so that no one gets left behind.

EORN will continue to expand connectivity through existing projects.

EORN is focused on rolling out our $300 million Cell Gap Project.

Continued Priorities

2021 AMO Delegation Briefing Note

The Eastern Ontario Wardens' Caucus (EOWC) has identified continued priorities, described as issues of ongoing importance that the Caucus has identified in the past and will continue to support on an as-needed basis. These continued priorities include social assistance transformation, COVID-19 municipal recovery, and joint and several liability.

Social Assistance Transformation

The EOWC has identified social assistance transformation as a continued priority item for 2021. The Provincial Government, in partnership with Consolidated Municipal Services Managers and District Social Services Administration Boards, is proposing a significant revision for social assistance in Ontario. This realignment will significantly change both provincial and municipal social delivery roles. Topics explored in this co-design process include a new service model as well as a new funding model. The COVID-19 pandemic has highlighted the need to improve services for residents and communities, with a focus on economic and social recovery.

The EOWC supports the Province in its co-design approach with municipalities. Municipal Service Manager staff participate in various committees that are tasked with the transformation, and the Caucus will continue to monitor the progress of the co-design process.

Finally, the EOWC agrees with AMO's position on the social assistance transformation and supports municipalities in participating in the decision-making process in order to help implement this new vision, assuming there are no municipal cost increases.

COVID-19 Municipal Recovery

The EOWC has also identified COVID-19 municipal recovery as a continued priority. The EOWC would like to thank the Federal and Provincial Governments for their financial supports throughout the pandemic including: Safe Restart funding, Pandemic Pay for frontline and support workers, Resilience Infrastructure Stream and funding for Community Paramedicine programs to name a few. This funding has enabled municipalities to address extreme revenue losses and cost increases as a result of COVID-19.

This pandemic forced municipalities to respond quickly making financial, service delivery and infrastructure planning adjustments. While the pandemic begins to ease, municipal governments still require financial assistance from upper orders of governments in order to continue to provide adequate services in areas such as childcare, public health, affordable housing, long-term care, paramedic services, broadband and telecommunication services, and infrastructure, to their residents. In short, municipal recovery funds are required in 2021 and beyond to enable municipalities to rebuild and serve their communities as quickly and efficiently as possible. The EOWC would like to continue to consult and collaborate with the Province through municipal pandemic recovery in the short, medium and long-term.

Joint and Several Liability

Joint and several liability has been a long-standing priority for the EOWC. The Caucus believes that it is unfair for municipalities to carry the financial burden and associated damage award when at minimal fault or responsibility or assume fault for another party's error (e.g., the 1% rule). The exponential rise in insurance claims and thus insurance costs is a result of plaintiffs that joint and several liability encourage to target "deep pocket" municipal defendants. Lawsuits are becoming more frivolous and getting higher in claim value. This is often the result of lawyers knowing that municipalities have to pay and therefore name municipalities regardless of fault. Counties in particular have been hit hard with increases as they are responsible for the arterial roads – these roads have higher vehicle use, higher vehicle speeds and often result in more catastrophic injuries. Municipal insurance premiums have increased across the EOWC region by upwards of 25.1% in the last decade. These premiums continue to rise and presents fiscal challenges when our municipalities prepare and manage current and future budgets.

The EOWC will continue to advocate for joint and several liability reform and welcomes the opportunity to work collaboratively with the Province. The EOWC supports the adoption of the Combined Model that was previously under consideration and supported by all parties.

EOWC
Eastern Ontario Wardens' Caucus

COUNTY OF RENFREW

DEVELOPMENT AND PROPERTY DEPARTMENT REPORT

TO: Development and Property Committee

FROM: Craig Kelley, Director of Development and Property

DATE: August 10, 2021

SUBJECT: Department Report

INFORMATION

1. **Ministry of Agriculture, Foods and Rural Affairs**

   Attached as Appendix I is a letter of introduction from the new Minister of Agriculture, Food and Rural Affairs, the Honourable Lisa Thompson.

2. **Petawawa Air Quality Monitoring Station**

   At the June Development and Property Committee meeting, staff were requested to enquire with the Renfrew County and District Health Unit (RCDHU), on behalf of all 17 municipalities, on what their position is regarding the closure of the Air Quality Monitoring Station in Petawawa. Attached as Appendix II is a summary received from Mr. David Tantalo, Manager, Healthy Environments that outlines the key points from discussions the RCDHU has had with the Ministry of the Environment, Conservation and Parks (MECP).

3. **Economic Development Division**

   Attached as Appendix III is the Economic Development Division Report, prepared by Mr. Alastair Baird, Manager of Economic Development, providing an update on activities.

4. **Ottawa Valley Tourist Association**

Attached as Appendix IV is the Ottawa Valley Tourist Association Report, prepared by Mr. Alastair Baird, Manager of Economic Development, providing an update on activities.

5. **Enterprise Renfrew County**

Attached as Appendix V is the Enterprise Renfrew County Report, prepared by Mr. Alastair Baird, Manager of Economic Development, providing an update on activities.

6. **Forestry and GIS Division**

Attached as Appendix VI is the Forestry and GIS Division Report, prepared by Mr. Jason Davis, Manager of Forestry and GIS, providing an update on activities.

7. **Real Estate Division**

Attached as Appendix VII is the Real Estate Division Report, prepared by Mr. Craig Kelley, Director of Development and Property, providing an update on activities.

8. **Planning Division**

Attached as Appendix VIII is the Planning Division Report, prepared by Mr. Bruce Howarth, Acting Manager of Planning Services, providing an update on activities.

Ministry of Agriculture, Food and Rural Affairs

Office of the Minister

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Ontario

June 29, 2021

Debbie Robinson
Chair
Eastern Ontario Warden's Caucus
pmoreau@countyofrenfrew.on.ca

Dear Debbie Robinson:

As the newly appointed Minister of Agriculture, Food and Rural Affairs, I am reaching out to introduce myself and to open the door to our joint effort in driving Ontario's agri-food sector success. I look forward to working with you.

I am a born-and-raised Ontario farmer with a lived experience of agriculture and rural life. From my home base on the family farm in Bruce County, to my service with the Ontario 4-H Foundation, I have a broad understanding of the agri-food industry and the people who live and work within it. I believe in the importance of working closely with everyone in the sector.

I am proud to serve the people of Ontario and to be a direct champion for our agriculture and food industries. I am pleased to share with you that I am an Advanced Agricultural Leadership Program alumnus as well. I am passionate not only about our agri-food sector, but in serving rural communities across the province.

I know that we share many of the same goals including supporting our farmers, reducing red-tape, embracing innovation and growing our sector. I look forward to working closely with you and your organization on those goals and other issues that are important to you.

Please accept my warmest regards.

Sincerely,

Lisa Thompson
Minister of Agriculture, Food and Rural Affairs

COVID-19 Reminders

- For vaccination booking details visit: https://covid-19.ontario.ca/book-vaccine/
- Follow your local public health/safety measures: https://covid-19.ontario.ca/zones-and-restrictions
- Practice physical distancing – stay 2 metres away from others in public
- Get the facts - www.ontario.ca/page/covid-19-stop-spread

Hey Craig,

I received your email from Heather Daly.

RCDHU has been advised by MECP of the impending closure of the air quality monitoring station. The was a long discussion about the redundancy of the data and how our area was being served by the Dorset and North Bay stations. In consultation with our MOH we reluctantly could not provide them with a valid reason to keep it operational.

I attached the key points from the discussion with MECP.

I have summarized some of the key points I raised last week and a high-level summary of the review we undertook below. I have also included links to our 2017 and 2018 annual air quality reports that provide more info on the ministry's ambient air quality monitoring network and the results for individual stations, including the Petawawa AQHI air monitoring station.

Let me know if I can provide any additional or if you would like to discuss further.

