





Health Committee

Wednesday, October 16, 2024 at 9:30 AM

Council Chambers

Agenda

- | | Page |
|--|---------|
| 1. Call to Order | |
| 2. Land Acknowledgement | |
| 3. Roll Call | |
| 4. Disclosure of Pecuniary Interest and General Nature Thereof | |
| 5. Adoption of the Open Minutes | |
| a. Minutes - September 10, 2024 | 5 - 12 |
| Health Committee - Sep 10 2024 - Minutes  | |
| Recommendation: THAT the minutes of the September 10, 2024, meeting be approved. | |
| 6. Adoption of the Closed Minutes - None | |
| 7. Delegations | |
| a. 9:30 a.m. - David J. Hesidence and Liana Sullivan - MacKay Manor - Mesa/SUAP Program | 13 - 17 |
| Expansion of Mesa with SUAP  | |
| 8. Administration Department Report - None at time of mailing | |
| 9. Emergency Services Department Report | |

- a. [Emergency Services Report](#) 
[Mesa - Minister of Health](#) 

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Approval of Emergency Services Department Report as a Whole

Recommendation: THAT the Emergency Services Department Report be approved as presented.

10. Long-Term Care Report

- a. [Long-Term Care Report](#) 
[Business Case Food Services Worker](#) 
[Business Case Housekeeping](#) 
[NRLTC Funding Shortfall](#) 
[By-law-One-Time-Funding Senior Adult Day Program Agreement](#) 

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Opportunities to Enhance Seniors Care Services

Recommendation: THAT the Health Committee directs staff to explore current and future grant and funding opportunities to find solutions for the expansion of seniors and compassionate care housing incorporating a campus of care model on the lands currently occupied by or adjacent to Bonnechere Manor, Renfrew and/or Miramichi Lodge, Pembroke AND THAT the Development and Property and Community Services departments be engaged as required.

Business Case – Food Service Worker Hours – Miramichi Lodge

Recommendation: THAT the Health Committee recommends that County Council approve an additional 1,668 hours per year of part-time Food Services Worker hours at Miramichi Lodge effective November 1, 2024; AND THAT the Finance and Administration Committee be so advised.

Business Case – Housekeeping Aide Hours – Miramichi Lodge

Recommendation: THAT the Health Committee recommends that County Council approve an additional 1,508 hours per year of part-time Housekeeping Aide hours at Miramichi Lodge effective November 1, 2024; AND THAT the Finance and Administration Committee be so advised.

North Renfrew Long-Term Care Services Inc. Home

Funding

Recommendation: THAT the Health Committee recommends to County Council that the North Renfrew Long-Term Care Services Inc. be provided \$85,851 due to a revision of their 2021 Ministry of Long-Term Care reporting; AND THAT the Finance and Administration Committee be so advised.

Bonnechere Manor Senior Adult Day Program Base Funding Increase

Recommendation: THAT the Health Committee recommendsthat County Council adopt a By-law authorizing the Warden and Clerk to sign the Community Support Services Funding Increase Agreement for base funding in the amount of \$17,400 and one-time funding in the amount of \$3,070 in the fiscal year 2024/25 with Ontario Health; AND THAT the Finance and Administration Committee be so advised.

Approval of the Long-Term Care Report as a Whole

Recommendation: THAT the Long-Term Care Report be approved as presented.

11. Board of Health Minutes - None at time of mailing

12. New Business

13. Closed Meeting

Recommendation: THAT pursuant to Section 239 (2) of the Municipal Act, 2001, as amended, the Health Committee moves into a closed meeting to discuss the security of the property of the municipality or local board (Emergency Management Program Committee).

14. Open Meeting

Recommendation: THAT the Health Committee resume as an open meeting.

15. Date of next meeting (Wednesday, November 13, 2024) and adjournment

Recommendation: THAT this meeting adjourn and the next regular meeting be held on Wednesday, November 13, 2024.

NOTE:

- Special County Council Meeting: Monday, October 28, 2024.
- County Council: Wednesday, October 30, 2024.
- Submissions received from the public either orally or in writing, may become part of the public record.



Health Committee

Tuesday, September 10, 2024 at 9:30 AM

Council Chambers

Minutes

Present: Chair Michael Donohue, Warden Peter Emon, Vice-Chair Neil Nicholson, Councillor Valerie Jahn, Councillor Jennifer Murphy, Councillor Rob Weir, Councillor Mark Willmer

City of Pembroke Representatives: Councillor Patricia Lafreniere, Councillor Troy Purcell

Absent: Councillor Debbi Grills

Also Present: Craig Kelley, Chief Administrative Officer/Deputy Clerk, Michael Blackmore, Director of Long-Term Care, Michael Nolan, Director of Emergency Services, Chief-Paramedic Service, Jason Davis, Director of Development and Property, Andrea Patrick, Director of Community Services, Daniel Burke, Manager of Finance/Treasurer, Mathieu Grenier, Deputy Chief-Community Programs, David Libby, Deputy Chief-Professional Standards, Gwen Dombroski, Clerk, Tina Peplinskie, Media Relations and Social Media Coordinator, Evelyn VanStarkenburg, Administrative Assistant

And Others: Matt Cruchet, Commander

1. Call to Order

Chair Donohue called the meeting to order at 9:30 a.m.

2. Land Acknowledgement

The land acknowledgement identifying that the meeting was being held on the traditional territory of the Omàmiwininì People was recited.

3. Roll Call

The roll was called.

4. Disclosure of Pecuniary Interest and General Nature Thereof

No pecuniary interests were disclosed.

5. Adoption of the Open Minutes - August 14, 2024

- a. [Health Committee - Aug 14 2024 - Minutes](#) 

RESOLUTION NO. H-C-24-09-113

THAT the minutes of the August 14, 2024, meeting be approved.

Moved by: Rob Weir

Seconded by: Jennifer Murphy

CARRIED

6. Adoption of the Closed Minutes - August 14, 2024

RESOLUTION NO. H-C-24-09-114

THAT the Closed minutes of the August 14, 2024, meeting be approved.

Moved by: Patricia Lafreniere

Seconded by: Rob Weir

CARRIED

7. Delegations

Dr. Jason Morgenstern, Medical Officer of Health presented the Renfrew County and District Drug Strategy presentation. Dr. Morgenstern advised that Councillors Donohue and Giardini represent the County of Renfrew on the Renfrew County and District Drug Strategy Committee.

[RCDDS Update](#) 

Discussion occurred on the following items:

1. Possible duplication of services of community and safety wellbeing plans between various organizations.
2. Inclusion of the Ottawa West Four Rivers Ontario Health Team in discussions as they provide care to the residents of Arnprior and McNab/Braeside.
3. A summary of the National Summit which was held on September 5 and 6, 2024 to address substance use crisis.
4. Continued partnerships with Renfrew County and District Health Unit and lead organizations for funding applications such as the

HART Hub proposal.

5. Quarterly updates be provided from the Renfrew County and District Health Unit.

8. Administration Department Report - None

9. Emergency Services Department Report




The Director of Emergency Services/Chief-Paramedic Service overviewed the Emergency Services Department Report.

Commander Matt Cruchet provided a presentation on the functions of the Sierra Team.

Warden Emon suggested that, in keeping with the vision of the County of Renfrew, staff consider reaching out to Cogeco to broadcast a program that outlines the care models offered through the Paramedic Service.

Discussion with regards to the funding envelopes for the Paramedic Service occurred. Committee was advised that the Province of Ontario funds 100% of the Renfrew County Virtual Triage Assessment Centre (RC VTAC) and the 911 system is funded as follows:

- 50% - Province of Ontario
- 15% - City of Pembroke
- 35% - County of Renfrew.

- a. [Emergency Services Report](#) 
- [Sierra Team Presentation](#) 
- [By-Law Stretcher Purchase Stryker](#) 

RESOLUTION NO. H-C-24-09-115

THAT the Health Committee recommends that County Council approve the amounts of \$170,599.86 and \$121,078.08 be transferred to the Community Paramedic Reserve consistent with the provisions outlined in the Transfer Payment Agreements (Community Paramedicine Long Term Care and RC VTAC); AND THAT the Finance and Administration Committee be so advised.

Moved by: Patricia Lafreniere

Seconded by: Troy Purcell

CARRIED

RESOLUTION NO. H-C-24-09-116

THAT the Health Committee recommends to County Council that authorization be given to proceed with the purchase of five Power-LOAD stretchers and five Power-PRO cots, from Stryker Canada for a net cost of \$327,116.63, under the non-competitive purchase criteria in Policy GA-01, Procurement of Goods and Services; AND THAT County Council adopt a By-law to execute the purchase.

