

CHAIR:

N. IANNICCA

MEMBERS:

P. BROWN

G. CARLSON

B. CROMBIE

D. DAMERLA

S. DASKO

G. S. DHILLON

J. DOWNEY

C. FONSECA

P. FORTINI

A. GROVES

J. INNIS

J. KOVAC

M. MAHONEY

S. MCFADDEN

M. MEDEIROS

M. PALLESCHI

C. PARRISH

K. RAS

P. SAITO

R. SANTOS

I. SINCLAIR

R. STARR

A. THOMPSON

P. VICENTE



The Council of the
Regional Municipality of Peel
REVISED AGENDA

Date: Thursday, December 12, 2019

Time: Immediately following Regional
Council Budget

Place: Council Chamber, 5th Floor
Regional Administrative Headquarters
10 Peel Centre Drive, Suite A

For inquiries about this agenda or to make arrangements for accessibility accommodations including alternate formats, please contact:

Christine Thomson at (905) 791-7800, ext. 4582 or at
christine.thomson@peelregion.ca.

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1. **ROLL CALL**

2. **DECLARATIONS OF CONFLICTS OF INTEREST**

3. **APPROVAL OF MINUTES**

3.1. November 14, 2019 Regional Council meeting

4. **APPROVAL OF AGENDA**

5. **CONSENT AGENDA**

6. **DELEGATIONS**

6.1. **Hillary Marshall, Vice President, Stakeholder Relations & Communications and Michelle McKenzie, Region of Peel Municipal Member, Board of Directors, Greater Toronto Airports Authority (GTAA), Regarding Toronto Pearson's Growth, Community Investment and Transit Vision (Presentation now available)**

6.2. **Dan O'Reilly, Wildfield Resident,** Regarding a Plan for the Preservation of the Heritage House Located at 11962 The Gore Road, Wildfield, City of Brampton, Ward 10

6.3. **Ashley Smoke and Joshua Nokay, Members of the Peel Drug Users Advisory Panel,** Providing Support for Supervised Consumption Services in the Region of Peel (Related to 7.1 to 7.3 inclusive)

6.4. **Jeffrey Jackson, Director, Finance and Treasurer, City of Mississauga,** Regarding the Motion to Change the Apportionment of the Regional Levy (Related to 19.1)

6.5. **Aleem Kanji, on behalf of Pierre Ranger, Founder, Let's Remember Adam,** Expressing Support for the School Bus Stop - Arm Camera Motion (Related to 19.2)

7. **STAFF PRESENTATIONS**

7.1. Peel Opioid Strategy Update (Related to 6.3, 7.2, 7.3 and 16.3)
Presentation by Dr. Jessica Hopkins, Medical Officer of Health

7.2. Update on Recreational Cannabis: Regional Initiatives, Resource Consumption and New Regulations (Related to 6.3, 7.1 and 7.3)

- 7.3. Supervised Consumption Site Needs Assessment and Feasibility Study Results (Related to 6.3, 7.1 and 7.2)

8. ITEMS RELATED TO HUMAN SERVICES

Chaired by Councillor M. Medeiros or Vice-Chair Councillor G.S. Dhillon

- 8.1. Report of the Strategic Housing and Homelessness Committee (SHHC 5/2019) meeting held on November 21, 2019

9. COMMUNICATIONS

- 9.1. **Sonya Pacheco, Legislative Coordinator, City of Brampton**, Letter dated November 5, 2019 Regarding a Review of 2018-2028 Peel Poverty Reduction Strategy and Alignment of City Programs and Strategies (**A copy of the Peel Poverty Reduction Strategy 2018-2028 is available from the Office of the Regional Clerk for viewing**) (Receipt recommended)

10. ITEMS RELATED TO PLANNING AND GROWTH MANAGEMENT

Chaired by Councillor M. Palleschi or Vice-Chair Councillor A. Thompson

- 10.1. Peel 2041 Regional Official Plan Review – Consultation on Proposed Environmental, Agricultural and Rural System Policies (**Copies of the Discussion Papers and Draft Policies are available from the Office of the Regional Clerk for viewing**)
- 10.2. Proposed Changes to the *Aggregate Resources Act* and Regulations
- 10.3. An Update on *Bill 138: Plan to Build Ontario Together Act, 2019*, and Ongoing Advocacy Efforts on Bill 108 (Related to 11.1)

11. COMMUNICATIONS

- 11.1. **Julie Stevens, President, Municipal Finance Officers' Association of Ontario (MFOA) and Stephen VanOfwegen, Chair, Ontario Regional and Single Tier Treasurers (ORSTT)**, Letter dated November 18, 2019, Providing a Copy of the MFOA and ORSTT Letter to the Interim Deputy Minister of Municipal Affairs and Housing Regarding Consultation on the Community Benefits Charge Formula (Receipt recommended) (Related to 10.3)

12. ITEMS RELATED TO ENTERPRISE PROGRAMS AND SERVICES

Chaired by Councillor C. Fonseca or Vice-Chair Councillor K. Ras

- 12.1. Review of Regional Council Composition (For information)
- 12.2. Indigenous Land Acknowledgement
- 12.3. Process for Appointing a Chief Administrative Officer

- 12.4. Report of the Audit and Risk Committee (ARC – 5/2019) meeting held on October 31, 2019
- 12.5. Report of the Committee Clerk regarding the Diversity, Equity and Anti-Racism Committee (DEAR - 4/2019) meeting held on November 7, 2019
- 12.6. Report of the Regional Council Policies and Procedures Committee (PPC – 5/2019) meeting held on November 7, 2019
- 12.7. Report of the Emergency Management Program Committee (EMPC - 2/2019) meeting held on November 21, 2019

12.8. 2020 Interim Regional Requisition By-Law (Related to By-law 75-2019)

13. COMMUNICATIONS

- 13.1. **Krystal Christopher, Legislative Coordinator, City of Mississauga**, Email dated November 20, 2019, Providing a Copy of City of Mississauga Resolution 0273-2019 Regarding the Regional Chair (Receipt recommended)
- 13.2. **Sylvia Jones, Solicitor General**, Letter dated November 19, 2019, Providing Further Information on the Federal Investment Aimed at Reducing Gun Violence and Gang Activity in Ontario (Receipt recommended)

14. ITEMS RELATED TO PUBLIC WORKS

Chaired by Councillor A. Groves or Vice-Chair Councillor P. Fortini

- 14.1. Automated Speed Enforcement Program Update
- 14.2. Lakeview Village Community Overview of Components of the Proposed Development with Regional Interest (For information)

15. COMMUNICATIONS

16. ITEMS RELATED TO HEALTH

Chaired by Councillor J. Downey or Vice-Chair Councillor D. Damerla

- 16.1. Region of Peel's Role in Community Safety Initiatives (For information)
- 16.2. Peel Public Health Transformation Consultation (For information)
- 16.3. Emergency Health Services Modernization Consultation and Implications for Peel Regional Paramedic Services (For information)

17. COMMUNICATIONS

- 17.1. **Christine Massey, Spokesperson, Fluoride Free Peel**, Email dated November 11, 2019, Providing Information Regarding the Department of Health and Human Services Draft National Toxicology Program Monograph on the Systematic Review of Fluoride Exposure and Neurodevelopmental and Cognitive Health Effects (Receipt recommended)
- 17.2. **Christine Massey, Spokesperson, Fluoride Free Peel**, Email dated November 11, 2019, Providing Information that Freedom of Information Requests Reveal that Ontario, Alberta and Washington State Institutions Have No Fluoride/Pregnancy Studies to Suggest Safety with Respect to Childhood Intelligence Quotient (IQ) or Attention Deficit Hyperactivity Disorder (ADHD) (Receipt recommended)
- 17.3. **Christine Massey, Spokesperson, Fluoride Free Peel**, Email dated November 11, 2019, Providing Excerpts from an Article titled "Association of Water Fluoride and Urinary Fluoride Concentrations with Attention Deficit Hyperactivity Disorder in Canadian Youth" (Receipt recommended)
- 17.4. **Christine Massey, Spokesperson, Fluoride Free Peel**, Email dated November 11, 2019, Regarding the Appeal of the Region of Peel Records Request #123-19-161 Under the *Municipal Freedom of Information and Protection of Privacy Act* (Receipt recommended)
- 17.5. **Christine Massey, Spokesperson, Fluoride Free Peel**, Email dated November 11, 2019, Providing a Link to an Article titled "Fluoride Brain Research is Alarming and Growing" (Receipt recommended)
- 17.6. **Krystal Christopher, Legislative Coordinator, City of Mississauga**, Email dated November 20, 2019, Providing Endorsement of Region of Peel By-law 49-2019 To Prohibit Smoking and Vaping in Outdoor Public Places and Workplaces (Receipt recommended) (Related to 17.7)
- 17.7. **Terri Brenton, Legislative Coordinator, City of Brampton**, Letter dated November 21, 2019, Providing Endorsement of Region of Peel By-law 49-2019 To Prohibit Smoking and Vaping in Outdoor Public Places and Workplaces (Receipt recommended) (Related to 17.6)

18. OTHER BUSINESS

- 18.1 Summary Note: Peel Waterpipe Smoking By-law Update: Leave to Appeal to the Supreme Court of Canada of the Region of Peel's By-law to Regulate Waterpipe Smoking (By-law 30-2016) Is Dismissed (Receipt recommended)

19. NOTICE OF MOTION/MOTION

- 19.1. Motion Regarding Implementation of a New Formula to be Applied to the Peel Regional Police Levy Allocations for Mississauga and Brampton for 2021 **(As requested by Councillor Parrish)** (Related to 6.4)
- 19.2. Motion Regarding School Bus Stop Arm Cameras **(As requested by Councillor Ras)** (Related to 6.5)
- 19.3. Motion Regarding the Absence of Councillor Sue McFadden
- 19.4. Motion Regarding Extension of Yard Waste Collection **(As requested by Councillor Fonseca)**

20. BY-LAWS

By-law 73-2019: A by-law to accept, assume and dedicate lands for public highway purposes.