- The ministry monitors ambient air quality in real time at 39 Air Quality Health Index (AQHI) air monitoring stations established in communities across Ontario in collaboration with the federal National Air Pollutant Surveillance (NAPS) program. This information is reported 24 hours a day, seven days a week, through the Ministry's public website (www.airqualityontario.com).
- The stations monitor levels of common air pollutants associated with smog formation across the ambient air monitoring network including ozone, fine particulate matter and nitrogen dioxide. These pollutants have numerous, diverse and widespread sources, and can have adverse effects on human health, the environment, and property.
- The ministry's ambient air monitoring stations are generally representative of regional air quality which reflects the contribution of all sources of air contaminants to air. These air monitoring stations are sited to be representative of general population exposure and thus do not necessarily reflect air quality in locations that are most influenced by local or industrial sources of air contaminants.
- The Petawawa AQHI station was established in 2007 as a temporary air monitoring station to better understand transboundary air impacts in eastern Ontario. The Petawawa AQHI station, located in Chalk River, monitors two common air pollutants: ozone and fine particulate matter ($PM_{2.5}$).

- Since the establishment of the Petawawa AQHI air monitoring station, there have been iimprovements in emissions to air across Ontario and beyond its borders significantly decreasing the transboundary air impacts observed in eastern Ontario.

    - Air quality was reported in the low risk category 99.9 per cent of the time for Petawawa in 2019.

- There have been no Special Air Quality Statements (SAQS) or Smog and Air Health Advisories (SAHA) issued for the Algonquin air quality forecast region (includes Petawawa) since the program began in 2015. Three smog advisories were issued for this forecast region between 2007 and 2015 under the province's previous air quality alert program.
- Ontario's one-hour Ambient Air Quality Criteria (AAQC) for ozone, and 24-hour reference level for $PM_{2.5}$ have not been exceeded in Petawawa since the station began operation in 2007.

- The ministry conducted a comprehensive review of its air monitoring network in central-eastern Ontario in 2020 as part ongoing efforts to optimize the network. The review included the ministry's Petawawa, Dorset and North Bay AQHI air monitoring stations and Environment and Climate Change Canada's (ECCCs) Canadian Air and Precipitation Monitoring Network (CAPMoN) Bonner Lake and Chapais stations

- Data collected by the Petawawa, Dorset and North Bay stations (the closest AQHI air monitoring stations) between 2012-2017 are all generally comparable. Levels of ozone and fine particulate matter measured at these locations are generally consistent. See map/chart below.

- The comprehensive review concluded:
  - the ministry's North Bay AQHI station, based in a more heavily populated area, provides AQHI information that is protective of human health for the communities in the forecast regions of Algonquin and Renfrew-Pembroke-Barry's Bay which are currently served by the Petawawa AQHI air monitoring station
  - the ministry's Dorset station provides information reflective of background air quality and transboundary air impacts
  - ECCC's Bonner Lake and Chapais CAPMoN stations supplement the data collected by the ministry's AQHI air monitoring network by providing information regarding background air quality and transboundary air impacts

- The ministry is considering closing the Petawawa AQHI air monitoring station in light of these findings. This change will not compromise the availability of air quality information for the city of Petawawa. Residents of Petawawa can be confident that measurements from the ministry's Dorset and North Bay AQHI stations will continue to accurately represent air quality in their community.

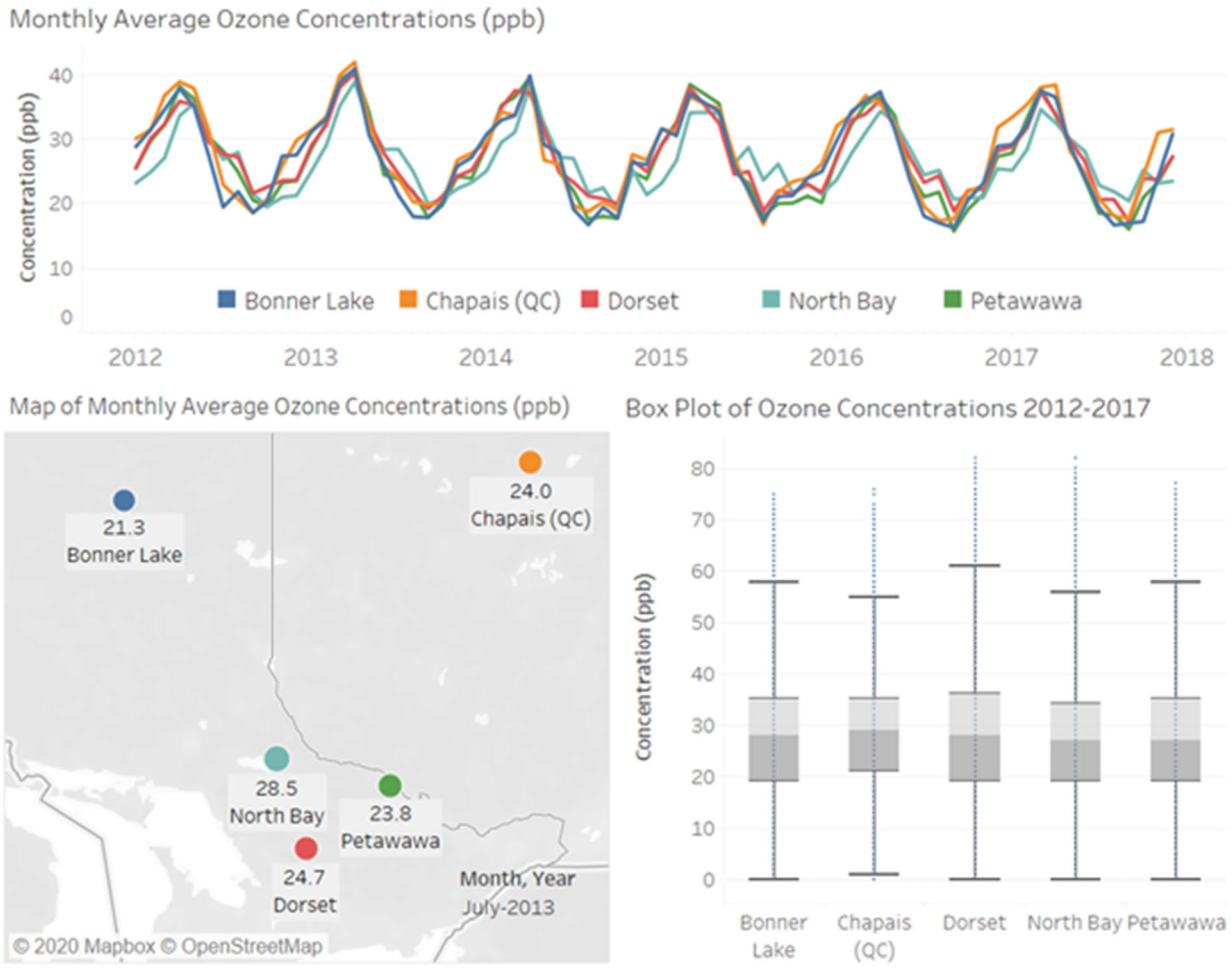
- More information on the ministry's AQHI air monitoring network including the 2017 and 2018 results for individual air monitoring stations (including the Petawawa AQHI air monitoring station) can be found at the following links respectively:
  - Air Quality in Ontario, 2018 Report and Appendix

https://www.ontario.ca/document/air-quality-ontario-2018-report

  - Air Quality in Ontario, 2017 Report and Appendix

https://www.ontario.ca/document/air-quality-ontario-2017-report

High Level Summary of Data Analysis Performed to Support Recommendation to Decommission Petawawa AQHI Air Monitoring Station



- This dashboard screenshot compares ozone concentrations measured at the ministry's Petawawa AQHI air monitoring station to those measured at surrounding ministry air monitoring stations (Dorset and North Bay) and additional air monitoring stations (Bonner Lake and Chapais) that are part of ECCC's CAPMoN.
    - The top panel displays the monthly average ozone concentrations over the period of 2012 to 2017 for each station.
    - The bottom left panel is a map of the monthly average ozone concentrations at each station. This particular example shows the monthly average ozone concentrations for July 2013.
    - The bottom right panel displays a box plot chart summarizing the hourly ozone concentrations for each station over the period 2012 to 2017.

Stay safe.