Moved by: Rob Weir


Seconded by: Mark Willmer

CARRIED

Warden Emon advised that the Local Authority Services is engaging in the procurement of ambulances and requested staff to review and provide an assessment.

b. [Addendum to the Emergency Services Report](#) 

The Director of Emergency Services/Chief-Paramedic Service overviewed the Addendum to the Emergency Services Department Report.

[By-law 125-24 D - MOH Dedicated Offload Nurses Program 2024-25](#) 

[By-law 126-24 D - Agreement SMART Transportation Training](#) 

RESOLUTION NO. H-C-24-09-117

HAT the Emergency Services Department Report, and the Addendum to the Emergency Department Report, be approved as presented.

Moved by: Valerie Jahn

Seconded by: Patricia Lafreniere

CARRIED

Committee recessed at 11:30 a.m. and reconvened at 11:35 a.m., with the same members present.

10. Long-Term Care Report

The Director of Long-Term Care overviewed the Long-Term Care Report.

- a. [Long-Term Care Report](#) 
- [RCDHU Inspection Report](#) 
- [NQIURE Data System Usage Agreement for NON-BPSOs County of Renfrew](#) 
- [RNAO Clinical Pathways License Agreement County of Renfrew](#) 
- [Business Case-Rec Prog-BM+ML](#) 
- [Business Case-PTA-BM+ML](#) 
- [Business Case-AFSS-BM+ML](#) 
- [Business Case-LaundryAide-ML](#) 

RESOLUTION NO. H-C-24-09-118

THAT the Health Committee recommends that County Council authorize the Warden and Chief Administrative Officer/Deputy Clerk to sign an agreement with the Registered Nurses' Association of Ontario (RNAO) for Nursing Quality Indicators for Reporting and Evaluation (NQIURE) Data System Usage Agreement for Non-Best Practice Spotlight Organizations; AND THAT the County of Renfrew Long-Term Care Homes, Bonnechere Manor and Miramichi Lodge, will monitor and evaluate the outcomes of the RNAO Best Practice Guidelines (BPG) and the RNAO Clinical Pathway License Agreement toward achieving improved resident care planning based on RNAO BPGs.

Moved by: Mark Willmer

Seconded by: Valerie Jahn

CARRIED

The Director of Long-Term Care advised that the proposed business cases are unbudgeted items for 2024.

RESOLUTION NO. H-C-24-09-119

THAT the Health Committee recommends to County Council the approval of two full-time complements (one each at Bonnechere Manor and Miramichi Lodge) designated as Recreation Programmer; AND THAT the Finance and Administration Committee be so advised.

Moved by: Patricia Lafreniere

Seconded by: Mark Willmer

CARRIED

RESOLUTION NO. H-C-24-09-120

THAT the Health Committee recommends to County Council that the Physiotherapy Assistant staffing complement at Bonnechere Manor is increased by one full-time Physiotherapy Assistant (PTA) position, and staffing complement at Miramichi Lodge is increased by two full-time Physiotherapy Assistant (PTA) positions effective November 1, 2024; AND THAT the Finance and Administration Committee be so advised.

Moved by: Troy Purcell

Seconded by: Warden Peter Emon

CARRIED

RESOLUTION NO. H-C-24-09-121

THAT the Health Committee recommends to County Council the approval of one additional full-time staffing complement designated as Assistant Food Service Supervisor, Miramichi Lodge effective October 1, 2024; AND THAT the Finance and Administration Committee be so advised.

Moved by: Valerie Jahn

Seconded by: Patricia Lafreniere

CARRIED

RESOLUTION NO. H-C-24-09-122

THAT the Health Committee recommends to County Council that approval of an additional 624 hours per year of part-time Laundry Aide hours at Miramichi Lodge be approved effective October 1, 2024; AND THAT the Finance and Administration Committee be so advised.

Moved by: Jennifer Murphy

Seconded by: Neil Nicholson

CARRIED

RESOLUTION NO. H-C-24-09-123

THAT the Long-Term Care Report be approved as presented.

Moved by: Troy Purcell
Seconded by: Mark Willmer

CARRIED

11. Board of Health Minutes - None

12. New Business

Accessible Transportation

Councillor Nicholson is interested in learning more about the transportation options available to residents within the County of Renfrew, such as those for accessibility, non-medical, and community transportation needs.

Warden Emon noted that although transportation is not a service the County of Renfrew provides, there is an opportunity under the section of Community Wellness and Healthcare, in the County of Renfrew Strategic Plan, to educate Council. An invitation could be extended to the Community Care Access Centre to overview services that are available within the community. Consideration could also be given to invite the Chief Administrative Officer and/or Mayor of Petawawa to discuss their local community transportation initiative.

13. Closed Meeting - None

14. Date of next meeting (Wednesday, October 16, 2024) and adjournment

RESOLUTION NO. H-C-24-09-124

THAT this meeting adjourn and the next regular meeting be held on Wednesday, October 16, 2024. Time: 11:56 a.m.

Moved by: Patricia Lafreniere

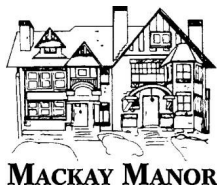
Seconded by: Warden Peter Emon

CARRIED

Michael Donohue, Chair

Draft

Expansion of Mesa with the Substance Use and Addictions Program



The Mesa Model – A Collaborative Approach

- Mesa was designed as a coordinated and integrated approach to address the intersections of the mental health and addiction, housing and homelessness crises
- It is an innovative and evidence-informed collaborative model that focuses on compassionate, trauma-informed care and local needs
- This collaborative approach aligns Emergency Services, Community Services and Development and Property resources with community partners' expertise and programs
- The Mesa team works collaboratively to coordinate services and navigate a pathway for vulnerable community members to receive the right support and resources at the right time and in the right place

Harm Reduction and Prevention

Mesa Outreach Team – Community Paramedics, Crisis Mental Health Services (PRH), Addictions Treatments Services through (MacKay Manor/CWMS), and Community Supports Caseworkers. The Mesa Team is connecting with individuals in the community

- The Grind
- OATC
- Encampments
- MCRT joint outreach
- ATS
- The Neighborhood Fountain
- 911/ED Diversion

Goals include:

- Meeting the community members where they are, encouraging Harm Reduction and Prevention models.
- Providing Education, Coaching, and Treatment options for medical concerns, along with Connecting clients when they are ready with Community Supports encouraging them to establish Goals of Care and building care plans.

Substance Use and Addictions Program (SUAP) Background

- Last fall a coalition of Renfrew County partners collaborated to develop a proposal for new an innovative mobile substance use service
- Formed the basis of a November 2023 grant application from MacKay Manor to the Substance Use and Addictions Program (SUAP) within Health Canada
- Since then, Mesa has been developed and launched with similar objectives
- In late June MacKay Manor was notified its application had been approved
- A contribution agreement with Health Canada was finalized on September 18th for funding of \$1,845,339 from October 2024 to March 31, 2027
- SUAP funded resources will be integrated with Mesa with expanded service delivery commencing on April 1, 2025

There is an embargo on public announcement as Health Canada requires advanced notice

Health Canada Principles for SUAP Projects

- Evidence informed
- Involve People with Lived and Living Experience (PWLLE)
- Non-stigmatizing: modeling a person-centred approach promoting stigma free language & messaging
- Collaborative & connected: demonstrating commitment from partner organizations
- Equity, diversity & inclusion
- Culturally safe
- Gender, diversity & trauma informed
- Reduce harms

What will this expansion look like?

Enhancing the existing operating model for Mesa which will include the addition of:

- Elders and knowledge Keepers
- Peer Support Workers (People with lived experience) working the field and in Emergency Departments during peak hours
- Case Managers who will provide intensive case management for individuals with complex needs and connect them to services including detox, treatment, harm reduction, housing and community services
- Additional paramedic personnel
- Project management support

This will also include additional outreach through:

- Offering support at community events and to organizations to provide substance used education
- Travelling to healthcare facilities to reinforce anti-stigma training

This will also include clinical supervision resource to support the Mesa outreach team

- Community of Practice – staff wellness

Program Objectives

- Expand CWMS services throughout the county
- Increase low-barrier access to outreach services for individuals who use substances
- Increase connection for individuals who are awaiting treatment
- Reduce emergency department visits and revisits for substance use issues
- Increase the number of people with lived and living experience engaged by service providers to consult around service delivery
- Provide anti-stigma and change management training to medical staff and leadership across the county

Next Steps

- Public announcement week of November 13
- Strengthen existing and build new pathways through collaboration
- Consolidate protocols and procedures
- Hire and train new staff
- Ongoing reporting and liaison with Health Canada
- Expanded service launch – April 1, 2025



**COUNTY OF RENFREW
EMERGENCY SERVICES REPORT**

TO: Health Committee

FROM: Michael Nolan, Director of Emergency Services/Chief, Paramedic Service

DATE: October 16, 2024

SUBJECT: Department Report

INFORMATION

1. **Staffing Update**

a. **Retirements**

Ms. Rhonda Chaput, Administrative Assistant and Ms. Kathy Stencill, Data Analyst, have provided notice of their retirements, both effective November 1, 2024.