By-law 75-2019: A by-law to requisition from the lower-tier municipalities a sum not exceeding 50 per cent of the amount that in By-law 28-2019 was to be raised in each lower-tier municipality, before the adoption of the final Regional estimates for the year 2020. (Related to 12.8)

21. IN CAMERA MATTERS

- 21.1. November 14, 2019 Regional Council Closed Session Report
- 21.2. Appointment of Associate Medical Officer of Health (Personal matters about an identifiable individual, including municipal or local board employees)
- 21.3. Funding Request for Toronto and Region Conservation Authority Project Proposal, Town of Caledon, Ward 4 (A proposed or pending acquisition or disposition of land by the municipality or local board)
- 21.4. Status Update - Potential Provincial Growth Allocations (Oral) (Advice that is subject to solicitor-client privilege, including communications necessary for the purpose; and, Litigation or potential litigation, including matters before administrative tribunals)
- 21.5. Local Planning Appeal Tribunal Proceedings (Litigation or potential litigation, including matters before administrative tribunals affecting the municipality or local board; and advice that is subject to solicitor-client privilege, including communications necessary for that purpose)

22. BY-LAW TO CONFIRM THE PROCEEDINGS OF COUNCIL

23. ADJOURNMENT



**THE COUNCIL OF
THE REGIONAL MUNICIPALITY OF PEEL
November 14, 2019**

Regional Chair Iannicca called the meeting of Regional Council to order at 9:31 a.m. in the Council Chamber, Regional Administrative Headquarters, 10 Peel Centre Drive, Suite A, Brampton.

1. ROLL CALL

Members Present:

P. Brown*	M. Mahoney
G. Carlson	S. McFadden
B. Crombie*	M. Medeiros
D. Damerla	M. Palleschi
S. Dasko	C. Parrish
J. Downey	K. Ras
C. Fonseca	P. Saito
P. Fortini	R. Santos
A. Groves	I. Sinclair
N. Iannicca	R. Starr
J. Innis	A. Thompson
J. Kovac	P. Vicente

Members Absent: **G.S. Dhillon** **Due to other municipal business**

Also Present: N. Polsinelli, Interim Chief Administrative Officer; C. Matheson, Commissioner of Corporate Services; S. VanOfwegen, Commissioner of Finance and Chief Financial Officer; S. Baird, Commissioner of Digital and Information Services; P. O'Connor, Regional Solicitor; A. Smith, Acting Chief Planner; A. Farr, Acting Commissioner of Public Works; J. Sheehy, Commissioner of Human Services; C. Granger, Acting Commissioner of Health Services; Dr. M. Hau, Acting Medical Officer of Health; K. Lockyer, Regional Clerk and Director of Legal Services; C. Thomson, Legislative Specialist; S. Valteau, Legislative Technical Coordinator; R. Khan, Legislative Technical Coordinator

2. DECLARATIONS OF CONFLICTS OF INTEREST - Nil

* See text for arrivals

◆ See text for departures

★ Denotes alternate member

3. APPROVAL OF MINUTES

3.1. October 24, 2019 Regional Council meeting

Moved by Councillor Starr,
Seconded by Councillor Sinclair;

That the minutes of the October 24, 2019 Regional Council meeting be approved.

Carried 2019-1006

4. APPROVAL OF AGENDA

Moved by Councillor Santos,
Seconded by Councillor Saito;

That Delegations - Items 6.2 to 6.4 inclusive, listed on the November 14, 2019 Regional Council agenda be withdrawn;

And further, that the agenda for the November 14, 2019 Regional Council meeting include a communication from the Minister of Municipal Affairs and Housing, to be dealt with under Planning and Growth Management – Item 17.2;

And further, that In Camera Matters – Item 21.7 listed on the November 14, 2019 Regional Council agenda be withdrawn;

And further, that the agenda for the November 14, 2019 Regional Council meeting include an in camera report regarding Matters Related to the Housing Master Plan, to be dealt with under In Camera Matters – Item 21.8;

And further, that the agenda for the November 14, 2019 Regional Council meeting be approved, as amended.

Carried 2019-1007

5. CONSENT AGENDA

Moved by Councillor McFadden,
Seconded by Councillor Mahoney;

That the following matters listed on the November 14, 2019 Regional Council Agenda be approved under the Consent Agenda: Items 8.3, 8.8, 9.1, 9.2, 9.3, 10.1, 10.4, 10.5, 11.1, 11.2, 12.1, 13.1, 14.2, 14.3, 14.4.

In Favour	G. Carlson; S. Dasko; J. Downey; C. Fonseca; P. Fortini; A. Groves; J. Innis; J. Kovac; M. Mahoney; S. McFadden; M. Medeiros; M. Palleschi; C. Parrish; K. Ras; P. Saito; R. Santos; I. Sinclair; R. Starr; A. Thompson; P. Vicente	Total 20
Opposed		
Abstain <i>(counted as a no vote)</i>		
Absent <i>(from meeting and/or vote)</i>	P. Brown; B. Crombie; D. Damerla; G.S. Dhillon	4

Carried 2019-1008

RESOLUTIONS AS A RESULT OF THE CONSENT AGENDA

8.3. **Procurement Activity Report - T2 May 1 to August 31, 2019**

Received 2019-1009

8.8. **Report of the Government Relations Committee (GRC-2/2019) meeting held on October 17, 2019**

Moved by Councillor McFadden,
Seconded by Councillor Mahoney;

That the report of the Government Relations Committee (GRC-2/2019) meeting held on October 17, 2019, be adopted.

Carried 2019-1010

1. DECLARATIONS OF CONFLICTS OF INTEREST - Nil

2. APPROVAL OF AGENDA

RECOMMENDATION GRC-7-2019:

That the agenda for the October 17, 2019 Government Relations Committee meeting be approved.

Approved 2019-1011

Item 4. was dealt with.

4. GOVERNMENT RELATIONS UPDATE (Oral)

Discussion led by Sonia Mistry, Acting Manager, Strategic Public Policy and External Relations; and Patrick Mangion, Specialist, External Relations

Received 2019-1012

3. DELEGATIONS

- 3.1. Prabmeet Singh Sarkaria, Associate Minister of Small Business and Red Tape Reduction for the Ministry of Economic Development, Job Creation and Trade; Regarding Local and Provincial Priorities**

Received 2019-1013

4. GOVERNMENT RELATIONS UPDATE (Oral)

Discussion led by Sonia Mistry, Acting Manager, Strategic Public Policy and External Relations; and Patrick Mangion, Specialist, External Relations

This item was dealt with earlier in the meeting.

5. REPORTS

- 5.1. Update on 2019 Region of Peel Advocacy Priorities**

Received 2019-1014

- 9.1. Laurie Scott, Minister of Infrastructure Ontario, Letter dated October 16, 2019, Regarding the Launch of the Community, Culture and Recreation Stream of the Investing in Canada Infrastructure Program**

Received 2019-1015

- 9.2. Sonya Pacheco, Legislative Coordinator, City of Brampton, Letter dated October 3, 2019, Requesting the Region of Peel to Investigate Participating in the Class Action Lawsuit Against Pharmaceutical Companies that Make and Supply Opioids as Commenced by the Province of British Columbia**

Referred to Legal Services 2019-1016

10.1. **Development Services Fees Review**

Moved by Councillor McFadden,
Seconded by Councillor Mahoney;

That the interim site plan fees outlined in the report of the Acting Commissioner of Public Works titled "Development Services Fees Review" be endorsed and included in the 2020 budget;

And further, that staff report back to Regional Council with the preliminary results of the Development Services Fees review.

Carried 2019-1017

10.4. **Construction and Engineering Services for Repairs to East Brampton Reservoir, Capital Project 15-1973, Documents 2015-162P and 2017-086T, City of Brampton, Ward 7**

Moved by Councillor McFadden,
Seconded by Councillor Mahoney;

That the contract (Document 2017-086T) for construction services for the East Brampton Reservoir and Pumping Station Upgrades Contract 1, Project 17-1952S and 17-1904S awarded to Torbear Contracting Inc., be extended in the estimated amount of \$5,303,742 (excluding applicable taxes), under Capital Project 15-1973 for a revised estimated contract total of \$13,911,437, in accordance with Procurement By-law 30-2018;

And further, that the contract (Document 2015-162P) for engineering services for the Beckett Sproule and East Brampton Pumping Station Upgrades awarded to GM Blueplan Engineering Ltd., be extended in the estimated amount of \$99,460 (excluding applicable taxes), under Capital Project 15-1973 for a revised estimated contract total of \$4,028,867, in accordance with Procurement By-law 30-2018.