David Tantalo B.A.Sc., CPHI(C), MBA
Manager, Healthy Environments

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"Optimal Health for All in Renfrew County and District"

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ECONOMIC DEVELOPMENT DIVISION REPORT

Prepared by: Alastair Baird, Manager of Economic Development
Prepared for: Development and Property Committee
August 10, 2021

INFORMATION

1. Taste of the Valley [Strategic Plan Goal No. 1 (b)]

The Virtual Taste of the Valley is now live and active and will foster increased awareness and sales of locally grown and produced foods. The map and directory of over 130 producers will help residents and tourists find fresh, healthy and unique truly local foods and products for daily use and as gifts and for special occasions. Building on the success of our annual Taste of the Valley local food and artisanal products series of markets, the Virtual Taste of the Valley will enable year 'round, more frequent and regular direct sales, increasing our ability to exercise more local food sovereignty. This will join the Ottawa Valley Wood site to support our many local producers of an even broader range of Renfrew County products.

2. Shop The Valley Shop Social Media Campaign [Strategic Plan Goal No. 1 (b)]

Maintaining our Shop The Valley campaign initiated in the COVID-19 pandemic, Jackie Stott, Economic Development Coordinator has been visiting local merchants in municipalities across the County creating social media posts to promote the business, the entrepreneurial individuals and their products and services. Results have been excellent and local businesses have been very receptive to the program and grateful for the increased exposure and being presented so effectively on social media. Results since the launch of the social media campaign at the end of June:

Across Facebook and Instagram:

- 10,890 Impressions
- Engagement Rate: Up by 502%

3. **Ottawa Business Journal – Local Wood Processing and Effects of COVID-19 and Market Demand on Wood Supply [Strategic Plan Goal No. 1 (b)]**

Economic Development staff and local wood products industry leaders worked with Ottawa Business Journal writer Tom Van Dusen to develop a news story on the local forestry industry and the effects of the COVID-19 pandemic on operations, wood supply and pricing. It was a timely opportunity, as local businesses wanted to provide the background to consumers on the reasons for higher lumber and wood product prices and to show that the wood products industry was not engaged in price gouging during the pandemic.

4. **Virtual Career Fair – Newcomer Centre of Peel [Strategic Plan Goal No. 1 (b)]**

Economic Development Staff were joined by Warden Robinson in hosting a virtual career fair for new Canadians, mostly residing in the Greater Toronto Area (GTA) and with a few from other parts of Canada and oversees. Warden Robinson provided welcoming and introductory remarks to the 73 job seekers who participated, and positive encouragement to pursue career and employment opportunities here in Renfrew County. Staff then provided an overview of key business sectors and a sampling of jobs available. This was followed by presentations from two employer representatives, who provided an overview of their company and some of the positions they have available. Dr. Martin Smith represented Bubble Technology Industries (BTI) and spoke of his own positive personal experience as a new Canadian, taking a position with BTI sixteen years ago, and the enjoyable experience it has been for him and his family to live in Renfrew County ever since. Participants then broke into three virtual rooms for more in-depth discussion with the employer and County representatives. After the close of the Virtual Career Fair, within a half hour, Dr. Smith contacted us to share that he had received a very good resume from an applicant. Staff have since directed several participants to specific employers and have been working on an interest from a participant in purchasing a farm.

OTTAWA VALLEY TOURIST ASSOCIATION REPORT

Prepared by: Alastair Baird, Manager of Economic Development
Prepared for: Development and Property Committee
August 10, 2021

INFORMATION

1. **Rapid Media Paddler Magazine Promotional Campaign [Strategic Plan Goal No. 1 (b)]**

   Rapid Media, a global outdoor paddle sports media company based in Renfrew County, has been a long-time partner to the Ottawa Valley Tourist Association (OVTA) in the promotion of our paddling, fishing and outdoor adventure generally over two decades. Our summer advertising campaign is in the market and the on-going promotions of canoe tripping will run in the fall issue. In addition to print, we have a digital campaign running from August to Thanksgiving that will promote rafting (until mid-September) and fall canoe tripping and our paddle routes guide.

2. **Petawawa Photo Shoot Municipal Partnership [Strategic Plan Goal No. 1 (b)]**

   Completed on July 9, 2021 our latest promotional partnership with municipalities focused on Stand Up Paddle (SUP) Boarding on the Ottawa River around Petawawa Point and the surrounding islands. A second photo shoot collected mountain biking imagery at Forest Lea trails.

3. **Media Tour Supporting a Tourism Guide Book [Strategic Plan Goal No. 1 (b)]**

   Ron Brown , an Ontario-based author, visited the Ottawa Valley over June and July on a research trip for the sixth edition of his Backroads of Ontario guidebook, to be published in 2022. Ron focused on a scenic driving/cycling tour route between the Town of Arnprior and the City of Pembroke, and accessible areas from which to view the rapids of the

Ottawa River. Another key aspect of this tour route experience was research on the Ottawa Valley's log and timber building history. Staff directed Ron to our local museum network and he visited the Arnprior and District Museum and Archives, Ross Museum in the Township of Whitewater Region and the Champlain Trail Museum in the City of Pembroke.

4. **Brochure and Literature Distribution [Strategic Plan Goal No. 1 (b)]**

The 2021 Ottawa Valley Road Map and Tourism Directory and our newly updated multi-year Ottawa Valley Cycling Map are now in distribution through our operators and those visitor information centres that are open. We are also fulfilling brochure and information requests that come into the office by phone and email.

ENTERPRISE RENFREW COUNTY REPORT

Prepared by: Alastair Baird, Manager of Economic Development
Prepared for: Development and Property Committee
August 10, 2021

INFORMATION

1. **Summer Company Student Entrepreneur Businesses 2021 [Strategic Plan Goal No. 1 (b)]**

Hannah Summers: Summers Signature Designs
Hannah operates her summer company on Round Lake in the Township of Killaloe, Hagarty and Richards. Hannah creates custom t-shirts, hoodies and other items suitable for tourists and locals alike. Her intention is to create and show off the small hamlets, villages and lakes within the County of Renfrew along with small businesses and campgrounds. She feels the people living in the small communities and smaller lake areas want to show their pride by wearing clothing that shows where they live, but until she opened her business, this was not an option. She is filling a niche for our locals to show pride in their very small communities and is also targeting municipalities who may wish to have their own attractive and powerful promotional attire that residents, cottagers and tourists would be proud to wear. Hannah and Summers Signature Designs was featured prominently on CTV News on Tuesday, August 3, 2021.

Winter Biffert: Winter's Sewn Grown
A custom hand sewing business in the Township of Madawaska Valley in the Town of Barry's Bay. Winter's Sewn Grown, creates a wide variety of items such as placemats, scrunchies, bags, aprons, baby bibs and burp cloths. Winter displays and sells her products at the Killaloe Farmers' Market on Saturdays as well as through social media and traditional marketing and sales channels.

Paige Neuman: Brightside New Media
Paige is located in Township of Laurentian Valley and provides media assistance to small business owners that require help to keep their online platforms updated and current. Brightside New Media also conducts photo

and video shoots for clients to refresh, update and enhance the social media, website and traditional marketing and sales efforts of her entrepreneurial clients. Paige will maintain, schedule, write posts and create videos that aim to keep her clients social media platforms updated with a fresh new look and generating more and repeat sales.

Wren Rauliuk Dunn: KayakHER

Wren is from the Town of Deep River and is delivering her Summer Company in collaboration with Paddlers Co-op in Palmer Rapids. Her business, KayakHER, offers a variety of skills development and leadership programs targeted at young girls aged 8 to 13 years old. Through sport, overcoming challenges, team-work and mutual support KayakHER guides and coaches the young women to become proficient, comfortable and safe in, on and around water by learning the sport and lifelong skill of whitewater kayaking. Built into the paddling and water safety skills learned are shoreline coaching and mentoring sessions and group discussions about life, personal challenges and overcoming obstacles. Wren also sells uniquely designed and branded t-shirts, hoodies and stickers that her clients, and others, can purchase as mementos and souvenirs and which promote KayakHER to potential future clients.

2. **Starter Company Plus Final Phase of Spring Cohort Training [Strategic Plan Goal No. 1 (b)]**

As the final phase of their four-month training and coaching program, participants in the spring cohort will compete on Wednesday, August 11, 2021 in the Business Plan Pitch Contest in which they may receive up to $5,000 funding to support their new business launch and operations.