Rhonda joined the County of Renfrew in September 2004, and has provided professional, courteous and exemplary service in her Administrative Assistant role.

Kathy also joined the County of Renfrew in September 2004, first as an accounting clerk, then as a data analyst and has provided invaluable, reliable service to the Department for 20 years.

We would like to extend our thanks to both Rhonda and Kathy for all their hard work and dedication over the years and we wish them health and happiness as they move on to this next chapter in life.

b. **New Staff**

We wish to welcome Ms. Melissa Tourangeau, as the new Administrative Assistant within the Emergency Services Department. Melissa is a known employee within the County of Renfrew and comes to us from the Public Works and Engineering Department. Melissa also worked with the Emergency Services Department when she was seconded to assist the Community Paramedic Program during the COVID-19 pandemic.

We also wish to welcome Brianna Larose, as the new Data Analyst. Brianna has been working with Emergency Services as a Scheduler for the past year. Brianna comes to us from Abbott Point-of-Care as a Project Coordinator for 16 years. She is also a proud local farmer and owner of Rosehill Farms.

2. **Mesa – Update**

Since March 2024, Mesa Paramedic outreach teams, with the County of Renfrew's Emergency Services Department, have had approximately 1,480 encounters with individuals.

Of these encounters, approximately:

- 1,257 occurred in the City of Pembroke
- 1,229 were with an individual who identified as experiencing homelessness, addictions, and mental health challenges
- 96 were follow-ups post 911 activation
- 282 resulted in 911 and emergency department diversions

Of the 1,480 encounters with individuals and Mesa Paramedics, who are working in collaboration with Caseworkers from Mental Health (Pembroke Regional Hospital), Addictions (MacKay Manor, and Renfrew Victoria Hospital), and the Community Services Department, care coordination outcomes included:

- 482 encounters of collaboration with organizations (including but not limited to Community Services Department, Community Mental Health, and Food Banks) to provide immediate resources to individuals)
- 157 referrals made to Community Services
- 49 referrals to Addiction Treatment Services (ATS)
- 27 referrals to Community Withdrawal Management Services (CWMS)
- 27 referrals made to Renfrew County Housing Corporation

Attached for information is a letter from the Warden to the Honourable Michael Tibollo, Minister of Health, regarding provincial investment for sustainable funding for the Mesa wellness initiative.

3. **Renfrew County Virtual Triage Assessment Centre (RC VTAC) – Update**

On Monday, September 9, 2024, RC VTAC opened its newest assessment centre in the Town of Petawawa at the Petawawa Centennial Family Health Centre. This Paramedic-led clinic will run every Monday from 8:30 a.m. to 12:00 p.m. Since opening there have been three clinics that have treated 15 patients.

4. **Community Paramedic Program Update**

a. **Onboarding New Community Paramedic Cohort**

The Community Paramedic Program has recently commenced the onboarding of a new cohort consisting of five advanced care paramedics (ACPs). The onboarding program was designed as an intensive 11-week curriculum to provide foundational knowledge, competencies, awareness and skills that will allow paramedics to provide specialized care to older adults in the community. Weekly onboarding sessions involving guest speaker presentations, and skills sessions that have been established in alignment with the Provincial Geriatrics Leadership Ontario (PGLO) Program, which covers all critical areas of geriatric care provision. PGLO is a standardized orientation to older adult care used by healthcare professionals across the Province.

b. **Caredove Referral Process and Models of Care**

The electronic referral (eReferral) platform for home and community service providers known as Caredove has recently been revised to align with our updated models of care. This re-alignment streamlines the process of receiving referrals from various health and community services to the community paramedic program.

c. **Suboxone Administration Training**

Community Paramedics have completed their regional training with support from the Regional Paramedic Program for Eastern Ontario (RPPEO), Ottawa Paramedic Services and CAPSA, on Suboxone administration in partnership with the Rapid Access Addiction Medicine clinic to support clients suffering from substance use health emergencies and experiencing acute withdrawal. CAPSA is a team of educators, researchers, and policy professionals that collaborate with organizations and communities to improve substance use health and equitable access to services by removing systemic barriers and stigma.

d. **Food Insecurity Research**

The program has partnered with researchers from the Bruyère Health Institute in association with the University of Ottawa to pilot test a community paramedicine food insecurity screener to identify clients in the program that are experiencing food insecurities. This will allow us to use a standardized approach to identify the individual risk and if required, provide community-based resources to offer support through our program.

e. **Wellness Clinics and "Door Knocks"**

Community Paramedics, in collaboration with Renfrew County Housing Corporation (RCHC) and the Development and Property Department to do active outreach, have launched three Wellness Clinics across County housing locations in the County of Renfrew with intent to help connect tenants with community referrals, aimed at preventing emergency room visits, homelessness, and continued suffering and

exacerbation of mental health and substance use medical health conditions. Community Paramedics through a new "door knock" follow-up program, are taking a proactive approach alongside the RCHC and the Development and Property Department to identify and address unmet health and community support service needs of vulnerable individuals.

5. **Emergency Services Department – Awards**

a. **Governor General's Exemplary Service Award**

The Emergency Services Department is pleased to report that four County of Renfrew Paramedics have received the Governor General's Emergency Medical Service Exemplary Service Awards for 2024 at the Ontario Association of Paramedic Chiefs (OAPC), fall meeting. Paramedics Heather Lavigne, Brent Daechsel, John Greene and David Rowe have all received the honour from Canada's Surgeon General, Major General Marc Bilodeau, serving as the official representative of the Governor General of Canada, Her Excellency the Right Honourable Mary Simon. The Governor General makes Exemplary Service Medals available for emergency medical services professionals as part of the Canadian Honours Programme. The award was created in 1994 and is available to eligible members of pre-hospital emergency medical services who have served for at least twenty years in a meritorious manner and have performed their duties in an exemplary manner, characterized by the highest standards of good conduct, industry, and efficiency. To qualify, at least ten of these years of service must have been street-level duty involving potential risk to the individual.

b. **Ontario Association of Paramedic Chief (OAPC) Humanitarian Award**

The OAPC Humanitarian Award (introduced in 2012) recognizes an act or acts of unselfish donation of time and/or money by paramedic or emergency medical services professionals to relieve the suffering of humanity. Such activities may include disaster relief (at home or abroad) or the compassionate and altruistic support provided to refugees. Acting Commander Steve Osipenko was the recipient of the 2024 Humanitarian Award. Acting Commander Osipenko was one of the key organizers of the County of Renfrew Christmas Toy and Food Drive. Since its inception, the now annual event has collected thousands of items of food and toys and more than \$20,000 for the local food banks. He also contacted Global Medic and travels to Toronto a couple of times a year returning with an ambulance full of food that is distributed to five local food banks. He further gives time by volunteering with the Township of Horton for the past 23 years.

c. **McNally Project Award for Emergency Scholars**

On September 23, 2024, the McNally Project announced that Chelsea Lanos, Acting Commander was selected as the recipient of the 2024 McNally Project Emerging Scholar Award. One of the primary goals of the McNally Project is to cultivate a vibrant research culture within paramedicine, encouraging paramedics to engage in

evidence-based practices and contribute to the academic growth of the profession. Chelsea is a leading example of this initiative in action. Her ability to spearhead multi-disciplinary collaborations, mentor emerging researchers, and navigate complex research demonstrates the impact of building capacity from within the paramedic community. By expanding research skills and knowledge within the field, she is setting a new standard for paramedic-led research in Canada and internationally.

6. **Emergency Management Program Committee**

Every municipality must form a committee responsible for overseeing the development and implementation of its Emergency Management (EM) Program. The formation of a Municipal Emergency Management Program Committee (EMPC) is a key organizational step toward making the EM process more effective at the local level.