Carried 2019-1018

10.5. **Report of the Waste Management Strategic Advisory Committee (WMSAC-4/2019) meeting held on October 31, 2019**

Moved by Councillor McFadden,
Seconded by Councillor Mahoney;

That the report of the Waste Management Strategic Advisory Committee (WMSAC-4/2019) meeting held on October 31, 2019 be adopted.

Carried 2019-1019

1. **DECLARATIONS OF CONFLICT OF INTEREST - Nil**

2. **APPROVAL OF AGENDA**

RECOMMENDATION WMSAC-13-2019:

That the agenda for the October 31, 2019 Waste Management Strategic Advisory Committee meeting be approved.

Approved 2019-1020

3. **DELEGATIONS - Nil**

4. **REPORTS**

4.1. **Proposed Waste Management Fee Increases**

Received 2019-1021

4.2. **Proposed Waste Management Fees Increases – Supplemental Information**

RECOMMENDATION WMSAC-14-2019:

That the fees proposed in the report from the Acting Commissioner of Public Works titled “Proposed Waste Management Fees Increases – Supplemental Information” be included in the 2020 budget submission;

And further, that regular fee increases to reflect increases in the consumer price index be included in subsequent budget submissions;

And further, that the collection of grass clippings in Peel’s curbside yard waste collection program and at Peel Community Recycling Centres be discontinued, effective January 1, 2020;

And further, that the necessary by-law be presented for enactment to discontinue the collection of grass clippings.

Approved 2019-1022

4.3. **Waste Management Financial Plan Update**

RECOMMENDATION WMSAC-15-2019:

That the public consultation plan to engage Peel residents for initial feedback on potential volume-based user-pay funding models as outlined in the report from the Acting Commissioner of Public Works titled "Waste Management Financial Plan Update" be endorsed.

Approved 2019-1023

- 11.1. **Tosh Gierek, Acting Director, Strategic and Indigenous Policy Branch, Policy Division, Ministry of Natural Resources and Forestry**, Letter dated October 29, 2019, Regarding Environmental Registry Notice (019-0732) by the Ministry of Natural Resources and Forestry Proposal to Amend Three Statutes and Make a New Regulation

Received 2019-1024

- 11.2. **Carey Herd, General Manager, Corporate Services and Town Clerk, Town of Caledon**, Letter dated October 30, 2019, Providing a Copy of the Town of Caledon Resolution and Report titled "Red Light Camera"

Received 2019-1025

- 12.1. **Report of the Health System Integration Committee (HSIC-2/2019) meeting held on October 17, 2019**

Moved by Councillor McFadden,
Seconded by Councillor Mahoney;

That the report of the Health System Integration Committee (HSIC-2/2019) meeting held on October 17, 2019 be adopted.

Carried 2019-1026

1. **DECLARATIONS OF CONFLICTS OF INTEREST - Nil**

2. **APPROVAL OF AGENDA**

RECOMMENDATION HSIC-5-2019:

That the agenda for the October 17, 2019 Health System Integration Committee meeting be amended to include a delegation providing status updates of local Ontario Health Teams, to be dealt with under Delegations – Item 3.1;

And further, that the agenda for the October 17, 2019 Health System Integration Committee meeting be approved, as amended.

Approved 2019-1027

Items 4.1 and 4.2 were dealt with.

4.1 Update on Health System Transformation and Regional Health Advocacy Priorities

Presentation by Brian Laundry, Director, Strategic Policy and Performance, Health Services and Donna Kern, Director, Senior Services Development, Health Services

Received 2019-1028

4.2 Progress Update on Local Ontario Health Teams

Received 2019-1029

3. DELEGATIONS

3.1 Kim Delahunt, Interim President and Chief Executive Officer, Headwaters Health Care Centre, Hills of Headwater Collaborative Ontario Health Teams; Kiki Ferrari, Executive Vice President, William Osler Health System, Brampton and Area Ontario Health Team; Karli Farrow, Senior Vice President, Strategy, People and Corporate Affairs, Trillium Health Partners; and Dr. Mira Backo-Shannon, Vice President, Clinical, Health System Integration and Strategy, Mississauga Halton Local Health Integration Network, Mississauga Ontario Health Team, Providing Status Updates of Local Ontario Health Teams

Received 2019-1030

4. REPORTS

4.1 Update on Health System Transformation and Regional Health Advocacy Priorities

Presentation by Brian Laundry, Director, Strategic Policy and Performance, Health Services and Donna Kern, Director, Senior Services Development, Health Services

This item was dealt with earlier in the meeting.

4.2 **Progress Update on Local Ontario Health Teams**

This item was dealt with earlier in the meeting.

5. **COMMUNICATIONS - Nil**

6. **IN CAMERA MATTERS - Nil**

7. **OTHER BUSINESS**

7.1 **Dr. B. Carr, President and CEO, William Osler Health System, Resignation as an Advisory Member, Health System Integration Committee (Oral)**

Received 2019-1031

- 13.1. **Carey Herd, General Manager, Corporate Services and Town Clerk, Town of Caledon**, Letter dated October 30, 2019, Providing a Copy of the Town of Caledon Resolution and Report titled "Request regarding Region of Peel By-law to Prohibit Smoking and Vaping in Outdoor Places and Workplaces"

Received 2019-1032

- 14.2. **Contract Extension for Services and Housing in the Province (SHIP) at Angela's Place Transitional Housing Program**

Moved by Councillor McFadden,
Seconded by Councillor Mahoney;

That contract (Document 2014-085P) for Transitional Housing Program Supports and Staffing for Angela's Place awarded to Services and Housing in the Province (SHIP) be extended in the amount of \$1,032,151, (excluding applicable taxes), for the continuation of the program for the remainder of 2019 until June 30, 2021, in accordance with Procurement By-law 30-2018.

Carried 2019-1033

- 14.3. **Contract Extension - Cawthra Road Shelter, Peel Family Shelter and Wilkinson Road Shelter**

Moved by Councillor McFadden,
Seconded by Councillor Mahoney;

That the contract (Document 2013-200P) for the operation of the Cawthra Shelter,

the Peel Family Shelter, and the Wilkinson Shelter awarded to the Salvation Army be extended for an additional nine months ending September 30, 2020, in the estimated total amount of \$5,863,228, (excluding applicable taxes), in accordance with Procurement By-Law 30-2018.

Carried 2019-1034

14.4. **Update on Provincial Funding for Child Care**

Moved by Councillor McFadden,
Seconded by Councillor Mahoney;

That the continuation of the Child Care Fee Reduction Initiative until April 30, 2020, using Provincial funds, be approved.

Carried 2019-1035

AGENDA ITEMS SUBJECT TO DISCUSSION AND DEBATE

6. DELEGATIONS

- 6.1. **Vanessa Suresh, Former Resident of Peel**, Requesting Reimbursement of the Five Per Cent Appreciation Value Related to the Peel Region's Home Buyer Program

Received 2019-1036

Councillor Crombie arrived at 9:42 a.m.

Vanessa Suresh, Former Resident of the Region of Peel, stated that she participated in the Home in Peel program which helped her to purchase a home in the Region of Peel by providing down payment assistance through a forgivable loan. The repayment conditions required that if the property was sold in under 20 years, the loan would be due in full, plus five per cent of the capital gains from the sale.

Ms. Suresh advised that she sold her home in 2017 and fulfilled the loan repayment conditions. Since that time, she has experienced health problems that have affected her ability to work. She requested that the Region of Peel refund the five per cent of the capital gains that she paid to the Region.

The Commissioner of Human Services provided Members of Regional Council with an overview of the Home in Peel program, the loan re-payment conditions, the amount received by Ms. Suresh in capital gains and the amount paid to the Region of Peel upon completion of the sale of the home.

Councillor Brown arrived at 9:46 a.m.

- 6.2. **Jennifer Bator, Communication Program Teacher, St. Joan of Arc Catholic Secondary School**, Regarding TransHelp for Handy-cab with a Cognitive Disorder

This item was withdrawn under Resolution 2019-1007

- 6.3. **Joanne Simpson, Executive Director, Applewood Centre for Adult Learning**, Regarding TransHelp for Handy-cab with a Cognitive Disorder

This item was withdrawn under Resolution 2019-1007

- 6.4. **Dan Daniel and Marina Daniel, Residents, City of Mississauga**, Regarding TransHelp for Handy-cab with a Cognitive Disorder

This item was withdrawn under Resolution 2019-1007

- 6.5. **Derek Boyce, Director of Recreation, City of Brampton**, Providing an Overview and Update on the Proposed Brampton Community Hubs Project

Received 2019-1037

Related to Resolution 2019-1038

Derek Boyce, Director of Recreation, City of Brampton, advised that in 2017, the Council of the City of Brampton endorsed the Parks and Recreation Master Plan. A component of the Plan includes the proposed Community Youth Hubs which is supported through partnering with publicly funded agencies; leveraging the strengths of local system partners; and, multi-use facility design to provide one-stop convenience to residents. Community Youth Hubs in Brampton also support the Region of Peel's Term of Council Priorities and the "Community for Life" Strategic Plan by helping to create healthy, safe and connected communities in Brampton where youth are enabled to live, thrive and lead. The Community Youth Hubs would be youth-centric spaces designed in consultation with community organizations and health and social service agencies that serve Brampton youth.