FORESTRY AND GIS DIVISION REPORT

Prepared by: Jason Davis, Manager of Forestry and GIS
Prepared for: Development and Property Committee
August 10, 2021

INFORMATION

1. Forestry Activities [Strategic Plan Goal No. 4]

(a) Staff have been releasing parasitic (non-stinging) wasps as part of a Natural Resources Canada trial to control invasive emerald ash borer (EAB) on a bi-weekly basis. This is part of a long-term field trial to test the wasps as a potential bio-control before it can be approved for wider use. Staff set six traps to monitor for presence of EAB in locations not yet confirmed to be infested in the County. As reported in the Renfrew County Forest Health Update 2020, EAB has spread significantly in recent years and ash mortality is becoming more visible. A presentation on the overall forest health will be made at County Council in September.

(b) Attached as Appendix FORGIS-I is an article from the Canadian Forest Industries (CFI) written by the County Forester Lacey Rose promoting managed forests.

(c) The Forest Products Association of Canada (FPAC) visited Renfrew County Forests with a film crew to create a virtual media tour for dissemination in conjunction with their Forestry for the Future campaign**.**

(d) 2021 operations are continuing and below is an update of the 2021 revenues.

Tract	Sale #	Harvest Type	Allocated Area (ha)	Total Bid Received ($)*	Status	*Invoiced*** Revenue to Date for 2021 ($)
Opeongo Line	11-19	Poplar/Mixedwood Clearcut, shelterwood	162	$ 115,445.00	This contract is from **July 2, 2019-December 31, 2021.** Harvest and hauling underway. Started May 2020, $76,960.29 revenue in 2020. Work is continuing in 2021.	58,316.84
Germanicus	19-20	Red Pine Thinning	12	$ 22,068.00	Complete. Additional $21,148.20 revenue generated in 2020.	5,513.16
Byer's Creek	01-21	Red Pine Thinning	21	$ 82,520.00	Harvest and haul underway	47,331.98
Brudenell	02-21	Red Pine Thinning	26	$ 70,900.00	Road work underway, harvest commencing shortly.	
TOTAL				*250,933.00*		*111,161.98*

* Actual invoiced amount will depend on actual, weighed volume (m3) harvested. Bid is based on estimated volume.

**Invoicing can occur as long as 30 days post-haul. Mills must send in weigh slips before invoicing can occur.

In Progress

Complete

RESOLUTIONS

2. Carbon Development Plan – Renfrew County Forests [Strategic Plan Goal No. 3]

Recommendation: THAT the Development and Property Committee recommend that staff review the potential of carbon developments for County of Renfrew owned forests and provide their findings to Committee at a future meeting.

Background

Attached as Appendix FORGIS-II is a media release from the United Counties of Leeds and Grenville announcing that they entered into a carbon development and marketing agreement with Bluesource Canada. Net revenues from the sale of forest carbon offsets are estimated to generate between $4.7 million to $7.7 million in the first 30 years of the 100-year agreement.

County of Renfrew forestry staff went through a similar evaluation with Bluesource Canada in 2017. At that time, carbon credits were very uncertain in Ontario, significant reductions to harvest levels would be required to be eligible, along with a long-term commitment (100 year) not to sell or clear any land within RCF. Although the same concerns exist at this time, staff will re-evaluate the potential of a carbon development plan for the Renfrew County Forests.

CFI – Canadian Forest Industries

Features Forestry Management Harvesting

Opinion: Forestry does not equal deforestation – and other lessons I've learned as a Canadian forester

June 15, 2021

By Lacey Rose

Photo: Annex Business Media

I am one of more than 230,000 Canadians making a living in the forest sector. I will admit, as a self-proclaimed tree-hugger growing up in a mining town in Labrador, this is not a path I saw for myself.

Now, after more than 10 years as a Registered Professional Forester, I have learned a lot, including some things I would love to share with Canadians about how their forests are managed. I say "their forests" because over 90 per cent of Canada's managed forest area is on public land.

Lacey Rose. Photo courtesy Lacey Rose

Trees grow back. We are legally and professionally required to ensure that managed forests successfully regenerate. Of equal importance – but often overlooked – is that trees have a life span and are taken out by fire, disease, insects, wind, or old age before the age of 120 in much of Canada's forests. Less than 0.5 per cent of available public forest area is harvested per year, and turned into wood products that store carbon that would otherwise be released as the tree dies and decomposes. People who work in the woods care a lot about forests. It is common for businesses to be family-run and multi-generational, truly care about the well-being of our forests, and intend to make sure their children (and children's children) have the opportunity to make a living from the forest too. Aside from that, many forestry workers spend their free time in the woods – hunting, fishing, camping – so they are personally invested in doing a good job.

Giving forests value encourages their protection. There shouldn't be shame associated with cutting trees, as long as we make sure they grow back. We all live in houses made of wood and recently experienced the Great Toilet Paper Shortage of 2020, while landscaping with wooden mulch and sipping coffee sitting on our new wooden decks. Fun fact: if you use coffee creamer, that has wood in it too!

In Canada's publicly owned forests, no tree is harvested without jumping through many hoops. Years of planning, public and First Nations consultation, determining protection measures for wildlife including species at risk, plus careful balancing of ecological, social, and economic objectives takes places before a single tree can be harvested.

A managed forest is a healthy forest. We must realize that with human presence comes alteration of ecosystem processes. We put out fires to protect human values. In the absence of these forest-replacing disturbances, there is higher risk for uncontrollable fires because of fuel build-up, more risk of pest and disease outbreaks. How do you make a forest more resistant to climate change? Improve its health and vigour through management. How do you make a landbase suitable for a variety of creatures? Manage for a diversity of forest types and ages, representative of natural conditions.

Wood is our only renewable, natural resource. In addition, wood is beautiful, compostable and reusable. We're seeing glimpses of new wood technology like

transparent wood, biofuel-powered vehicles, personal protective equipment like masks, packaging to help reduce the use of single-use plastics, and more tall buildings made from cross-laminated timber.

We have some of the most stringent federal and provincial standards and regulations, plus 36 per cent of the world's third-party certified forests are in Canada. Every year, 400-600 million trees are planted in managed forests. Encouraging sustainable management in Canada's forests and increasing innovation in wood products are two major pieces that can contribute to solving the climate change puzzle. I'm hopeful that the time is right to make more use of wood, and that a prosperous forest sector will be a place many young Canadians will be proud to work in, like I am.

Lacey Rose grew up on the 53° N parallel in Labrador. Graduating from UNB in 2006 with a Bachelor of Science in Forestry, Lacey has been a Registered Professional Forester in Ontario since 2008. Lacey's work experience has ranged from field work in the Boreal Forest to writing a forest management plan for 250,000 hectares of Crown Forest in the Great Lakes St. Lawrence Forest, and now, hands-on management of the Renfrew County Forest. Outside of these roles, Lacey is the Co-Founder of Women in Wood, and the host of the web-series "Mighty Jobs".

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MEDIA RELEASE

FOR IMMEDIATE RELEASE

June 24, 2021

The highlights of the regular United Counties of Leeds and Grenville Council Meeting held on Thursday, June 24, as well as the Committee of the Whole meetings earlier this month, are listed below.

Counties Council approves carbon development plan for Limerick Forest: Counties Council has passed a by-law to enter into a carbon development and marketing agreement with Bluesource Canada.

Council approved the agreement to produce revenues based on the sale of carbon offsets from Limerick Forest, a 6,000-hectare forest owned by the United Counties. Net revenues from the sale of forest carbon offsets are estimated to generate between $4.7-million to $7.7-million in the first 30 years of the 100-year agreement. The carbon offset revenues will ensure that future forest management objectives can be sustainably funded over the long term without relying on the tax base.

"The key thing is the Counties commitment to a higher standard of long-term sustainable forest management. As a landowner under a program like this, we are being rewarded for maintaining or increasing the forest carbon stock above common forest management practices, while at the same time ensuring a healthy Limerick Forest will remain on the landscape for future generations", said Counties Forest Manager Geoff McVey.

As Limerick Forest is Forest Stewardship Council ® (FSC®) certified through the Eastern Ontario Model Forest (EOMF) certification program, it qualifies for the Improved Forest Management (IFM) carbon project. Under FSC certification, landowners undergo annual, independent third-party audits to ensure sustainable forest management principles are being met.