Responsibilities of the Emergency Management Program Committee

The EMPC's main responsibility is to oversee the development, implementation, and maintenance of the municipal Emergency Management program, including the municipal emergency response plan (ERP), public education program, training, and exercises. The EMPC is also accountable for the annual review of the municipality's EM program.

Although the EMPC does not play a formal role during emergencies, some of the EMPC members may also be members of the municipal emergency control group (MECG). Therefore, these members play a more official role in the municipality during an emergency, while other members of the EMPC may be called upon for support if needed.

A review of the County of Renfrew Emergency Plan and a yearly exercise are required to maintain emergency management compliance. A tabletop exercise is planned for October 16, 2024.

Office of the
County Warden



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September 26, 2024

Hon. Michael A. Tibollo
Ministry of Health
Frost Building South, 7 Queens Park Circle
Toronto, ON
M7A 1Y7
Michael.Tiboloco@pc.ola.org

RE: Provincial Investment Sustainable Funding for Mesa

Dear Minister Tibollo:

It was indeed a pleasure meeting with you earlier in the year at Queen's Park, where the County of Renfrew introduced a rural solution to mobile crisis response teams – the Mesa wellness initiative. We were also grateful for our many conversations during the AMO conference, discussing how Mesa fits in with your overall future outlook to addressing challenges with mental health and addiction treatment programs.

While we understand the current call to action for the HART hub models, we are intrigued and encouraged by the funding announcements for direct crisis response models in Lambton County, Thunder Bay and, most recently, Barrie/Simcoe County. The County of Renfrew has submitted an Intent to Apply for a HART hub, along with our Mesa partnership table, but remain hopeful that you will recognize that our program merits standalone funding.

Funding Request

The County of Renfrew has a proven track record of innovative and successful responses to complex problems. The Mesa model is no exception. Sustained *operational funding for Mesa invests in a successful program that positively impacts Ontario's addictions and mental health challenges and simultaneously eliminates homelessness*. With operational funding, Mesa will be sustainably implemented with an impact measurement tool, setting it up to be adapted and scaled in communities across Ontario. This investment provides operational funding for the Mesa team, including the creation of an evidence-based performance measure to effectively address the complexities of our intertwined mental health, addiction and homelessness crises.

Financial Request Details

The County of Renfrew continues to demonstrate innovation through initiatives such as the Community Paramedic Program and the Renfrew County Virtual Triage Assessment Centres (RC VTAC), successful models that benefit both our residents and the Government of Ontario.

To further our efforts, we are seeking annual funding of \$2.1 million for the operations of Mesa.

Operations

- Staff support for Mesa system design, evaluation and coordination: \$250,000
- Program support for Mesa operations (2 teams with crisis support members): \$1.8 million

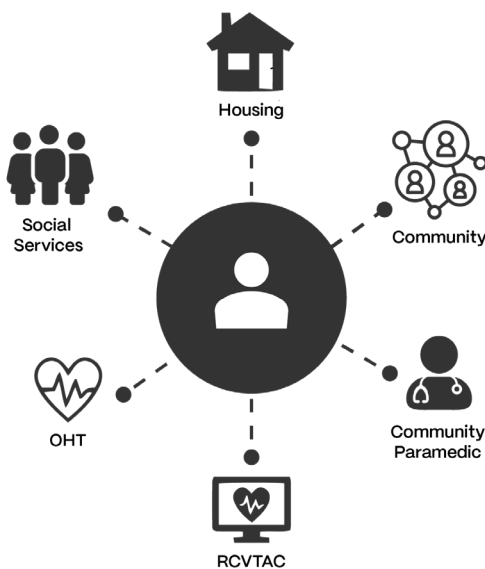
This meets urgent needs, fills identified gaps, and provides an effective intervention consistent with the Government of Ontario objectives.

Executive Summary

Our communities are facing urgent housing, mental health, substance use, overdose and addiction crises, challenging service capacity to deliver basic health and social services and profoundly affecting people's lives. In addition to the pressure on our systems, many of our communities are rural, remote and often isolated from services. In response to the urgency of these complex challenges, Mesa was initiated in early 2024 as an emergent response to address the critical needs of our most vulnerable populations.

Mesa was designed as a coordinated and integrated approach to address the intersections of the mental health and addiction, housing and homelessness crises. It is an innovative and evidence-informed collaborative model that focuses on compassionate, trauma-informed care and local needs. This interdepartmental municipal approach aligns Emergency Services, Community Services and Development and Property resources with community partners' expertise and programs. The Mesa team works collaboratively to coordinate services and navigate a pathway for vulnerable community members to receive the right support and resources at the right time and in the right place.

The Mesa Model



Wrap Around Care

- ✓ Access to primary care (VTAC, OHT)
- ✓ Behavioural therapy support (Community Partners)
- ✓ Case management
- ✓ Trauma informed support (anxiety, pain management)
- ✓ Housing support

The Mesa user experience is being tracked and measured with a priority on real-time, person-specific data in a way that respects privacy. We coordinate data, case management and shared consent, building a structure

and pathway for Mesa to be woven into our municipal and partner system structures. Client confidentiality is a priority and balanced with the need for data sharing to support person-centered, coordinated care.

Through an engagement and prevention strategy and in moments of crisis, Mesa team members, a Community Paramedic and Mental Health / Addictions Worker respond to a person's immediate needs, fill the gap and then work towards building a system that provides a seamless, wrap-around approach to caring for people in an intertwined crisis of addiction, mental health and housing. The flow, timeliness and tracking of support is critical to a person's success.

Impact and Outcomes

Our Story

Telling the human stories behind these crises is essential to shifting the narrative and changing both the stigma and trajectory of addiction, mental health, and homelessness. Unique in our collective and compassionate approach, the transformative work in Renfrew County was documented in the [CBC Mesa documentary](#), and captures the impact, passion and emotion behind the struggle. CBC's Omar Dabaghi-Pacheco and producer Ryan Garland effectively share the stories of compassion and connection that are integral to the success of the Mesa program. Humanizing the work is an essential part of understanding and healing the root causes behind the addictions, mental health struggle and homelessness. This is upstream work that understands the need for connection, trust and a coordinated approach to help navigate existing health and social systems and simultaneously create new pathways and structures. Disrupting the trauma cycle requires both understanding and compassion as well as supportive systems and health care services.

Impact Measures

In the first 6 months of operation, Mesa is having a profound impact on our most vulnerable people and the structural systems that have required re-alignment is profound. It diverts calls from high-cost emergency department utilization, saving lives and providing appropriate, compassionate care in the community. The financial impact of these interventions are being tracked and already demonstrates success through diversions, avoiding hospitalization, providing appropriate and local mental health and addictions interventions and prioritizing housing. Since March 2024 to September 1st, 2024, the Mesa team has documented 1,149 interactions and is servicing 110 registered patients. In addition, the following reflects community wide engagement and impact of Mesa initiatives:

Key 2024 Outcomes

- March 2024 - Mesa team launches with a dashboard measuring tool to track program performance measures.
- April 2024 - *Affordable Housing Summit* - the County hosted an affordable housing summit to learn, share knowledge and build partnerships.
- May 22, 2024 - *Mesa Gathering* - a community engagement workshop with 180 participants and 49 collaborating agencies. ***See Mesa Gathering Document***
- May 2024 - County of Renfrew partners with the Town of Deep River to purchase an unused school building and repurpose an existing asset for the creation of affordable housing and community space.

- June 2024 - *Expressions of Interest* submitted for collaborative development projects to support affordable housing builds in 2025.
- July 2024 - County of Renfrew and Carefor partner for the creation of supportive bridge housing in the City of Pembroke.
- July 2024 - Renfrew County Housing Corporation prioritizes a shared vision with Mesa moving forward. ***See RCHC Report***

Since its inception, the Mesa team has built trust and connection with our region's highest risk population. Mesa works collaboratively with clients and multi sector service partners, including health, social, private sector developers, plural sector, not for profit, financial, legal and community expertise, to coordinate immediate access to health, social, financial and housing needs. Together, we determine what is possible. With provincial investment in this proven model, we will make a profound impact on Ontario's mental health and addictions crisis.

We anxiously look forward to your feedback and support for this important program.

Please contact my office directly should you have any questions.