Derek Boyce outlined the proposed amenities and service delivery options that are being considered and he shared conceptual drawings for renovations for the Lawn Bowling facility that is a city-owned asset that is vacant due to the need for extensive renovations. He stated that the area has a low well-being score on the Region's Neighbourhood Information Tool and has a large youth population. Conceptual drawings were also shown for the proposed Community Youth Hub at South Fletcher's community centre, which would be comprised of 750 square feet of space on the main floor of South Fletcher's Sportsplex which currently sits vacant.

The next steps for the development of the Community Youth Hubs include determining the optimal service delivery model; obtaining Brampton Council's approval of the operating and capital budget; and, commencing the detailed design and construction of the youth hubs.

Councillor Parrish stated that Brampton's Community Youth Hubs are not consistent with the Youth Hub in Malton and appear to resemble local community centres. She noted that the Malton Community Youth Hub does not require operating funds from the City of Mississauga.

She suggested that staff from the City of Brampton report back to Regional Council with a plan that demonstrates a desperate need for the hubs in the proposed areas.

Derek Boyce noted that the intent of Brampton's Community Youth Hubs would be to serve as a preventative measure to provide youth with options that would deter them from engaging in criminal activity.

Councillor Saito expressed support for the development of Community Youth Hubs in Brampton, noting that work done by the Region of Peel-led former Youth Violence Prevention Committee confirmed the value of preventative measures to address youth violence.

In response to a question from Councillor Medeiros, the Commissioner of Human Services advised that Region of Peel staff confirmed the youth service needs for the areas where the Community Youth Hubs are proposed through a survey and use of the Neighbourhood Information Tool.

Councillor Medeiros noted that the specific needs in the City of Brampton are different from the specific needs of the Malton community.

Councillor Ras suggested that staff at the City of Brampton look at opportunities to reduce the costs associated with the proposed Community Youth Hubs.

Councillor Parrish requested that the Commissioner of Human Services report to a future meeting of Regional Council upon completion of a needs study, similar to the study conducted for the Malton Community Hub, and include previous reports to Council related to the Region's role in Community Hubs. She suggested that a placeholder be included in the Region of Peel budget until such time as Council has considered the requested reports.

In response to a question from Councillor Starr, the Commissioner of Finance and Chief Financial Officer advised that the Region of Peel's proposed capital budget includes \$12 million for the Region's role to provide grants to the local municipalities for the development of Community Youth Hubs.

In response to a question from Councillor Brown, the Commissioner of Human Services confirmed that the process to assess the needs for Community Youth Hubs in Brampton is the same as was done for the Malton Community Youth Hub and that staff expect to be in a position to report back to Regional Council in March 2020.

Councillor Saito requested that a future report to Regional Council include a data breakdown of the population, percentage of youth and economic status for each Ward in the Region of Peel, as well as identify the neighbourhoods that are at risk or on the brink of being at risk.

Item 15.1 was dealt with.

- 15.1. **Derek Boyce, Director, Recreation, City of Brampton**, Letter dated November 1, 2019, Regarding Brampton Community Youth Hubs Feasibility Study

Moved by Councillor Brown,
Seconded by Councillor Medeiros;

That the letter from Derek Boyce, Director of Recreation, City of Brampton, dated November 1, 2019 be referred to Human Services staff for a report back to a future meeting of Regional Council.

In Favour	P. Brown; G. Carlson; B. Crombie; D. Damerla; S. Dasko; J. Downey; C. Fonseca; P. Fortini; A. Groves; J. Innis; J. Kovac; M. Mahoney; S. McFadden; M. Medeiros; M. Palleschi; C. Parrish; K. Ras; P. Saito; R. Santos; R. Starr; A. Thompson; P. Vicente	Total 22
Opposed		
Abstain <i>(counted as a no vote)</i>		
Absent <i>(from meeting and/or vote)</i>	G.S. Dhillon; I. Sinclair	2

Carried 2019-1038

Related to Resolution 2019-1037

7. STAFF PRESENTATIONS

- 7.1. **The Changing Economic Environment and Implications for Peel**
Presentation by Judith McWhinney, Regional Economist

Received 2019-1039

Judith McWhinney, Regional Economist, provided an update on the changing macroeconomic environment, emerging risks and implications and how the Region of Peel is strategically positioned to adapt to the changing economic landscape. She stated that changes in the Region of Peel are not only influenced by local factors, but also by a changing and increasingly uncertain macroeconomic environment in areas such as trade uncertainty; growth in Canada and Ontario; inflation; interest rates; household debt; and, provincial and federal debt. Changes and trends in the local economy were highlighted, such as growth in the labour market and business sector; cost of housing and residential vacancy rates; and, an increasing taxable assessment base.

Judith McWhinney stated that as Peel grows and its needs become more complex, the plans and strategies approved by Regional Council should position the Region to manage growth in a financially sustainable way so that it can advance towards its goal of community for life.

Councillor Ras suggested that the Region of Peel resume its efforts to advocate to the provincial government for additional revenue tools.

The Commissioner of Finance and Chief Financial Officer noted that the Association of Municipalities of Ontario (AMO) official policy position is for the addition of one per cent to the Harmonized Sales Tax (HST) to be designated for municipalities; however, the policy has not been endorsed by any of the political parties.

Councillor Parrish requested that all future reports to Regional Council that include statistical information, charts and graphs, be broken down by municipality.

Councillor Parrish suggested that instead of asking for an additional one per cent to be added to the HST for municipalities, it would be more appropriate to request that one per cent of the current HST be designated for municipalities. She further suggested that staff research how other countries tax home businesses, such as UBER and Airbnb.

Councillor Thompson suggested that Region of Peel staff and staff from the local municipalities share their economic data with each other. Councillor Thompson advised that he would bring a motion for consideration at the next meeting of Regional Council to ask AMO to advocate for one per cent of the current HST to be designated for municipalities.

7.2. **Vaping in Youth**

Presentation by Dr. Monica Hau, Associate Medical Officer of Health

Received 2019-1040

Related to Resolution 2019-1041

Moved by Councillor Ras,
Seconded by Councillor Crombie;

That the Region of Peel advocate to the federal government to amend the *Tobacco and Vaping Products Act* to prohibit the manufacture and sale of vaping products with flavours and flavouring ingredients;

And further, that the Region of Peel advocate to the federal government to amend the *Tobacco and Vaping Products Act* to align the prohibitions on the mass media promotion of vaping products with those for tobacco products;

And further, that the Region of Peel advocate to the federal government to limit the concentration of nicotine in vaping products to 20 mg/mL or less;

And further, that the Region of Peel advocate to the Ontario provincial government to amend the *Smoke-Free Ontario Act, 2017* to align penalties for e-cigarette sales offences with the current penalties for tobacco sales offences;

And further, that the Region of Peel advocate to the Ontario provincial government to amend the *Smoke-Free Ontario Act, 2017* and *Ontario Regulation 268/18* to prohibit the retail promotion of vaping products and to prohibit the sale of flavoured vaping products;

And further, that Region of Peel staff work with staff at the local municipalities to introduce licensing requirements for vapour product retailers;

And further, that Region of Peel staff work with staff at the Town of Caledon to introduce licensing requirements for tobacco product retailers in alignment with the Cities of Brampton and Mississauga;

And further, that the Region of Peel advocate for warning labels to be required for all packaging of vapour products;

And further, that the Region of Peel advocate that advertising and promotion of vapour products not target youth.

In Favour	G. Carlson; B. Crombie; D. Damerla; S. Dasko; J. Downey; C. Fonseca; P. Fortini; A. Groves; J. Innis; J. Kovac; M. Mahoney; S. McFadden; M. Medeiros; M. Palleschi; C. Parrish; K. Ras; P. Saito; R. Santos; I. Sinclair; R. Starr; A. Thompson; P. Vicente	Total 22
Opposed		
Abstain <i>(counted as a no vote)</i>		
Absent <i>(from meeting and/or vote)</i>	P. Brown; G.S. Dhillon	2

Carried 2019-1041

Related to Resolution 2019-1040

Dr. Monica Hau, Associate Medical Officer of Health, advised that vaping is the inhaling and exhaling of an aerosol produced by an e-cigarette. E-cigarettes are battery-powered devices that heat a liquid into an aerosol and can contain substances such as nicotine and flavourings and that other substances, such as cannabis, can be vaped as well. She outlined the history of vaping in Canada and its associated health effects including the potential risk of severe pulmonary illness; altered teen brain development due to nicotine exposure; exposure to chemicals and heavy metals; and exposure to second hand vapour. Its long-term effects are not yet known. Staff in Peel Public Health are developing a strategy to address vaping in Peel which will focus on youth prevention and capacity building among health professionals and educators. Dr. Hau noted that Public Health Inspectors are limited in what they are able to enforce, therefore advocacy for stricter vaping regulations is important.