Bluesource Canada is the oldest and largest carbon offset developer in North America. It has developed the continent's largest portfolio of carbon offsets with more than 200 projects representing over 150 million tonnes of emissions reductions. For more information contact Counties Forest Manager Geoff McVey at 613-342-3840, ext. 2416.

Financial audit shows surplus: A resolution to approve the 2020 Audited Financial Statements has been approved by Counties Council.

Howard Allan and Partners LLP presented its report to the Committee of the Whole meeting earlier in June. Mr. Allan noted the Counties had $99-million in expenditures. Mr. Allan concluded that looking at the financial indicators the numbers are well beyond the low risk area and strong financial management is in place.

The Counties ended the 2020 fiscal year with a $4.5-million surplus, largely due to Safe Restart Funding received from the Province to help mitigate the financial impacts of COVID-19.

"We are in sound financial shape," Counties' Treasurer Pat Huffman said. "We have an infrastructure deficit, like all municipalities in Ontario, which we are addressing by updating our asset management and long-range financial plan in 2021."

Council approved the distribution of $3.8-million of the year-end surplus to the Roads and Bridges Amortization Reserves to help address the infrastructure deficit.

Reserves in 2020 increased by $5.3-million. This is largely due to the year-end surplus, savings realized on capital work completed and the paying down of debt. For more information, contact Counties Treasurer Pat Huffman at 613-342-3840, ext. 2468.

Upcoming meetings: The Joint Services Committee is on Tuesday, July 6; the Committee of the Whole meeting is on Wednesday, July 7; Counties Council is on Thursday, July 22. All regular meetings begin at 9 a.m. Council Chambers remain closed to the public but can be viewed via livestream or video after the meeting, on the Counties website. For more information, contact County Clerk Lesley Todd at 613-342-3840, ext. 2454.

-30-

June 24, 2021

Media inquiries:

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REAL ESTATE DIVISION REPORT

Prepared by: Craig Kelley, Director of Development and Property
Prepared for: Development and Property Committee
August 10, 2021

INFORMATION

1. **Staffing Update**

We are pleased to announce that Kevin Raddatz has been recruited to the position of Manager, Real Estate for the Real Estate Division. Kevin will begin his employment with the County on August 23, 2021. Kevin comes to us after a successful career managing a large portfolio of blue-chip properties across Eastern Ontario. His wealth of experience in facility management and tenant relations will be a great addition to our team as we move forward with new projects and expanded asset responsibilities.

2. **Real Estate – Projects Update [Strategic Plan Goal No. 2 (a)]**

Attached as Appendix RE-I is a summary report of all projects currently underway that involve the Real Property Assets Division. Details on each project are included in the comments section.

3. **Real Estate – 2021 Capital and Capital Under Threshold Projects [Strategic Plan Goal No. 2 (a)]**

Attached as Appendix RE-II is a summary report of capital and capital under threshold projects approved in the 2021 budget.

4. **Service Delivery Improvement Project (SDIP) [Strategic Plan Goal No. 3 (b)]**

Project Status as of August 1, 2021:
Other than outstanding minor deficiencies, the County Administration Building is ready to accept staff back into the workplace and acceptable to open all the entrance doors to the public. Plans are currently underway to ready the Council Chambers for the County Council meeting of August 25, 2021, including all the technical requirements to livestream direct from the Chambers. Staff have completed the necessary protocols for how Council

members will access the building for meetings, and they will be distributed prior to the August Council meeting. Plans are also underway to celebrate the substantial completion of this phase of the Service Delivery Improvement Project (SDIP) on August 25, 2021, and will include a ribbon cutting, guided tours of the facility and a reception, all in keeping with public health guidelines. Details will be forwarded later this month.

Given the recent additions and reconciliations, an accounting report will be available at the September meeting of Development and Property Committee.

Real Estate - Projects Update

Location	Work Description	Status			Comments
		Budget	Quote	Status	
County Admin Building	CAB Service Delivery Project			In Progress	Architectural Design for tendering in spring
	RFP - New Pylon Sign			In Progress	Final Sign Installation May 2021
	Archive Storage	$70,000		In Progress	Installation Started to be completed June 2021
	Security System & Cameras	$40,000			
Renfrew County Place	Caulking around windows	$50,000			
	Lighting upgrade - Paramedic Garage	$10,000			
	A/C Coil Repairs	$10,000			
	Parking Lot -Paving	$50,000			
80 McGonigal					
Leases	Child's Paradise - 450 O'Brien				Expired Feb 28, 2019. Renewal Outstanding
	169 Lake Street (Storage)				Expires July
Facilities	Asset Management			On Going	Annual Building Condition Assess. 2021 submitted.
	Green Energy Act 507/18			On Going	2021 Reporting requirement to Ministry for October
	Building Lockdown Policy			Deferred	
	Energy Management Plan			Deferred	
Paramedic Bases					
OPP					

Real Estate 2021 Capital Projects

Project - Capital	Building	Budget	Start Date	Final Cost	Status
Service Delivery Improvement Project	County Admin Building	$4,112,961	**June 1, 2020**		In Construction
Electronic Sign	County Admin Building	$50,000	**January 1, 2021**		In Progress
Archive Storage	County Admin Building	$70,000	**March 1, 2021**		In Progress
Security System & Cameras	County Admin Building	$40,000			
Caulking around Windows	Renfrew County Place	$50,000			
Lighting Upgrade - Paramedic Garage	Renfrew County Place	$10,000			
A/C Coil Repairs	Renfrew County Place	$10,000	**July 1 2021**		Parts ordered
Parking Lot - Paving	Renfrew County Place	$50,000			
Total		$4,392,961			

PLANNING DIVISION REPORT

Prepared by: Bruce Howarth, MCIP, RPP, Acting Manager of Planning Services
Prepared for: Development and Property Committee
August 10, 2021

INFORMATION

1. Staffing Update

We are pleased to announce that Alex Benzie will be joining the County of Renfrew's Planning Division as a Junior Planner effective early 2022. Alex has been with the County from the beginning of May as a Planning Intern. She will be heading back to school in the Fall to complete her Master's degree in planning and will join us after the semester finishes up.

2. County of Renfrew Official Plan Amendment No. 31 [Strategic Plan Goal No. 3]

A special meeting of County Council has been scheduled for Thursday, August 19, 2021 at 6:30 p.m. to inform the public of an application for a proposed Official Plan Amendment (OPA), which is attached as Appendix PLAN-I. This amendment proposes changes of many of the modifications made by the Ministry of Municipal Affairs and Housing (MMAH) back to the intention of the policies adopted by County Council in OPA No. 25. A notice of the special council meeting was advertised in accordance with the requirements of the Planning Act. It was sent to all required public agencies (including local municipalities), MMAH, all persons who requested notice, and was posted in all newspapers that service Renfrew County.

The public will be able to view the meeting on YouTube. Persons who wish to participate in the meeting have been requested to contact staff to be added to a "delegation list". Those wishing to provide comments for Council consideration will be provided the login information to join the virtual meeting.

3. Wildland Fire Hazard Guideline [Strategic Plan Goal No. 3]

Wildland fire is identified as a natural hazard under the Provincial Policy Statement and the County of Renfrew Official Plan. Ms. Alex Benzie, Planning Intern will present the new Renfrew County Wildland Fire Hazard Guideline which will be provided to all development applicants when they

submit a General Inquiry or application to the County that is in an area identified as a potential wildland fire hazard. Attached as Appendix PLAN-II is the guideline that will also be posted on the County website.

4. **Elimination of the LPAT**

Attached as Appendix PLAN-III is a resolution circulated by the Town of Halton Hills requesting that the Province eliminate the Local Planning Appeal Tribunal (LPAT), now called the Ontario Land Tribunal (OLT).

RESOLUTIONS

5. **Planning Division Internship Program [Strategic Plan Goal No. 3]**

Recommendation: THAT the Development and Property Committee recommend that County Council approve the continuance of the Planning Division Internship Program.

Background

In March 2021, Committee and Council supported the following recommendation:

> "THAT the Development and Property Committee recommend that County Council approve the Planning Internship Program beginning April/May 2021 for an initial 4-month program, and to assess the success of the program prior to a second and further intake."