Warm regards,



Peter Emon, Warden
County of Renfrew

c. MPP John Yakabuski, Renfrew-Nipissing-Pembroke

COUNTY OF RENFREW

LONG-TERM CARE REPORT

TO: Health Committee

FROM: Mike Blackmore, Director of Long-Term Care

DATE: October 16, 2024

SUBJECT: Department Report

INFORMATION

1. Palliative Approach to Care – Bonnechere Manor

The Collaborative Project to Sustain a Palliative Approach to Care in Long-Term Care is a best practice initiative led by Ontario Centres for Learning Research and Innovation in Long-Term Care. Partnered with the Champlain Hospice Palliative Care Program, Bruyere and Palliative Care Consultants Network, a vast collective of palliative care expertise is leveraged to integrate and strengthen palliative care in long-term care homes across Ontario.

As a participating member of the collaborative, the Bonnechere Manor team was recently awarded a Certificate of Achievement in recognition of efforts undertaken to integrate a palliative approach to care. The project focuses on strategies to improve resident quality of life; support families during the illness of their loved ones and during bereavement; provide team members support and education; and support the continuous improvement of palliative care.

2. Ministry of Long-Term Care Inspection Report – Bonnechere Manor

Ministry of Long-Term Care (MLTC) Inspectors, Gurkirat Brar and Karen Bunes conducted a critical incident inspection at Bonnechere Manor on September 11, 12, 13, and 17, 2024. The following inspection protocols were used during this inspection: Food, Nutrition and Hydration, Infection Prevention and Control, Prevention of Abuse and Neglect, and Falls Prevention and Management. One written notification was issued for failure to notify police service of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence. The full report is available through the Ministry of Long-Term Care Public Reporting website: [Licensee Inspection Report](#).

RESOLUTIONS

3. Opportunities to Enhance Seniors Care Services

Recommendation: THAT the Health Committee directs staff to explore current and future grant and funding opportunities to find solutions for the expansion of seniors and compassionate care housing incorporating a campus of care model on the lands currently occupied by or adjacent to Bonnechere Manor, Renfrew and/or Miramichi Lodge, Pembroke; AND THAT the Development and Property and Community Services Departments be engaged as required.

Background

Converging health care supply and demand challenges, particularly as it relates to an aging population, continue to grow. The current Renfrew County wait list for long-term care placement highlights this phenomenon. The soon to be realized addition of long-term care beds within the County is a welcome reprieve for applicants and families awaiting long-term care placement.

While long-term care placement is a resource highly sought after, it is common knowledge that the vast majority of older persons with a chronic illness wish to remain in their own homes as long as possible. Many could be supported adequately to do so where resources are in place to bridge the gap between independent living and long-term care placement.

Campuses of care are an Ontario born initiative leveraged province wide that serve as proven means of supporting aging populations and sustaining health care systems. By way of offering a full continuum of resident care options, affected seniors are afforded the opportunity to receive predictable, coordinated support in the least intrusive and most cost-effective setting while remaining in contact with their community and social network.

In support of a broad ranging campus of care concept, Expression of Interests (EOIs) are currently being received by the Ontario government for those wishing to apply for hospice residence beds. The Ministry is planning to expand palliative care services with end-of-life care available in several types of care settings providing comfort and dignity within communities.

To support the expansion of hospice residence beds across the Province, the Ontario government has allocated funds for operational costs and capital grants associated with these new beds. To date, five adult hospice residence beds and 12 pediatric hospice residence beds have been allocated. The Ministry of Health is now seeking proposals to allocate the remaining 79 adult hospice residence beds.

With the anticipated presentation of opportunities for expansion of services in support of a continuum of care model, staff will explore any current or future grant and funding opportunities for both Bonnechere Manor and Miramichi Lodge.

4. Business Case – Food Service Worker Hours – Miramichi Lodge

Recommendation: THAT the Health Committee recommends that County Council approve an additional 1,668 hours per year of part-time Food Services Worker hours at Miramichi Lodge effective November 1, 2024; AND THAT the Finance and Administration Committee be so advised.

Background

Business Case is attached.

5. Business Case – Housekeeping Aide Hours – Miramichi Lodge

Recommendation: THAT the Health Committee recommends that County Council approve an additional 1,508 hours per year of part-time Housekeeping Aide hours at Miramichi Lodge effective November 1, 2024; AND THAT the Finance and Administration Committee be so advised.

Background

Business Case is attached.

6. North Renfrew Long-Term Care Services Inc. Home Funding

Recommendation: THAT the Health Committee recommends to County Council that the North Renfrew Long-Term Care Services Inc. be provided \$85,851 due to a revision of their 2021 Ministry of Long-Term Care reporting; AND THAT the Finance and Administration Committee be so advised.

Background

As noted in the attached request, in early 2024 the Treasurer met with the North Renfrew Long-Term Care Services Inc. It was indicated that adjustments may be required to their 2020 and/or 2021 financial statements due to changes made during the Ministry annual reconciliation process. Upon review of the letter of understanding between the County of Renfrew/City of Pembroke and the North Renfrew Long-Term Care Services Inc., staff can see no reason why such a change would not result in adjusting the County of Renfrew/City of Pembroke contribution for those effected years, however, such a decision will ultimately rest with the members of Health Committee of the County of Renfrew.

BY-LAWS

7. Bonnechere Manor Senior Adult Day Program Base Funding Increase

Recommendation: THAT the Health Committee recommends that County Council adopt a By-law authorizing the Warden and Clerk to sign the Community Support Services Funding Increase Agreement for base funding in the amount of \$17,400 and one-time funding in the amount of \$3,070 in the fiscal year 2024/25 with Ontario Health; AND THAT the Finance and Administration Committee be so advised.

Background

Attached is the 2024/25 Community Support Services 4% Increase Agreement from Ontario Health East advising that the Bonnechere Manor Senior Adult Day Program will receive base funding in the amount of \$17,400 and one-time funding in the amount of \$3,070 in the fiscal year 2024/25 to support a 3% increase for workforce compensation and a 1% increase for general costs in the community services sector.



Business Case - Staffing Report

Date: October 16, 2024

Department: LTC – Miramichi Lodge

Report Prepared by: Mike Blackmore, DLTC

Proposal	Addition of 1,668 hours per year of part-time Food Service Worker hours.
Positions Union <input checked="" type="checkbox"/> Non-Union <input type="checkbox"/>	Food Service Workers are unionized members of CUPE Local 3586.
Summary <ul style="list-style-type: none"> • Background • Discussion 	<p>Background Food Service Workers (FSWs) play a critical role in the residents’ health and over all wellbeing. As part of the Home’s interdisciplinary team, they assist in delivering quality meals, verifying resident diet orders and adhering to legislated requirements under the Fixing Long-Term Care Act, 2021, as well as strict food safety regulations to ensure overall compliance with Ministry Standards.</p> <p>FSWs help to enhance quality of life by assisting in creating the optimal pleasurable dining experience for all residents. On a daily basis, they perform vital tasks such as; serving nutritious and appetizing meals, providing appropriate diet orders, cleaning/sanitizing dining rooms and food prep areas, prepping food, nourishments and beverages as well as completing additional tasks as assigned.</p> <p>Discussion Recruitment and retention efforts for part-time FSWs have been difficult with limited qualified candidates applying to previous postings.</p> <p>The implementation of the additional FSW hours allows for existing 5 hour shifts to increase to 8 hours, creating a more desired schedule for retaining and recruitment of staff, an improved dining experience for residents as well as enhanced infection control measures.</p>

Recommendation	<p>THAT the Health Committee recommend to County Council that approval of an additional 1,668 hours per year of part-time Food Service Worker hours at Miramichi Lodge be approved effective November 1, 2024 AND FURTHER THAT the Finance and Administration Committee be so advised.</p>								
Financial Considerations	<p>Food Service Worker is a unionized position funded under LTC - Level of Care Other Accommodation. Total cost \$61,652</p> <table border="1" data-bbox="646 423 1520 500"> <thead> <tr> <th>Status</th> <th>Hours</th> <th>Salary</th> <th>Benefits</th> </tr> </thead> <tbody> <tr> <td>PT FSW</td> <td>1,668</td> <td>\$ 51,678</td> <td>\$ 9,974</td> </tr> </tbody> </table>	Status	Hours	Salary	Benefits	PT FSW	1,668	\$ 51,678	\$ 9,974
Status	Hours	Salary	Benefits						
PT FSW	1,668	\$ 51,678	\$ 9,974						