Members of Regional Council discussed the need for a strong education plan on the risks of vaping that includes cooperation from all levels of government.

Councillor Crombie requested that the recommendation include a request that the federal government require that vaping products contain warning labels similar to those required for tobacco products and that they not be sold to youth.

Following a question by Councillor Fortini regarding licensing of sales of vapour products, the Associated Medical Officer of Health, Monica Hau, noted that as part of the recommendations, Peel Public Health will work with local municipalities to introduce licensing requirements for vapour product retailers.

Councillor Fonseca advised that she would work with staff from Peel Public Health to develop a motion for Regional Council's consideration that could be presented to the Federation of Canadian Municipalities for advocacy in March 2020.

7.3. **Violence Prevention in Paramedic Services**

Presentation by Peter Dundas, Chief, Paramedic Services and Mandy Johnston, Advanced Care Paramedic, Paramedic Services

Received 2019-1042

Related to Resolution 2019-1043

Moved by Councillor Sinclair,
Seconded by Councillor Thompson;

That a public awareness campaign to address external violence against paramedics as outlined in the report of the Acting Commissioner of Health Services, titled "Violence Prevention in Paramedic Services" be endorsed;

And further, that Region of Peel Human Resources staff continue to work with Paramedic Services to address the "organizational culture that normalizes external workplace violence";

And further, that Region of Peel staff improve the method of reporting all incidents of threats, intimidation, assaults and sexual harassment and assaults experienced by Peel Paramedics;

And further, that Region of Peel staff report to Regional Council on the results of the staff collaboration and impact of the Psychological Health and Safety Program;

And further, that the future report to Regional Council include and identify opportunities for advocacy for legislative and policy changes.

In Favour	P. Brown; G. Carlson; B. Crombie; S. Dasko; J. Downey; C. Fonseca; P. Fortini; A. Groves; J. Innis; J. Kovac; M. Mahoney; S. McFadden; M. Medeiros; M. Palleschi; C. Parrish; K. Ras; P. Saito; R. Santos; I. Sinclair; R. Starr; A. Thompson; P. Vicente	Total 22
Opposed		
Abstain <i>(counted as a no vote)</i>		
Absent <i>(from meeting and/or vote)</i>	D. Damerla; G.S. Dhillon	2

Carried 2019-1043

Related to Resolution 2019-1042

Peter Dundas, Chief, Paramedic Services and Mandy Johnston, Advanced Care Paramedic, Paramedic Services, provided an overview of the Culture and Engagement program created by staff in Paramedic Services to support mental wellness by using a collaborative framework. A working group was established to address public violence towards paramedics, which is a significant occupational stressor.

Mandy Johnston shared an experience she and her partner had with a patient who became violent while they were responding to a call for assistance, noting that it represented just one example of the violence first responders have faced. She noted that there is no single solution to address the issue of violence against paramedics and that international research on effective solutions is lacking. Mandy Johnston stated that the recommendations described in the report listed as item 7.3 on the Regional Council agenda align closely with recommendations made by paramedic staff and she requested the support of Regional Council in helping to keep paramedics safe.

In response to a question from Councillor Parrish regarding the low response rate to the survey distributed to Peel paramedics, Mandy Johnston noted that the issue of violence against paramedics has not been acknowledged in the past and that some paramedics may believe that nothing would change if they reported their experiences. This perception may have contributed to a low survey response rate.

Councillor Parrish noted that firefighters and hospital emergency room staff also deal with violence first hand and she suggested that a unified approach to the issue for all first responders be considered.

Peter Dundas stated that an important component of addressing the issue is raising the public's awareness that violent behavior will not be tolerated.

In response to a question from Councillor Thompson, Peter Dundas advised that Paramedic Services has partnered with external agencies to support mental wellness, including Wounded Warriors, and that staff continue to explore other avenues. Mandy Johnston advised that the Culture and Engagement program has been well received by paramedics because it is being led

by paramedics which helps participants believe that the changes are beneficial and applicable to them.

Nancy Polsinelli, Interim Chief Administrative Officer, advised that the lessons learned from paramedic services' work will be shared with departments across the Region of Peel where staff may also encounter violence.

In response to a question from Councillor Sinclair, Mandy Johnston advised that staff are exploring opportunities to advocate for changes to the Criminal Code of Canada so that all front line workers are included in the provisions related to assaults against peace officers. She noted that assistance from Regional Council to advocate for the changes would be appreciated.

In response to questions from Councillor Saito, Mandy Johnston noted that there are opportunities to improve communications between the police and paramedic dispatch centres in dealing with calls for assistance by paramedics. Peter Dundas advised that he would be meeting with the new Chief of Peel Regional Police to discuss how police and paramedics can collaborate to address the issue of violence against paramedics.

Several Members of Regional Council expressed their appreciation for the dedication of the Region of Peel's paramedics and indicated their support of the initiatives identified to address public violence against front line workers.

In Camera Matters - Items 21.1 to 21.6 inclusive and 21.8 were dealt with.

At 12:45 p.m., in accordance with section 239(2) of the *Municipal Act, 2001*, as amended, the following motion was placed:

Moved by Councillor Parrish
Seconded by Councillor Ras;

That Council proceed "In Camera" to consider the October 24, 2019 Closed Session report and reports relating to the following:

- Update - Appeals to the Local Planning Appeal Tribunal of Regional Official Plan Amendment 30 (BRES-Bolton), Town of Caledon (Oral) (Litigation or potential litigation, including matters before administrative tribunals; and Advice that is subject to solicitor-client privilege, including communications necessary for the purpose)
- Potential Provincial Growth Allocations (Advice that is subject to solicitor-client privilege, including communications necessary for the purpose; and, Litigation or potential litigation, including matters before administrative tribunals)
- Beckett-Sproule Feedermain Update (Litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board)

- Water and Wastewater Services (Litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board)
- Proposed Property Acquisition - East Brampton Watermains from Beckett Sproule Reservoir and Pumping Station to the East Brampton Reservoir and Pumping Station – City of Brampton, Wards 3 and 7 (A proposed or pending acquisition or disposition of land by the municipality or local board)

Additional Item:

- Matters Related to the Housing Master Plan (A position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board)

Carried 2019-1044

Moved by Councillor McFadden,
Seconded by Councillor Fortini;

That Council proceed out of “In Camera”.

Carried 2019-1045

Council moved out of closed session at 2:16 p.m.

Moved by Councillor McFadden,
Seconded by Councillor Fortini;

That the October 24, 2019 Regional Council Closed Session report be received;

And further, that the in camera reports listed as items 21.2 and 21.4 on the November 14, 2019 Regional Council agenda, be received;

And further, that the in camera directions related to items 21.3, 21.5 and 21.8 on the November 14, 2019 Regional Council agenda be approved;

And further, that the recommendation contained within the confidential report relating to item 21.6 listed on the November 14, 2019 Regional Council agenda, be approved and become public upon adoption.

In Favour	P. Brown; G. Carlson; B. Crombie; D. Damerla; S. Dasko; J. Downey; C. Fonseca; P. Fortini; A. Groves; J. Innis; J. Kovac; M. Mahoney; S. McFadden; M. Medeiros; C. Parrish; K. Ras; P. Saito; R. Santos; I. Sinclair; R. Starr; A. Thompson; P. Vicente	Total 22
Opposed		
Abstain <i>(counted as a no vote)</i>		
Absent <i>(from meeting and/or vote)</i>	G.S. Dhillon; M. Palleschi	2

Carried 2019-1046

21.1. **October 24, 2019 Regional Council Closed Session Report**

Received 2019-1047

21.2. **Update Appeals to the Local Planning Appeal Tribunal of Regional Official Plan Amendment 30 (BRES-Bolton), Town of Caledon (Litigation or potential litigation, including matters before administrative tribunals; and Advice that is subject to solicitor-client privilege, including communications necessary for the purpose) (Oral)**

Received 2019-1048

21.3. **Potential Provincial Growth Allocations (Advice that is subject to solicitor-client privilege, including communications necessary for the purpose; and, Litigation or potential litigation, including matters before administrative tribunals)**

Moved by Councillor McFadden,
Seconded by Councillor Fortini;

That direction given “in camera” to the Regional Solicitor and the Commissioner of Public Works be approved and voted upon in accordance with section 239(6)(b) of the *Municipal Act, 2001*, as amended.

Carried 2019-1049

21.4. **Beckett-Sproule Feedermain Update (Litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board)**

Received 2019-1050

21.5. **Water and Wastewater Services (Litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board)**

Moved by Councillor McFadden,
Seconded by Councillor Fortini;

That direction given “in camera” to the Regional Solicitor and the Commissioner of Public Works as set out in the joint in camera report titled “Water and Wastewater Services” be approved and voted upon in accordance with section 239(6)(b) of the *Municipal Act, 2001*, as amended.