Given the capacity issues currently being experienced in the Planning Division, and with the new Junior Planner starting in 2022, staff is recommending continuing with a paid internship program for ensuing semesters, as student enrollment and recruitment allow.

Our current intern, Alex Benzie, has played an integral role supporting other planning staff in assisting with the completion of planning applications and general inquiries. With the impending approval of Official Plan Amendment No. 31, Planning Division staff will be deeply engaged in the drafting of Comprehensive Zoning By-laws for local municipalities, in addition to other day-to-day activities including increasingly more complicated planning applications. Furthering our internship program will provide a stream of secondary support to staff to provide the preliminary reviews and administrative support, all while providing mentorship support for interested planning students.

Funding for the program in 2021 will come from the current surplus in the Planning Division budget, while further funding will be incorporated into the 2022 budget for consideration at that time.

AMENDMENT NO. 31

TO THE

OFFICIAL PLAN

OF THE COUNTY OF RENFREW

Prepared By: County of Renfrew
Planning Division

AMENDMENT NO. 31

TO THE

OFFICIAL PLAN

OF THE COUNTY OF RENFREW

This Amendment was adopted by the Council of the Corporation of the County of Renfrew by By-law_____in accordance with Sections 17, 21, and 22 of The Planning Act on the ____ day of _____, 2021.

_____
DEBBIE ROBINSON, WARDEN

CORPORATE
SEAL OF
MUNICIPALITY

_____
PAUL V. MOREAU, CAO/CLERK

AMENDMENT NO. 31

TO THE OFFICIAL PLAN OF THE

COUNTY OF RENFREW

THE CONSTITUTIONAL STATEMENT

PART A – THE PREAMBLE does not constitute part of this amendment.

PART B – THE AMENDMENT consisting of the following text and Schedules "A" and "B" constitute Amendment No. 31 to the Official Plan of the County of Renfrew.

PART A – THE PREAMBLE

Purpose

To update the County of Renfrew Official Plan, which came into effect in 2003, as required under Section 26 of the Planning Act. County Council adopted Official Plan Amendment (OPA) 25 which was a 5-year update to the County of Renfrew Official Plan. The amendment was approved with modifications by the Ministry of Municipal Affairs and Housing (MMAH) in 2019. This amendment proposes changes of many of the modifications made by MMAH back to the intention of the policies adopted by County Council in OPA 25.

Location

The Official Plan amendment affects lands throughout the entire County, therefore a key map or description of the affected lands has not been provided.

Summary of Key Changes to the Official Plan

For the purposes of this amendment, the entirety of the text of the Official Plan will be deleted and replaced with the adopted text. The overall changes to the Official Plan are significant in number have been illustrated in a "track-changes" version of the Official Plan. The red-strikethrough text illustrates matters to be deleted. Green text represents additions to the text. For the purposes of this amendment, the map schedules to the plan have been deleted and replaced with the updated versions. Key changes to the plan include:

No.	Page #	Section	Policy Changes in OPA 31
1.	10	1.3(8) Purpose and Objectives of the Plan	Deletes reference to population projections as allocations
2.	13	1.5(1) Scope and Structure	Deletes wording that the policies of this Plan apply as well as local Official Plans (back to 2003 Official Plan)
3.	14	1.5(4) Scope and Structure	Section 15 Laurentian Valley – guidelines for local Official Plan (OP) is only section that applies to Laurentian Valley (back to OPA 25)
4.	15	1.5(4) Scope and Structure	Deletes reference to allocations
5.	15-16	1.6 Local Planning	Urban Community and Laurentian Valley – general guidelines for these Plans only sections of the County OP that apply to Arnprior, Renfrew,

			Petawawa, Deep River, and Laurentian Valley (back to 2003 OP and OPA 25)
6.	26	2.2(6)(5) Cultural Heritage and Archaeological Resources – Land Use	Archaeological study required if lot exceeds the third lot from original holding under Section 14.3(4) and (5) (back to OPA 25)
7.	29-30	2.2(8)(a) Natural Heritage (Habitat of Endangered and Threatened Species)	Deletes reference to information gaps. Development not permitted in habitat in accordance with provincial requirements (back to OPA 25)
8.	30	2.2(8)(c) Significant Wildlife Habitat	Revises meaning of development to trigger Environmental Impact Study (EIS). EIS required if lot exceeds the third lot from original holding under Section 14.3(4) and (5) (was 5 lots under OPA 25), but would allow flexibility under Section 2.2(23) for an EIS, which provides for criteria to waive study (e.g., development is minor in nature). Development also means a plan of subdivision or a commercial/industrial/institutional development that would disturb more than 2 Ha (was 5 Ha under OPA 25) of significant wildlife habitat
9.	31	(d) Fish Habitat	Same as above, but commercial/ industrial/institutional development that would disturb more than 1 Ha of land adjacent to a water body (back to OPA 25)
10.	31-32	(e) Significant Woodlands	Same as above, but commercial/industrial/institutional development that would disturb more than 2 Ha of significant woodlands (was 5 under OPA 25)
11.	32	(f) Significant Valleylands	Deletes modification requiring EIS in or within 120 metres. New policy may require EIS depending on scale and nature of proposed development (back to OPA 25)
12.	33	2.2(9)(a) Hazards – General	Removes wording from this section and places in Flood Plain section
13.	34-38	2.2(9)(c) Hazards – Karst Topography	Deletes modification requiring desktop study and site visit by a qualified geoscientist or geotechnical engineer. Replaces with County of Renfrew karst protocol

			(back to OPA 25)
14.	38	2.2(9)(d) Wildland Fire	Deletes wording in modification that stated development shall generally be directed to areas outside of wildland fire lands and wording that prohibited wildland fire mitigation measures in significant woodlands, valleylands, wildlife habitat and Areas of Natural and Scientific Interest
15.	39-40	2.2(9)(e) (1) and (2) Flood Plain	Inserts language from Item 12 above
16.	46	2.2(11)(c) Water Setback and Protection of Shoreline Integrity	Revises meaning of large development proposals to just a plan of subdivision
17.	47	2.2(11)(e) Water Setback and Protection of Shoreline Integrity	Clarifies that provisions for shoreline activity areas can be implemented through a comprehensive zoning by-law or site specific amendments
18.	51	2.2(12) (f) (iii) Servicing Policies	Clarifies density of surrounding lots to within 200 metres not 400 metres
19.	51-52	2.2(12) (h) and (i) Servicing Policies	Reverts to language in OPA 25 permitting lot creation if it is confirmed there is sufficient reserve sewage system capacity, which means disposal (land application) of hauled sewage at Ministry of Environment, Conservation and Parks approved sites
20.	53	2.2(17) Group Homes	Changes reference to a group home from 10 persons to 9 persons, which is limit without Health Unit requirements
21.	60	2.2(24) (2) Secondary Dwelling Units	Adds policy that would allow secondary dwellings on properties greater than 2 Ha not to share well and septic
22.	61	2.2(24) (7) Secondary Dwelling Units	Adds policy that, on lands designated Agriculture, a secondary dwelling is to be located in close proximity to primary dwelling and should not sterilize productive land or conflict with adjacent farms
23.	71	3.1 Urban Community – Introduction	Clarifies that this is the only section of the County OP that applies to the Urban Communities (Arnprior, Renfrew, Petawawa

			and Deep River)
24.	84	5.3(3) (e) Rural	Adds a new policy that small subdivisions, being less than 10 lots, may be permitted with an alternative form of access if supported by local municipality
25.	112	7.3(1) Mineral Aggregate	Changes reference to Schedule B Map 3 – Mineral Aggregate and Mining Resources from a constraint overlay to an information layer
26.	125	9.3(2)(a) At Capacity Lakes	Deletes the words "development" and "site alteration": policy applies only to lot creation (back to OPA 25)
27.	157	14.4(6) Plans of subdivision	Adds wording cross referencing 5.3(3) (e) of the Rural policies regarding alternative form of access for small plans of subdivision
28.	160	15.3(2) Laurentian Valley Policies	Adds reference to Additional Residential Units at request of Township Planner
29.	**MAPS**	Schedule B Map 3 – Mineral Aggregate and Mining Resources Schedule B Map 4 – Natural Heritage Features Schedule A – Horton Township	Removes sand and gravel constraint layer Scales back the Deer Wintering Area to comprise just Deer Yard Stratum 1 At the Township request, the removal of the majority of the Agriculture designation so that it matches the designation proposed by the Township under OPA 25

PART B – THE AMENDMENT

All of this part of the document entitled Part B – The Amendment, consisting of the following text, one Schedule "A", twelve Schedule "A" enlargements, and four Schedule "B" maps, constitutes Amendment 25 to the Official Plan of the County of Renfrew.