Business Case - Staffing Report

Date: October 16, 2024

Department: LTC – Miramichi Lodge

Report Prepared by: Mike Blackmore, DLTC

Proposal	Addition of 1,508 hours per year of part-time Housekeeping Aide hours.
Positions Union <input checked="" type="checkbox"/> Non-Union <input type="checkbox"/>	Housekeeping Aides are union members of CUPE Local 3586.
Summary <ul style="list-style-type: none"> • Background • Discussion 	<p>Background</p> <p>Housekeeping Aides (HA) ensure a clean, sanitary and safe home-like environment. They perform preventive cleaning tasks and custodial duties in all areas of the Home, ensuring the Home environment meets the physical, psychological, social and spiritual needs of each resident/family. HAs ensure the neatness and cleanliness of resident’s living rooms and common areas such as dining areas but not limited to rooms and equipment including; furniture, clothes closets, mobility devices, tub/bathrooms, utility rooms and serveries.</p> <p>Critical to maintenance of infection control measures they also perform floor maintenance programs, deep cleaning programs, carbolizing, waste management and transportation of clean and soiled linens in resident home areas.</p> <p>Discussion</p> <p>The implementation of the additional hours will be assigned to existing and experienced part time staff toward assurances that enhanced environmental cleanliness and required infection prevention and control measures are maintained.</p>
Recommendation	<p>THAT the Health Committee recommend to County Council that approval of an additional 1,508 hours per year of part-time Housekeeping Aide hours be approved effective November 1, 2024 AND FURTHER THAT the Finance and Administration Committee be so advised.</p>

Financial Considerations

Housekeeping Aide is unionize position funded under LTC - Level of Care Other Accommodation. Total cost \$64,069

Status	Hours	Salary	Benefits
Part Time	1,508	\$ 54,527	\$ 9,542



NORTH RENFREW LONG-TERM CARE SERVICES INC.

P.O. Box 1988 • 47 Ridge Road • Deep River, Ontario K0J 1P0 • Tel: 613-584-1900 • Fax: 613-584-9183
E-mail: nrltc@nrltc.ca • Web Site: www.nrltc.ca

September 26, 2024

Daniel Burke
Treasurer
County of Renfrew
9 International Drive
Pembroke, ON K8A 6W5

Dear Daniel,

Subject: Shortfall in 2021 Long Term Care Funding

Further to our discussions at the meeting on February 5th of this year with yourself and our auditors, the 2021 Long Term Care Annual Reconciliation Return (ARR) has now been finalized by the Ministry of Long-Term Care and we can confirm an unexpected 2021 funding shortfall of \$85,851.

This 2021 funding shortfall arose due to an error in our understanding of the 2021 Long-Term Care grant calculation that incorrectly rebalanced surplus funding available for Nursing and Personal Care - \$126,156 against shortfalls in funding to cover other costs: Program and Support shortfall -\$38,539, Raw Food shortfall -\$1,766, and Other Accommodation costs shortfall \$130,126

It has since been clarified that only funding shortfalls for Program and Support and Raw Food costs are eligible for this rebalancing of the \$126,156 surplus funding from Nursing and Personal Care and that Other Accommodation shortfalls are not in fact eligible for this transfer of funding. This means that only \$40,305 of the Nursing and Personal Care surplus was retained instead of the full amount, leaving an unexpected recovery of \$85,851.

Due to this calculation error, the full 2021 annual funding of \$140,959 from the County of Renfrew Grant was returned as surplus when in fact the surplus should have been \$55,108 (\$140,959 - \$85,851).

All other 2021 funds being recovered by the Ministry of Long-Term Care on the 2021 Annual Reconciliation Return were properly accounted for in our records and no further adjustments were necessary.

In recognition of the many challenges faced by Long-Term Care facilities during the Covid 19 pandemic years and in good faith, we are asking that the County restore the funding for 2021 that was previously reported as surplus in error in the amount of \$85,851 to help us cover the unexpected shortfall now being realized.

Please find attached 2021 Long-Term Care Overall Reconciliation for your reference. Please also contact us with any further questions or information you require to process our request.

Thank you in advance for your assistance on this matter,



Shelley Yantha
Administrator
North Renfrew Long-Term Care Service Inc.

MOHLTC Facility #	Operator Name					
H23741	North Renfrew Long-Term Care					
Long-Stay beds, Interim Short-Staybeds, and Short-Stay Respite Care beds		Nursing and Personal Care (1)	Program and Support (2)	Raw Food (3)	Other Accomodation (4)	Total (5) = (1) + (2) + (3) + (4)
OV201a	Level of Care Per Diem Funding - Long-Stay and Short-Stay Respite Care beds	\$746,608	\$92,440	\$73,125	\$430,466	\$1,342,639
OV201b	Level of Care Per Diem Funding - Interim Short-Stay Beds	\$0	\$0	\$0	\$0	\$0
OV201c	Global Level of Care Per Diem Funding - Long-Stay and Short-Stay Respite Care beds	\$28,263	\$3,690	\$2,380	\$16,156	\$50,489
OV201e	Level of Care Additional Funding - Specialized Unit Beds	\$0	\$0	N/A	\$0	\$0
OV201f	Underexpenditure of Additional Funding - Specialized Unit Beds	\$0	\$0	N/A	\$0	\$0
OV202	Equalization Adjustment	\$17,546	\$1,024	N/A	\$6,343	\$24,913
OV202b	High Intensity Needs Per Diem Funding	\$4,982	N/A	N/A	N/A	\$4,982
OV203	Transition Fund - High Wage	\$0	\$0	N/A	\$0	\$0
OV204	Pay Equity	\$0	\$0	N/A	\$0	\$0
OV205	Transition Support Funding	\$0	\$0	N/A	\$0	\$0
OV206f	Direct Care Staffing Funding	\$180,000	N/A	N/A	N/A	\$180,000
OV207	On-Call Physician	\$12,942	N/A	N/A	N/A	\$12,942
OV207b	Underexpenditure of On-Call Physician	\$0	N/A	N/A	N/A	\$0
OV208b	RAI MDS Sustainability Funding	\$10,961	N/A	N/A	N/A	\$10,961
OV209a	BSO Initiative Funding - RN & RPN	\$0	N/A	N/A	N/A	\$0
OV209b	Underexpenditure of BSO Initiative Funding - RN & RPN	\$0	N/A	N/A	N/A	\$0
OV209c	BSO Initiative Funding - PSW	\$16,608	N/A	N/A	N/A	\$16,608
OV209d	Underexpenditure of BSO Initiative Funding - PSW	-\$10,950	N/A	N/A	N/A	-\$10,950
OV209e	BSO Initiative Funding - Additional Healthcare Personnel	N/A	\$0	N/A	N/A	\$0
OV209f	Underexpenditure of BSO Initiative Funding - Additional Healthcare Personnel	N/A	\$0	N/A	N/A	\$0
OV209i	BSO Initiative Funding - Training and Orientation Activity	\$0	\$0	N/A	N/A	\$0
OV209j	Underexpenditure of BSO Initiative Funding - Training and Orientation Activity	\$0	\$0	N/A	N/A	\$0
OV210	Approved Expenditure	\$1,006,960	\$97,154	\$75,505	\$452,965	\$1,632,584
OV211	Allowable Expenditure	\$880,804	\$135,693	\$77,271	\$583,091	\$1,676,859
OV212	Eligible Expenditure	\$880,804	\$97,154	\$75,505	\$452,965	\$1,506,428
OV212b	Surplus available for rebalancing	\$126,156	\$0	N/A	N/A	\$126,156
OV212c	Shortfall eligible for rebalancing	\$0	\$38,539	\$1,766	N/A	\$40,305
OV212d	Surplus retained for rebalancing					\$40,305
OV212e	Sub-total Eligible Expenditure					\$1,546,733
Convalescent Care beds		Nursing and Personal Care (1)	Program and Support (2)	Raw Food (3)	Other Accomodation (4)	Total (5) = (1) + (2) + (3) + (4)
OV213	Level of Care Per Diem Funding and Additional Subsidy Per Diem Funding	\$0	\$0	\$0	\$0	\$0
OV213a	Global Level of Care Per Diem Funding - Convalescent Care Beds	0	0	0	0	\$0
OV214	Equalization Adjustment	\$0	\$0	N/A	\$0	\$0
OV214a	High Intensity Needs Per Diem Funding	\$0	N/A	N/A	N/A	\$0
OV215	Transition Fund - High Wage	\$0	\$0	N/A	\$0	\$0
OV215b	Transition Support Funding	\$0	\$0	N/A	\$0	\$0
OV216	Pay Equity	\$0	\$0	N/A	\$0	\$0
OV217f	Direct Care Staffing Funding	\$0	N/A	N/A	N/A	\$0
OV218	On-Call Physician	\$0	N/A	N/A	N/A	\$0
OV218b	Underexpenditure of On-Call Physician	\$0	N/A	N/A	N/A	\$0
OV219b	RAI MDS Funding	\$0	N/A	N/A	N/A	\$0
OV219d	BSO Initiative Funding - RN & RPN	\$0	N/A	N/A	N/A	\$0
OV219e	Underexpenditure of BSO Initiative Funding - RN & RPN	\$0	N/A	N/A	N/A	\$0
OV219f	BSO Initiative Funding - PSW	\$0	N/A	N/A	N/A	\$0
OV219g	Underexpenditure of BSO Initiative Funding - PSW	\$0	N/A	N/A	N/A	\$0
OV219h	BSO Initiative Funding - Additional Healthcare Personnel	N/A	\$0	N/A	N/A	\$0
OV219i	Underexpenditure of BSO Initiative Funding - Additional Healthcare Personnel	N/A	\$0	N/A	N/A	\$0
OV219m	BSO Initiative Funding - Training and Orientation Activity	\$0	\$0	N/A	N/A	\$0
OV219n	Underexpenditure of BSO Initiative Funding - Training and Orientation Activity	\$0	\$0	N/A	N/A	\$0