Carried 2019-1051

21.6. **Proposed Property Acquisition - East Brampton Watermains from Beckett Sproule Reservoir and Pumping Station to the East Brampton Reservoir and Pumping Station – City of Brampton, Wards 3 and 7 (A proposed or pending acquisition or disposition of land by the municipality or local board)**

Moved by Councillor McFadden,
Seconded by Councillor Fortini;

That The Regional Municipality of Peel, as Purchaser, enter into an Agreement of Purchase and Sale with O-I Canada Corp., as Vendor, on legal terms satisfactory to the Regional Solicitor, for the purchase of a permanent easement interest and a temporary easement interest in the lands described as follows:

- A permanent easement interest in the lands described as Part of Block B on Registered Plan 895, City of Brampton (formerly Township of Chinguacousy), Regional Municipality of Peel, designated as Parts 1 and 2 on Reference Plan 43R-39104.
- A temporary easement interest in the lands described as Part of Block B on Registered Plan 895, City of Brampton (formerly Township of Chinguacousy), Regional Municipality of Peel, designated as Part 3 on Reference Plan 43R-39104.

And further, that the Office of the Regional Solicitor be authorized to complete the transaction, including the execution of all documents, Affidavits, Statutory Declarations and Undertakings required or appropriate for that purpose;

And further, that the funds be financed from Capital Project 14-1240.

Carried 2019-1052

- 21.7. **Shareholder Direction Approval Housing Master Plan (A position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board)**

This item was withdrawn under Resolution 2019-1007

Additional Item.

- 21.8. **Matters Related to the Housing Master Plan (A position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board)**

Moved by Councillor McFadden,
Seconded by Councillor Fortini;

That direction given “in camera” to Regional staff be approved and voted upon in accordance with section 239(6)(b) of the *Municipal Act, 2001*, as amended.

Carried 2019-1053

Regional Council recessed at 2:17 p.m.

Regional Council reconvened at 2:46 p.m.

Members Present:

P. Brown	M. Mahoney
G. Carlson	S. McFadden
B. Crombie	M. Medeiros
D. Damerla	M. Palleschi
S. Dasko	C. Parrish
J. Downey	K. Ras
C. Fonseca	R. Santos
P. Fortini	I. Sinclair
A. Groves♦	R. Starr
N. Iannicca♦	A. Thompson
J. Innis	P. Vicente
J. Kovac	

Members Absent:

G.S. Dhillon	Due to other municipal business
P. Saito	Due to other municipal business

Also Present: N. Polsinelli, Interim Chief Administrative Officer; C. Matheson, Commissioner of Corporate Services; S. VanOfwegen, Commissioner of Finance and Chief Financial Officer; S. Baird, Commissioner of Digital and Information Services; P. O'Connor, Regional Solicitor; A. Smith, Acting Chief Planner; A. Farr, Acting Commissioner of Public Works; J. Sheehy, Commissioner of Human Services; C. Granger, Acting Commissioner of Health Services; Dr. M. Hau, Acting Medical Officer of Health; K. Lockyer, Regional Clerk and Director of Legal Services; C. Thomson, Legislative Specialist; S. Valteau, Legislative Technical Coordinator; R. Khan, Legislative Technical Coordinator

8. ITEMS RELATED TO ENTERPRISE PROGRAMS AND SERVICES
Chaired by Councillor C. Fonseca

8.1. Enterprise Asset Management Program

Moved by Councillor Ras,
Seconded by Councillor Parrish;

That the amendments to the asset classes and asset levels of service, outlined in Appendix II of the report from the Commissioner of Finance and Chief Financial Officer, titled "Enterprise Asset Management" be approved.

In Favour	P. Brown; G. Carlson; B. Crombie; D. Damerla; S. Dasko; J. Downey; C. Fonseca; A. Groves; J. Innis; J. Kovac; M. Mahoney; S. McFadden; C. Parrish; R. Santos; I. Sinclair; R. Starr; A. Thompson; P. Vicente	Total 18
Opposed		
Abstain <i>(counted as a no vote)</i>		
Absent <i>(from meeting and/or vote)</i>	G.S. Dhillon; P. Fortini; M. Medeiros; M. Palleschi; K. Ras; P. Saito	6

Carried 2019-1054

In response to a question from Councillor Parrish, the Commissioner of Finance and Chief Financial Officer advised that staff are working with staff from Peel Regional Police (PRP) to include PRP in the Region’s asset management program.

8.2. **Overview and Update on the Status of Reserves**

Received 2019-1055

Related to Resolution 2019-1056

Moved by Councillor Damerla,
Seconded by Councillor Brown;

Whereas the Region of Peel has always strived to provide best value for its taxpayers;

And whereas, the cuts announced by the provincial government have created both pressures on the Region of Peel budget and uncertainty; however, given that there is only one tax payer, it is incumbent upon us to make sure that property tax increases are sustainable;

And whereas, declining levels of commercial and industrial property taxes in the Region are already putting undue burden on residential property tax payers who are already struggling with the high costs of home ownership;

And whereas, in past years the City of Mississauga has done an analysis of what different levels of taxation would mean in terms of service levels;

And whereas, staff is proposing a Regional property tax increase of 1.7 per cent;

Therefore be it resolved, that during the 2020 budget deliberations, staff present options to reduce the proposed Regional property tax increase from 1.7 per cent to a maximum of 1.5 per cent;

And further, that a copy of this resolution be forwarded to the Peel Regional Police, Ontario Provincial Police (Caledon Detachment), Credit Valley Conservation, Halton Conservation and the Toronto Region Conservation Authority for their attention.

In Favour	P. Brown; G. Carlson; B. Crombie; D. Damerla; S. Dasko; J. Downey; C. Fonseca; P. Fortini; A. Groves; J. Innis; J. Kovac; M. Mahoney; S. McFadden; M. Medeiros; M. Palleschi; C. Parrish; K. Ras; R. Santos; I. Sinclair; R. Starr; A. Thompson; P. Vicente	Total 22
Opposed		
Abstain <i>(counted as a no vote)</i>		
Absent <i>(from meeting and/or vote)</i>	G.S. Dhillon; P. Saito	2

Carried 2019-1056

Related to Resolution 2019-1055

8.4. **2019 Property Tax Policy Update Report**

Received 2019-1057

8.5. **2019 Triannual Financial Performance Report – August 31, 2019**

Received 2019-1058

8.6. **Continuous Improvement Program Update**

Received 2019-1059

8.7. **Region of Peel Digital Strategy Update**

Received 2019-1060

9. COMMUNICATIONS

9.3. **Steve Clark, Minister of Municipal Affairs and Housing, Letter dated November 1, 2019, Providing Governance and Funding Updates**

Received 2019-1061

- 9.4. **Mississauga Watch**, Email dated November 6, 2019, Regarding Peel Police Street Check Race Data and Providing Information as Presented to the Peel Police Services Board on October 25, 2019

Received 2019-1062

Councillor Parrish requested that Regional Council's representatives on the Peel Police Services Board request that the Board retain its records for a longer period.

10. **ITEMS RELATED TO PUBLIC WORKS**

Chaired by Councillor A. Groves

- 10.2. **Update on the Long-Term Utility Capital Plan Strategy**

Received 2019-1063

Councillor Parrish requested that the Long-Term Utility Capital Plan Strategy be broken down by local municipality.

- 10.3. **Specified Landowners Agreement Extension**

Moved by Councillor Parrish,
Seconded by Councillor Palleschi;

That the Commissioner of Public Works be authorized to negotiate and execute an amending agreement to extend the existing December 14, 1999, York-Peel Water and Wastewater Servicing Agreement beyond December 13, 2019, on business terms satisfactory to the Commissioner of Public Works and on legal terms satisfactory to the Regional Solicitor;

And further, that the Commissioner of Public Works be authorized to negotiate and execute a new water and wastewater service agreement with The Regional Municipality of York regarding specified parcels of land on Highway 50 (the "Lands") on business terms satisfactory to the Commissioner of Public Works and on legal terms satisfactory to the Regional Solicitor.

In Favour	P. Brown; G. Carlson; B. Crombie; S. Dasko; J. Downey; C. Fonseca; P. Fortini; A. Groves; J. Innis; J. Kovac; M. Mahoney; S. McFadden; M. Medeiros; M. Palleschi; C. Parrish; K. Ras; R. Santos; I. Sinclair; R. Starr; A. Thompson; P. Vicente	Total 21
Opposed		
Abstain <i>(counted as a no vote)</i>		
Absent <i>(from meeting and/or vote)</i>	D. Damerla; G.S. Dhillon; P. Saito	3

Carried 2019-1064

Councillor Groves departed at 3:30 p.m.

11. COMMUNICATIONS

These items were dealt with under the Consent Agenda.

12. ITEMS RELATED TO HEALTH

This item was dealt with under the Consent Agenda.

13. COMMUNICATIONS

This item was dealt with under the Consent Agenda.