Details of the Amendment

The Official Plan is amended as follows:

(a) By amending the text as illustrated in draft Official Plan Amendment deleting words shown in red strike through and adding words shown in green;

(b) By deleting the existing Schedule “A’ and all Schedule “A” enlargements to the Official Plan and replacing them with the attached Schedule “A” and twelve Schedule “A” enlargements;
(c) By deleting the existing Schedule “B’ to the Official Plan and replacing them with the attached Schedule “B” maps;

Implementation and Interpretation

The implementation and interpretation of this amendment shall be in accordance within the respective policies of the Official Plan of the County of Renfrew.

MITIGATING WILDLAND FIRE RISK

A guide adapted from the FireSmart Begins at Home Manual and the Ontario Ministry of Northern Development, Mines, Natural Resources and Forestry's Wildland Fire Risk Assessment and Mitigation Reference Manual

County of Renfrew
Ontario . Canada
Experience Our History, Share Our Future!

WHAT IS WILDLAND FIRE?

Wildland fire, also called wildfire or forest fire, is defined by the Ministry of Northern Development, Mines, Natural Resources and Forestry as any fire burning forested areas or grasslands. Wildland fires are the result of a chemical reaction, involving heat, oxygen, and fuel (also known as the Fire Triangle). Wildland fires are capable of spreading at a staggering rate - if the right combination of vegetation, topography, and weather is present, they can spread through the crowns of trees at up to 15 kilometers per hour!

Wildland fire is a natural process that plays a critical role in the forest regeneration process, and areas that have experienced wildland fire in the past will likely do so again. When human activities or development are introduced into forested areas, natural causes of wildland fire, such as lightning, present an increased threat to life and property. Human activities and development also lead to non-natural causes of wildland fire, such as damaged power lines, recreational burning, and industrial activities. Today, 90% of all wildfires that start within 3 kilometers of communities are attributed to human activity.

Why is Mitigating Wildland Fire Risks Important?

When we extend our lifestyles and communities further into forested areas, we become more exposed to the dangers of wildfire. Sometimes, families must be evacuated from their communities, and homes and cottages could be destroyed.

- In Canada, wildland fires **are the second most frequent type of reported natural disaster**, next to flooding.
- On average, **over 1,200 wildfires are started in Ontario each year**, consuming over 200,000 hectares of forested land annually.
- Projections indicate that total fires in Ontario could increase by **15% by 2040, and by 50% by 2100**
- **Appropriately managing wildland fire** requires balancing its natural role with the protection of human life, property and economic values.

Living where wildfires can occur puts your home at risk, but with appropriate measures in place, it is possible to live safely with this natural event. The best protection against loss, damage, or injury due to wildfire is prevention, but there are things you can do to reduce the risk of loss or damage to your property in the event of a wildfire. Measures that protect your home from wildland fires can also reduce the damage of a household fire if one were to occur.

Wildland fire mitigation techniques are designed to disrupt the combustion process by eliminating two of the three components of the Fire Triangle. They do so in three ways: (1) by minimizing the opportunity of new fires from embers; (2) by reducing the potential for direct flame contact from approaching wildland fires; and (3) by reducing the effects of radiant heat from an approaching wildland fire. Mitigation techniques (see next page) can be incorporated into building, site, and/or neighborhood design, which is why wildland fire risk mitigation is part of the land use planning process.

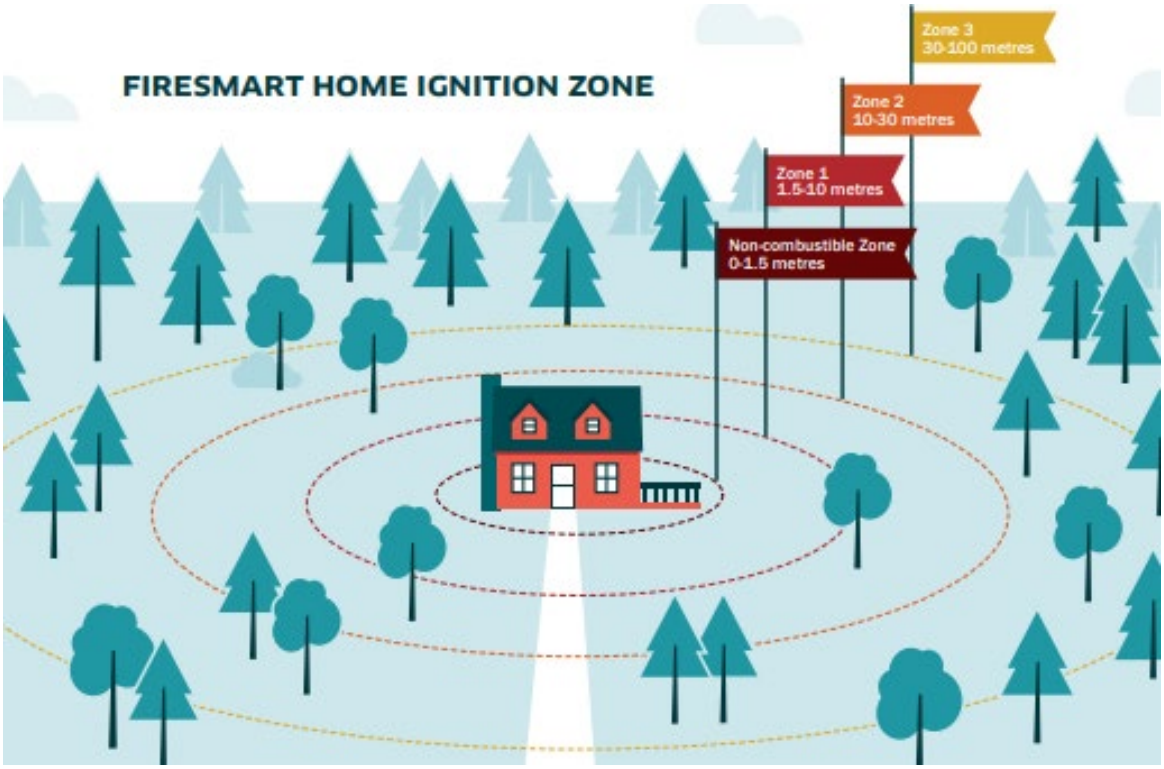
How are We Mitigating Risks in Renfrew County?

The County of Renfrew's Official Plan is a land use planning document that guides growth and development across the County. It sets out policies that aim to enhance the quality of the natural, built, and human environments in the County, and to help the communities in the County adapt and respond to a range of social, economic and environmental changes, including the increased risks of wildland fires (see section 2.2(8)(d) of the Official Plan).

Hazardous forest types for Wildland Fire have been mapped across the County, and can be found on Schedule B – Map 1 of the Official Plan. When development is proposed in an area on this map with a high to extreme risk for wildland fire, the applicant is required to fill out a Wildland Fire Risk and Hazard Assessment Form, which evaluates risks and identifies measures to mitigate risks, based on the site conditions. This applies to applications for severances, plans of subdivisions or condominiums, and any other proposal requiring approval under the Planning Act.

MITGATING WILDLAND FIRE RISKS

FireSmart Canada and the Ministry of Northern Development, Mines, Natural Resources & Forestry use the **Home Ignition Zone** approach to identify risks and mitigation techniques based on the distance to your home (or building structure).



Non-Combustible Zone / Home: 0 - 1.5 meters

A non-combustible zone should extend 0 - 1.5 meters around the home or structure (including decks, porches, etc.) and any outbuildings (sheds, garage, etc). Shrubs, trees, and tree branches should be avoided in this zone. Use fire-resistant building materials for your roof and the building's exterior, and install non-combustible material for roof vents. Regularly clean your roof and gutters from combustible materials and debris. If the property is on a hill or slope, consider building the home/structure so that it is set back at least 10 meters from the crest of the slope, as fire moves and spreads rapidly uphill.