2021 Long-Term Care Home Overall Reconciliation

Ministry of Long-Term Care
Ministère des Soins de longue durée

MOHLTC Facility #	Operator Name					
H23741	North Renfrew Long-Term Care					
OV220	Approved Expenditure	\$0	\$0	\$0	\$0	\$0
OV221	Allowable Expenditure	\$0	\$0	\$0	\$0	\$0
OV222	Eligible Expenditure	\$0	\$0	\$0	\$0	\$0
OV222b	Surplus available for rebalancing	\$0	\$0	N/A	N/A	\$0
OV222c	Shortfall eligible for rebalancing	\$0	\$0	\$0	N/A	\$0
OV222d	Surplus retained for rebalancing					\$0
OV222e	Sub-total Eligible Expenditure					\$0
		Nursing and Personal Care (1)	Program and Support (2)	Raw Food (3)	Other Accommodation (4)	Total (5) = (1) + (2) + (3) + (4)
OV223a	Quality Attainment Premium	N/A	N/A	N/A	\$0	\$0
OV223b	Falls Prevention Equipment Funding				2100	\$2,100
OV223c	Underexpenditure of Falls Prevention Equipment Funding				0	\$0
OV224	Municipal Tax Allowance	N/A	N/A	N/A	\$0	\$0
OV226	Structural Compliance Premium	N/A	N/A	N/A	\$0	\$0
OV227	Construction Costs	N/A	N/A	N/A	\$0	\$0
OV228	Basic Transition Support Funding	N/A	N/A	N/A		\$0
OV228a	Nurse Practitioner in Long-Term Care Home (LTCH) Program Funding					\$0
OV228b	Underexpenditure of Nurse Practitioner in LTCH Program Funding					\$0
OV228c	Attending Nurse Practitioner in Long-Term Care Home (LTCH) Initiative					\$0
OV228d	Underexpenditure of Attending Nurse Practitioner in LTCH Initiative					\$0
OV228e	Specialized Unit - One-time Start-up funding					\$0
OV228f	Underexpenditure of Specialized Unit - One-time Start-up funding					\$0
OV228g1	Additional COVID-19 Prevention and Containment Funding					\$313,000
OV228g2	Underexpenditure of Additional COVID-19 Prevention and Containment Funding					\$0
OV228g3	Personal Support Worker Temporary Wage Enhancement					\$36,372
OV228g4	Underexpenditure of Personal Support Worker Temporary Wage Enhancement					-\$16,355
OV228g5	Infection and Prevention Control - Minor Capital Funding					55,334
OV228g6	Underexpenditure of Infection and Prevention Control - Minor Capital Funding					-12,316
OV228g7	Infection and Prevention Control - Personnel					25,000
OV228g8	Underexpenditure of Infection and Prevention Control - Personnel					-3,367
OV228g9	Infection and Prevention Control - Training					13,000
OV228g10	Underexpenditure of Infection and Prevention Control - Training					0
OV228g11	New Long-Term Care Minor Capital Program					23,000
OV228g12	Underexpenditure of New Long-Term Care Minor Capital Program					-17,249
OV228g13	Testing Adherence Program					54,000
OV228g14	Underexpenditure of Testing Adherence Program					0
OV228i						\$0
OV229	Total Eligible Expenditure					\$2,019,252
OV230	Basic Accommodation Revenue					\$363,241
OV231	Other Recoverable Revenue					\$2,461
OV232	Less Bad Debt Adjustment					\$0
OV233	Total Recoverable Revenue					\$365,702
OV234	Long-Stay two bed room (Spousal Reunification)					\$0
OV234c	Reimbursement of preferred fees for Specialized Unit beds					\$0
OV234d	Reimbursement for Preferred Fees					\$0
OV234e	Preferred Fee Funding 1.9%					\$717
OV234f	Preferred Fee Funding 0.7%					241
OV235	Claims for High Intensity Needs					\$0
OV236	Claims for Lab costs					\$1,235
OV236b	Residents First					\$0
OV238	Allowable Subsidy					\$1,655,743
OV239	Advance cash flow for 2020					\$1,808,496
OV239a	Infection and Prevention Control Minor Capital cash flow 2020-2021 approved for carry-forward to 2021-22					-16739
OV240	(Recovery)/Owing					(\$136,014)

COUNTY OF RENFREW

BY-LAW NUMBER

**A BY-LAW TO EXECUTE AN AGREEMENT BETWEEN THE COUNTY OF RENFREW AND
ONTARIO HEALTH FOR THE 2024-25 BASE FUNDING AND ONE-TIME FUNDING INCREASE
REGARDING THE BONNECHERE MANOR SENIOR ADULT DAY PROGRAM**

WHEREAS Sections 8, 9 and 11 of the *Municipal Act, 2001, S.O. 2001 as amended*, authorizes Council to enter into agreements;

WHEREAS the County of Renfrew deems it desirable to enter into an agreement with Ontario Health for the 2024/25 Base Funding and One-Time Increase for the Bonnechere Manor Senior Adult Day Program Funding regarding 3% increase in the amount of \$17,400 for workforce compensation and 1% increase in the amount of \$3,070 for general costs in the community services sector in the fiscal year 2024/25;

NOW THEREFORE the Council of the Corporation of the County of Renfrew hereby enacts as follows:

1. THAT the agreement attached to and made part of this By-law shall constitute an agreement between the Corporation of the County of Renfrew and Ontario Health for the 2024-25 Community Support Services 4% Increase Agreement.
2. THAT the Warden and Clerk are hereby empowered to do and execute all things, papers, and documents necessary to the execution of this By-law.
3. THAT this By-law shall come into force and take effect upon the passing thereof.

READ a first time this 30th day of October, 2024.

READ a second time this 30th day of October, 2024.

READ a third time and finally passed this 30th day of October, 2024.

PETER EMON, WARDEN

GWEN DOMBROSKI, CLERK



ONTARIO HEALTH EAST REFERENCE# AL_1186-2024-35

October 7, 2024

Mr. Mike Blackmore
Director of Long-Term Care
Corporation of the County of Renfrew
470 Albert Street
Renfrew, ON K7V 4L5
Email: MBlackmore@countyofrenfrew.on.ca

Dear Mr. Blackmore,

Re: 2024/25 Community Support Services 4% Increase

Ontario Health, through Ontario Health East, is pleased to advise that Corporation of the County of Renfrew will receive base funding in amount of **\$17,400** in fiscal year 2024/2025 and one-time funding in the amount of **\$3,070** in fiscal year 2024/25 to support a 3% increase for workforce compensation and a 1% increase for general costs in the community services sector (the "Initiative").

Details of the funding and the terms and conditions on which it will be provided are set out in the attached **Appendix A and the Schedules**, if any.

In accordance with Section 22 of the *Connecting Care Act, 2019*, Ontario Health hereby gives notice that, subject to your organization's agreement, it proposes to amend the Multi-Sector Service Accountability Agreement (MSAA) between Corporation of the County of Renfrew and Ontario Health with effect as of the date this letter is signed back by your organization. To the extent that there are any conflicts between the MSAA and this letter, the terms and conditions in this letter, including **Appendix A and the Schedules**, if any, will govern. All other terms and conditions in the MSAA will remain the same.

Financial records of this allocation are to be maintained for year-end evaluation and settlement in accordance with the MSAA and/or Ministry policy.