14. ITEMS RELATED TO HUMAN SERVICES

Chaired by Councillor M. Medeiros

14.1. Annual Housing Client Services Update

Received 2019-1065

15. COMMUNICATIONS

15.1. Derek Boyce, Director, Recreation, City of Brampton, Letter dated November 1, 2019, Regarding Brampton Community Youth Hubs Feasibility Study

This item was dealt with under Resolution 2019-1038

16. ITEMS RELATED TO PLANNING AND GROWTH MANAGEMENT

Chaired by Councillor M. Palleschi

17. COMMUNICATIONS

- 17.1. **Aly N. Alibhai, Regional Director, Municipal Services Office, Central Ontario, Ministry of Municipal Affairs and Housing**, Letter dated October 21, 2019, Acknowledging Receipt of a Correspondence from the Regional Chair to the Minister of Municipal Affairs and Housing Regarding the Region of Peel's Support of the City of Brampton's Request for a Minister's Zoning Order MZO Pursuant to Section 47 of the *Planning Act*

Received 2019-1066

Additional Item:

- 17.2. **Steve Clark, Minister of Municipal Affairs and Housing**, Email dated November 12, 2019, Providing Clarifications on Specific Provisions Related to the Municipal Comprehensive Review Process in *A Places to Grow, Growth Plan for the Greater Golden Horseshoe*

Received 2019-1067

Related to Resolution 2019-1007

Moved by Councillor Vicente,
Seconded by Councillor Thompson;

That in accordance with Procedure By-law 56-2019, Section 4.2.12 be waived in order that the November 14, 2019 Regional Council meeting continue past 3:30 p.m.

Carried 2019-1068

18. OTHER BUSINESS

Councillor Iannicca declared a conflict of interest with respect to Items 18.1 and 18.2 listed on the November 14, 2019 Regional Council agenda as the subject of the Integrity Commissioner's report is the conduct of the Regional Chair.

Chair Iannicca departed at 3:25 p.m.

Councillor Ras assumed the Chair.

18.1. **Report from Principles Integrity titled, "Region of Peel – Code of Conduct Complaint Against Chair Iannicca – Recommendation Report"**

Janice Atwood-Petkovski, Principles Integrity, provided an overview of the report titled "Region of Peel – Code of Conduct Complaint Against Chair Iannicca – Recommendation Report". She responded to questions from Members regarding how the findings of the report were determined and the evidence that was considered during the investigation.

Councillor Downey moved receipt and referral of the report to the Council Policies and Procedures Committee for consideration of the recommendation which was carried.

Moved by Councillor Downey,
Seconded by Councillor Vicente;

That the report from Principles Integrity titled "Region of Peel – Code of Conduct Complaint Against Chair Iannicca – Recommendation Report" be received;

And further, that the recommendation contained in paragraph 105 of the subject report be referred to the Council Policies and Procedures Committee.

In Favour	P. Brown; D. Damerla; S. Dasko; J. Downey; C. Fonseca; P. Fortini; A. Groves; J. Innis; J. Kovac; M. Mahoney; M. Medeiros; M. Palleschi; K. Ras; R. Santos; I. Sinclair; A. Thompson; P. Vicente	Total 17
Opposed	G. Carlson; B. Crombie; S. McFadden; C. Parrish; R. Starr	5
Abstain <i>(counted as a no vote)</i>		
Absent <i>(from meeting and/or vote)</i>	G.S. Dhillon; P. Saito	2

Carried 2019-1069

Related to Resolution 2019-1073

Councillor Parrish placed a motion to censure the Regional Chair.

At 4:10 p.m., in accordance with section 239(2) of the *Municipal Act, 2001*, as amended, the following motion was placed:

Moved by Councillor Mahoney,
Seconded by Councillor McFadden;

That Council proceed "In Camera" to receive advice that is subject to solicitor-client privilege, including communications necessary for that purpose.

Carried 2019-1070

Moved by Councillor Palleschi,
Seconded by Councillor McFadden;

That Council proceed out of "In Camera".

Carried 2019-1071

Council moved out of closed session at 4:15 p.m.

Additional Item 18.3 was dealt with.

18.3. **Advice that is subject to solicitor-client privilege, including communications necessary for that purpose (Oral)**

Received 2019-1071

The Acting Regional Chair ruled that the motion placed by Councillor Parrish was out of order. Councillor Parrish appealed the ruling of the Acting Regional Chair.

The Regional Clerk stated that a positive vote on the appeal to the Acting Regional Chair's ruling would be a vote in agreement with the ruling.

The following vote was taken:

Shall the decision of the Presiding Officer, that the motion placed by Councillor Parrish is out of order, be sustained.

In Favour	P. Brown; D. Damerla; J. Downey; P. Fortini; J. Innis; M. Medeiros; M. Palleschi; R. Santos; I. Sinclair; A. Thompson; P. Vicente	Total 11
Opposed	G. Carlson; B. Crombie; S. Dasko; C. Fonseca; J. Kovac; M. Mahoney; S. McFadden; C. Parrish; R. Starr	9
Abstain <i>(counted as a no vote)</i>	K. Ras	1
Absent <i>(from meeting and/or vote)</i>	G.S. Dhillon; A. Groves; P. Saito	3

Carried 2019-1072

The ruling of the Acting Regional Chair prevailed.

18.2. **Nando Iannicca, Regional Chair**, Email dated October 30, 2019, Regarding the Report of the Integrity Commissioner

Received 2019-1073

Related to Resolution 2019-1069

- 18.3. **Advice that is subject to solicitor-client privilege, including communications necessary for that purpose (Oral)**

This item was dealt with under Resolution 2019-1071

19. NOTICE OF MOTION/MOTION

19.1. Motion Regarding the Peel Police, Community Events Paid Duty Policy

Moved by Councillor Parrish,
Seconded by Councillor Brown;

Whereas Peel Regional Police have had a history of forgiving some paid duty charges for community events involving safety and traffic control;

And whereas, on September 29, 2017, the Peel Police Services Board approved a change to the Community Events Paid Duty Policy (PRP-OP-001) effective January 1, 2018, eliminating subsidies for paid duty attendance at some community events;

And whereas, on December 13, 2018, Regional Council passed Resolution 2018-866 to allocate funds to the Cities of Brampton and Mississauga for redistribution to qualifying community events, to be administered by the local municipalities based on their criteria and future allocations of Regional funds to be increased annually using a target escalation rate approved by Regional Council during budget deliberations;

And whereas, new events requiring paid duty officers for safety reasons taking place in both Brampton and Mississauga do not qualify for subsidy, therefore creating an unequal situation with some groups over others;

And whereas, there are policies within the Peel Regional Police operating procedures that reach out to the communities in which they serve that *“support and encourage participation of members of Peel Regional Police and the citizens of Peel Region in policing initiatives that promote positive community partnerships and enrich the quality of life in Peel Region, and advance the goals of the Board.”* (Community Support and Recognition Fund PSB-FN-002 attached);

Therefore be it resolved, that the Peel Police Services Board be requested to:

- i. Cause the change in policy effective January 1, 2018 addressing the Community Events Paid Duty Policy, which eliminated subsidies for paid duty attendance at some community events, to be reviewed;

- ii. Direct that the review consider fairness and equity for all groups in Brampton and Mississauga, including those currently subsidized and those new community events requiring Paid Duty Officers for safety reasons;
- iii. Direct that the review give consideration to Paid Duty Policies related to the support of community events, of comparable and larger police forces in Ontario;
- iv. Direct that the review have regard for positive community partnerships between the community and Peel Regional Police;
- v. Ensure that a report of the findings of the review be provided to Regional Council upon completion of the review;

And further, that a copy of this resolution be sent to the Chief, Peel Regional Police.

In Favour	P. Brown; G. Carlson; B. Crombie; D. Damerla; S. Dasko; J. Downey; C. Fonseca; J. Innis; J. Kovac; M. Mahoney; S. McFadden; M. Medeiros; M. Palleschi; C. Parrish; K. Ras; R. Santos; I. Sinclair; R. Starr; A. Thompson; P. Vicente	Total 20
Opposed		
Abstain <i>(counted as a no vote)</i>		
Absent <i>(from meeting and/or vote)</i>	G.S. Dhillon; P. Fortini; A. Groves; P. Saito	4

Carried 2019-1074

20. BY-LAWS - Nil

21. IN CAMERA MATTERS

These items were dealt with under Resolutions 2019-1046 to 1053 inclusive

22. BY-LAW TO CONFIRM THE PROCEEDINGS OF COUNCIL

Moved by Councillor Fortini,
Seconded by Councillor Kovac;

That By-law 65-2019 to confirm the proceedings of Regional Council at its meeting held on November 14, 2019, and to authorize the execution of documents in accordance with the Region of Peel by-laws relating thereto, be given the required number of readings, taken as read, signed by the Regional Chair and the Regional Clerk, and the corporate seal be affixed thereto.

Carried 2019-1075

23. ADJOURNMENT

The meeting adjourned at 4:20 p.m.