Zone 1 / Yard: 1.5 - 10 meters

This is the zone with the highest impact. Regular maintenance and cleaning in the corners and crevices of the home and yard where needles and debris build up will leave nothing for embers to ignite. Maintenance includes removing windblown leaves under the deck and flammable debris from balconies and patios, and thinning or pruning shrubs and trees and regularly removing deadfall. When landscaping within 10 meters, plant a low density of fire-resistant plants and shrubs, keep grass mowed and watered, and avoid woody debris such as mulch. Do not keep a woodpile in this area.

Zone 2 / Yard: 10 - 30 meters

Reducing and managing potential fuel sources in this zone will reduce the likelihood of combustion and reduce fire intensity if a fire were to occur. Thin trees so that the crowns of individual trees do not touch, and remove dead woody debris. Evergreens such as pine and spruce are much more combustible than deciduous trees such as aspen, poplar, and birch.

Zone 3 / Yard: 30 - 100 meters

In this zone, the idea is not to remove all combustible fuels from the forest, but to thin the area to reduce fire intensity and make a fire more easily extinguished. Thin or remove shrubs and trees that make up the under story; retain fire resistant deciduous trees; and manage the canopy to reduce the potential for a crowning fire.

YOUR PLANNING APPLICATION

If you are submitting a planning application in an area identified with a wildland fire risk, please complete and include the *Wildland Fire Risk and Hazard Assessment Form*, which is available on the County of Renfrew website.

The hazard assessment form is designed to assess the wildland fire risk for your planned development. When filling out the form for your proposal, assume that a building has been constructed on the site.

The assessment form has two parts. The first evaluates the surrounding forest and surface vegetation present, and the second evaluates the site layout and structural components of the future building. Add the scores of both parts together to get your total Wildland Fire Hazard score. If your total score indicates a high to extreme risk, consider how the vegetation can be better managed on site, or what modifications could be made to the site layout or building.

ADDITIONAL RESOURCES

This guide has been adapted from the following resources, which provide additional information and guidance on wildland fire causes, risks, provincial policies, and mitigation techniques:

- FireSmart Begins at Home Manual, Fire Smart Canada
- Wildand Fire Risk Assessment and Mitigation Reference Manual, Ontario Ministry of Northern Development, Mines, Natural Resources and Forestry
- The Home Owner's FireSmart Manual: Protect Your Home from Wildfire, Ontario Ministry of Northern Development, Mines, Natural Resources and Forestry

CONTACT INFORMATION

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Pembroke ON K8A 6W5
613-735-7288

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Wildland Fire Risk and Hazard Assessment Form

This hazard assessment form is designed to assess the wildland fire risk for your planned development. The assessment evaluates the surrounding forest and surface vegetation present; and the structural components of a future (or existing) building(s).

When filling out this assessment form, assume that a building (or buildings) has been constructed on the site. If you end up with a high or extreme risk value, consider vegetation management or building modifications to reduce the risk to low or moderate.

Factor	Potential Hazards	Point Rating	Your Score	Notes
What type of forest surrounds (or will surround) the home, and how far away is it?	Deciduous trees (poplar/birch) within 10 meters of building	0		
	Deciduous trees 10-30 meters from building	0		
	Mixed wood (poplar, birch, spruce or pine) within 10 metres of buildings	30		
	Mixed wood 10 - 30 metres from buildings	10		
	Conifers (spruce, pine or fir) within 10 metres of buildings - separated - continuous	 30 30		
	Conifers (spruce, pine or fir) within 10 - 30 metres of buildings - separated - continuous	 10 30		
What kind of vegatation grows (or will grow) in the zone around the building?	Well watered lawn or non-combustible plants/landscaping material	0		
	Uncut wild grass or shrubs - within 10 metres of buildings - within 10 - 30 metres of buildings	 30 5		
	Dead and down woody material within 10 metres of building - separated - continuous	 30 30		
	Dead and down woody material within 10 - 30 metres of buildings - scattered - abundant	 5 30		
Are there (or will there be) abundant underbrush and ladder fuels (low-lying trees, tree branches and shrubs) in the surrounding forest?	None within 10 - 30 metres	0		
	Scattered - within 10 -30 metres of buildings	5		
	Abundant - within 10 - 30 metres of buildings	10		
		Your Total (Page 1)		

Factor	Potetial Hazards	Point Rating	Your Score	Notes
What kind of roofing material will you have?	Rated roof (Asphalt, metal, tile, ULC rated shakes)	0		
	Unrated roof (unrated wooden shakes)	30		
How clean will the roof be?	No needles, leaves or other combustible materials	0		
	A scattering of needles and leaves	2		
	Clogged gutters and extensive leaf litter	3		
What will the exterior of the home/structure be built out of?	Non-combustible material stucco, metal siding, brick	0		
	Logs or heavy timbers	1		
	Wood, vinyl siding or wood shakes	6		
Will the eaves and vents closed up and screened?	Closed eaves and vents with 3 mm wire mesh	0		
	Closed eaves and vents with no mesh	1		
	Open eaves, open vents	6		
Will the balcony, deck, or porch be screened in?	All decks, balconies and porches will screened or sheathed in with fire resistant material	0		
	All decks, balconies and porches will be screened or sheathed in with combustible material	2		
	Decks, balconies and porches will not be screened or sheathed in	6		
Will combustibles (firewood, fences, outbuildings) be located near by?	More than 10 metres from any building	0		
	Between 3 and 10 metres from any building	3		
	Less than 3 metres from any building	6		
Will the structure be set back from the edge of a slope?	Building will be located on the bottom or lower portion of a hill	0		
	Building will be located on the mid to upper portion or crest of a hill	6		
Your Total (Page 2)				
Your Total (Page 1)				
Wildland Fire Hazard Level (Total from Page 1 + 2)				

Low	**<21**
Moderate	**21-29**
High	**30-35**
Extreme	**>35**

TOWN OF
HALTON HILLS

THE CORPORATION
OF
THE TOWN OF HALTON HILLS

Resolution No.: 2021-0115

Title: Elimination of LPAT

Date: May 25, 2021

Moved by: Mayor R. Bonnette

Seconded by: Councillor J. Fogal

Item No. 12.1

WHEREAS The Government of Ontario, on June 6, 2019, passed the *More Homes, More Choice Act*, 2019, (Bill108);

AND WHEREAS the changes to the Local Planning Appeal Tribunal (LPAT), contained in Bill 108 gives LPAT the authority to make final planning decisions based on a subjective "best planning outcome" approach rather that compliance with municipal and provincially approved official plans and consistency with provincial plans and policy;

AND WHEREAS Bill 108 restricts third party appeals of plans of subdivision only to the applicant, municipality, Minister, public body or prescribed list of persons;

AND WHEREAS Bill 108 takes local planning decision-making out of the hands of democratically elected municipal councils and puts it into the hands of a non-elected, unaccountable tribunal;

AND WHEREAS the LPAT adds cost and delays delivery of affordable housing by expensive, time consuming hearings, contrary to the intent of the *More Homes, More Choice Act*, 2019;

AND WHEREAS Regional and City/Town Councils have spent millions defending provincially approved plans at the OMB/LPAT;

AND WHEREAS Ontario is the only province in Canada that empowers a separate adjudicative tribunal to review and overrule local decisions applying provincially approved plans;

NOW THEREFORE BE IT RESOLVED THAT in the short term, the Minister of Municipal Affairs and Housing immediately restore the amendments to the Planning Act that mandated the evaluation of appeals on a consistency and conformity with Provincial policies and plans basis;

AND FURTHER THAT in the long term the Government of Ontario eliminate the LPAT entirely, as an antiquated body that slows delivery and adds costs to housing supply via expensive and drawn out tribunal hearings;

AND FURTHER THAT this resolution be forwarded to the Premier, the Minister of Municipal Affairs and Housing, Halton's Members of Provincial Parliament, Leaders of the New Democratic, Liberal and Green parties, the Association of Municipalities of Ontario, the Small Urban Mayors' Caucus of Ontario, Mayors and Regional Chairs of Ontario and Halton's local municipalities.

Mayor Rick Bonnette