Please indicate your organization's acceptance of the MSAA amendment set out in this letter, including Appendix A and the Schedules, if any, by signing below and returning the signed version of this entire letter (pages 1-4) via email to OH-East_Submissions@ontariohealth.ca **within 10 business days of the date of this letter.**

If you have any questions or concerns, please contact Navid Nabavi, Lead, Performance, Accountability and Funding Allocation at Navid.Nabavi@ontariohealth.ca or at 437.290.3943.

I would like to take this opportunity to express my sincere appreciation for your continued contribution to the provision of high-quality services in our community and look forward to maintaining a strong working relationship with you.

Sincerely,



Signature

Eric Partington
Vice President, Performance, Accountability and Funding Allocation
Ontario Health East

Attachments: Appendix A: Funding Details and Sign-Back Form
Schedule A: Additional Terms and Conditions

c: Scott Ovenden, Chief Regional Officer, Toronto and East
Peter Emon, Warden, County of Renfrew, Corporation of the County of Renfrew
Paul Caines, Director, Performance, Accountability and Funding Allocation, Ontario Health East
Navid Nabavi, Lead, Performance, Accountability and Funding Allocation, Ontario Health East

Appendix A Funding Details and Sign-Back Form

1.1 Funding Deliverables and Purpose

Health Service Provider (HSP): Corporation of the County of Renfrew

HSP Integrated Financial Information System (IFIS) Number: 25

Project/Program Name: 2024/25 Community Support Services 4% Increase

Recipient Name	Transfer Payment Business Entity (TPBE)	3.4% Base Increase	0.6% One-Time Increase	Total Cash Flow	Project/Program Description/Purpose
COUNTY OF RENFREW	Community Support Services (CSS)	\$17,400	\$3,070	\$20,470	Funding to support a 3% increase for workforce compensation and a 1% increase for general costs in the community services sector.
Total Allocation		\$17,400	\$3,070	\$20,470	

1.2 Reporting Requirements

Refer to Schedule A for details.

1.3 Terms and Conditions:

Corporation of the County of Renfrew acknowledges and agrees that:

- (i) Funding will be provided via Electronic Funds Transfer (EFT).
- (ii) Funding will be used for the specified activities only and cannot be allocated for any other purpose without written approval from Ontario Health and/or the Ministry.
- (iii) Funding will be spent by March 31 of the fiscal year. No carry-forward of unspent funds is permissible.
- (iv) Unspent funding or funding used for purposes not authorized by these terms and conditions is subject to recovery by Ontario Health and/or the Ministry in accordance with the MSAA and/or Ministry policy.
- (v) Reporting will be submitted as outlined in the MSAA unless otherwise set out in the **Appendix A and attached Schedule(s), if any.**
- (vi) It will provide additional information and documentation related to this funding at the request of Ontario Health and/or the Ministry.
- (vii) This funding will not increase risk to the organization’s multi-year expense limits and annual balanced budget requirements.
- (viii) Funding under this Agreement is conditional upon an appropriation of moneys by the Legislature of Ontario to the Ministry and funding of the Funder by the Ministry pursuant to the Enabling Legislation.

Your signature below confirms acceptance of the funding and performance accountabilities set out in this funding letter. Please sign below according to the requirements of your organization (e.g., by-laws, delegation of authority etc.).

AGREED TO AND ACCEPTED BY:

Corporation of the County of Renfrew

By:

Peter Emon, Warden		October 30, 2024
_____ Name of Binding Authority	_____ Signature	_____ Date

Craig Kelley, CAO/Deputy Clerk		October 30, 2024
_____ Name of Binding Authority	_____ Signature	_____ Date

I have the authority to bind the organization.

****Please provide Delegation of Authority documentation if signing on behalf of Head of Organization.**

Please scan and email back the signed version of this entire letter (pages 1-4) **within 10 business days** of the date of this letter to OH-East_Submissions@ontariohealth.ca.



ONTARIO HEALTH EAST REFERENCE# AL_1186-2024-35

Schedule A

Additional Terms and Conditions

1. Unless a different date is noted in a specific provision, this amendment is effective April 1, 2024.
2. HSPs are required to comply with the following requirements: the following obligations in respect of the activities:
 - a. For the Community Services compensation and general cost increase, the HSP will complete the Community Services Reporting online form via the link provided below and submit online by January 17, 2025 (period 1 April to 30 November) and the second report on May 16, 2025 (period 1 April to 31 March).
 - <https://forms.office.com/r/CWq7hPrX5q>

Community Services Reporting						
Organization	<p>Percentage of the funding received retroactive to April 1, 2024 allocated to the following service delivery costs.</p> <p>Based on the funding by the report date, please provide an estimate of the per cent distribution of the actual (if available) or planned spending (if determined) for each of the six categories below.</p> <p>If all funding is spent or planned, the total percentages across the six categories to equal 100%.</p>					
	Staff Wages	Staff Benefits (Except Travel)	Travel Compensation (Time & Cost)	Training for Community Services Health Service Provider Employees	Recruitment and Retention of Community Service Health Service Provider Employees	Other Operational Costs
Organization A						

TERMS AND CONDITIONS OF FUNDING – COMMUNITY SERVICES COMPENSATION

1. **Definitions:** For the purposes of this Schedule, the below terms will have the following meanings:

“Community Services” and “CS” means Community Support Services, Personal Support Services, Homemaking Services, Acquired Brain Injury Services or ALS, and does not include professional services as defined in O.Reg. 187/22.

“Community Support Services” or “CSS” means community support services as defined in O. Reg. 187/22 under the *Connecting Care Act, 2019*.

“DFP” means the Direct Funding Program administered by the Centre for Independent Living Toronto (CILT), funded under subsection 21(1.1) of the *Connecting Care Act, 2019*.

“Eligible Compensation Costs” means an increase to the following:

- i. Wages (including statutory benefits)
- ii. Compensation for time spent travelling, on top of or instead of wages.
- iii. Non-statutory benefits (i.e., pension plans/retirement savings, medical/paramedical plans such as eye care, drugs, dental, etc., enhanced vacation and sick leave pay beyond Employment Standards Act requirements)
- iv. Premiums on top of wages for work outside typical/regular hours
- v. Special premiums for rural/hard-to-serve areas.
- vi. Training/education time
- vii. Other compensation similar to above

Eligible Compensation Costs do not include:

- i. Recruitment bonuses or incentives to existing employees – monetary or gift cards
- ii. Hiring bonuses to new employees – monetary or gift cards
- iii. Non-monetary compensation such as gift cards.

“Eligible General Costs” means expenses related to providing CS comprising:

- i. Eligible Compensation Costs
- ii. Recruitment and retention of employees of contracted service providers
- iii. Other Operational costs. Examples include: technology, communications, supplies, accommodations, training of employees, etc.

“Eligible Staff” means all staff except staff occupying the position of Director and above.

Eligible staff includes individuals or subgroup of individuals as outlined below:

- i. Front-line, direct care staff (i.e. all workers providing personal support services or other Community Services) of Eligible CS Organizations.
- ii. All staff of Eligible CS Organizations who interact with clients.
- iii. Care delivery support staff (i.e. coordinators)

“Essential Care Partner” means caregivers who are necessary to the safety, quality of care, and health outcomes and well-being of patients/residents.

“Essential Care Partner Support Hub” or “ECP Hub” means the specific initiative supporting the integration of caregivers in healthcare settings administered by the Ontario Caregiver Organization.

“Eligible Community Services Organization” or “Eligible CS Organization” means a Health Service Provider the Agency funds to provide Community Services.

“Homemaking Services” means homemaking services as defined in O. Reg. 187/22 under the *Connecting Care Act, 2019*.

“Ontario Caregiver Organization” means the non-profit charitable organization established to provide a range of supports for Ontario caregivers, including the Essential Care Partner Support Hub or ECP Hub.

“Personal Support Services” or “PSS” means personal support services as defined in O.Reg. 187/22 under the *Connecting Care Act, 2019*.

2. Eligible Community Services Organizations will utilize funding in the 2024-25 fiscal year for a 3% across the board increase for Community Services to be used for Eligible Compensation Costs for all Eligible Staff and a 1 % increase for Eligible General Costs.
3. Due to funding availability, 3.4% of the total 4% increase will be allocated as base funding, while 0.6% of the total 4% increase will be allocated as one time. The Ministry of health has indicated the intent to convert the one-time funding to base for 2025/26. Out year funding amounts are provided for planning purposes only.