Regional Clerk

Regional Chair

FOR OFFICE USE ONLY

MEETING DATE YYYY/MM/DD 2019/12/12	MEETING NAME REGIONAL COUNCIL
--	---

Attention: Regional Clerk
Regional Municipality of Peel
10 Peel Centre Drive, Suite A
Brampton, ON L6T 4B9
Phone: 905-791-7800 ext. 4582
E-mail: council@peelregion.ca

DATE SUBMITTED YYYY/MM/DD 2019/04/24
--

NAME OF INDIVIDUAL(S) Hillary Marshall; Michelle McKenzie

POSITION(S)/TITLE(S) VP, Stakeholder Relations & Communications; Municipal Member (Peel), Board of Directors
--

NAME OF ORGANIZATION(S) Greater Toronto Airports Authority
--

E-MAIL laila.hawrylyshyn@gtaa.com	TELEPHONE NUMBER (416) 776-3481	EXTENSION
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REASON(S) FOR DELEGATION REQUEST (SUBJECT MATTER TO BE DISCUSSED) The presentation will be focused on Toronto Pearson's growth, community investment and transit vision- a Regional Transit and Passenger Centre that could serve as a second major ground transit hub for the region- and how this aligns with the City of Toronto's strategic objectives.

A formal presentation will accompany my delegation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Presentation format: <input checked="" type="checkbox"/> PowerPoint File (.ppt) <input type="checkbox"/> Adobe File or Equivalent (.pdf) <input type="checkbox"/> Picture File (.jpg) <input type="checkbox"/> Video File (.avi,.mpg) <input type="checkbox"/> Other <input type="text"/>
Additional printed information/materials will be distributed with my delegation : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached

Note:
Delegates are requested to provide an electronic copy of all background material / presentations to the Clerk's Division at **least seven (7) business days prior** to the meeting date so that it can be included with the agenda package. **In accordance with Procedure By-law 9-2018 delegates appearing before Regional Council or Committee are requested to limit their remarks to 5 minutes and 10 minutes respectively (approximately 5/10 slides).**
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Once the above information is received in the Clerk's Division, you will be contacted by Legislative Services staff to confirm your placement on the appropriate agenda.

Notice with Respect to the Collection of Personal Information
(Municipal Freedom of Information and Protection of Privacy Act)

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Please complete and return this form via email to council@peelregion.ca

COUNT *on* PEARSON

*Contributing to
Canada's Prosperity*



Toronto Pearson

GTAA announces new President and CEO

**Deborah Flint to start in
April 2020**



COUNT *on* PEARSON

To support growing demand for air travel by careful planning and investments

Growth

- 85 million passengers by 2037
- Careful planning & Investments

Connectivity

- More destinations & carriers

Benefits

- Increases in trade, tourism, jobs, and immigration

Good Neighbour

- Managing impacts; investing in communities

FLYING DESTINATIONS	AIRLINE	CLASS	STATUS	ALTERNATIVE
14:20 CALGARY	AC 145	D04	ON TIME	ALTERNATIVE
14:20 MONCTON	AC 808	D02	ON TIME	ALTERNATIVE
14:40 EDMONTON	AC 100	D04	ON TIME	ALTERNATIVE
14:50 HALIFAX	AC 814	D08	ON TIME	ALTERNATIVE
15:00 MONTREAL	AC 418	D02	ON TIME	ALTERNATIVE
15:00 MONTRÉAL	AC 890	D11	ON TIME	ALTERNATIVE
15:30 SAINT JOHN	AC 750	D08	ON TIME	ALTERNATIVE
15:35 QUÉBEC	AC 750	D08	ON TIME	ALTERNATIVE
15:40 VANCOUVER	AC 110	D04	ON TIME	ALTERNATIVE
16:00 NORTH BAY	AC 807	D03	ON TIME	ALTERNATIVE
16:10 WINDSOR	AC 807	D03	ON TIME	ALTERNATIVE
16:15 WINDSOR	AC 110	D04	ON TIME	ALTERNATIVE
16:20 WINDSOR	AC 808	D02	ON TIME	ALTERNATIVE
16:20 WINDSOR	AC 488	D02	ON TIME	ALTERNATIVE
16:40 SAGINAW	AC 811	D01	ON TIME	ALTERNATIVE
16:50 SAGINAW	AC 807	D01	ON TIME	ALTERNATIVE
17:00 MONTREAL	AC 400	D02	ON TIME	ALTERNATIVE
17:00 SARNIA	QF 785	D1	ON TIME	ALTERNATIVE

BAR:120

GATE
D20

Count on Pearson to invest in the necessary airport infrastructure to meet growing demand



Toronto Pearson

1997-2013

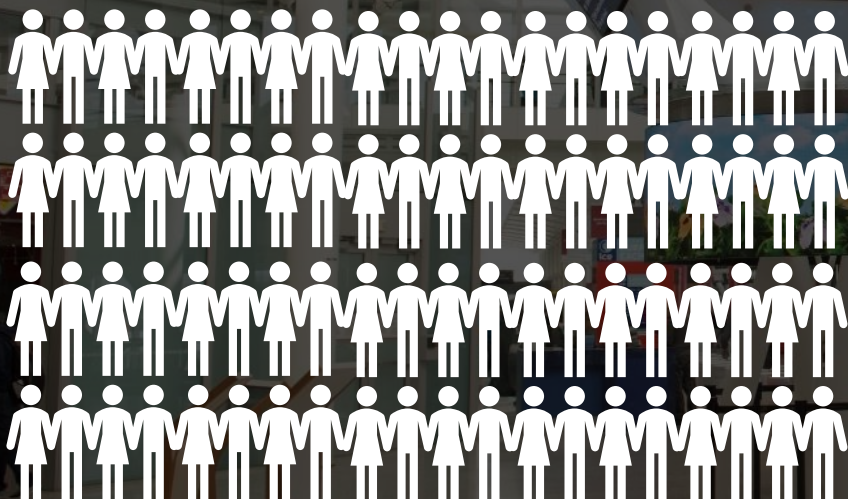
10M passengers in 16 years

2014-2017

10M passengers in 4 years



40M passengers in next 20 years



2017-2037

- Expect to surpass 50M passengers in 2019
- New modern terminals with long-term plan to grow as required
- New baggage systems to handle increased volumes
- Planning for new passenger processing facility to handle growing demand

COUNT *on*
PEARSON

Count on Pearson to provide access to global markets to promote Canadian trade diversification



Toronto Pearson

Pearson facilitates or generates:



\$11 Billion in Exports.
\$17 Billion in Imports.



\$42 billion
(6%) of Ontario's GDP



\$25 Billion in Outward FDI.
\$23 Billion in Inward FDI.



50,000 direct jobs at
Toronto Pearson.

Source: Frontier Economics

**COUNT on
PEARSON**



Toronto Pearson in Peel

\$194M

Procurement from
Peel businesses

86,000
Jobs

Toronto Pearson
Presence at
many Peel
community
events

COUNT *on*
PEARSON

Canada's first airport workforce survey

Goal: To better understand the 50,000 workforce at Toronto Pearson (400+ employers); and to plan for the future

What we learned:

- 36% of survey respondents live in Peel Region
- Proud and highly engaged with a strong desire to stay
- A workplace that provides opportunity for advancement and career growth
- The majority commute by car to Pearson: 83% of Brampton and 80% of Mississauga residents rely on their car to get to their airport related jobs
- Some employee groups at Pearson are more likely than others to experience elements of employment precarity

UNDERSTANDING THE PEARSON WORKFORCE

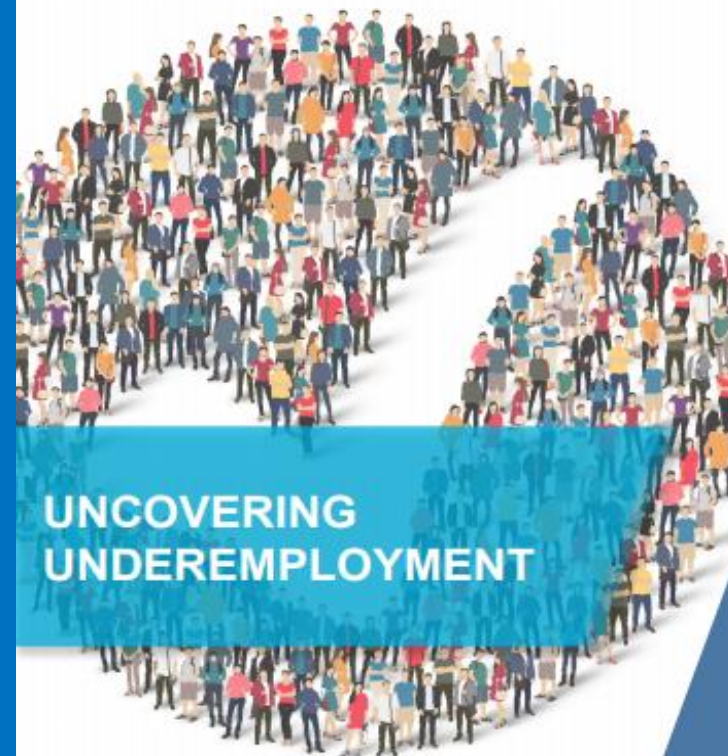


Toronto Pearson
International Airport | Aéroport International

We are committing
\$1 million in funding
to the opportunities
identified in the
whitepaper

Deloitte.


Toronto Pearson
For You. The World.



**UNCOVERING
UNDEREMPLOYMENT**

**Tapping into the potential of
our workforce**

November 2019

GTAA/Peel: Working together in 2019

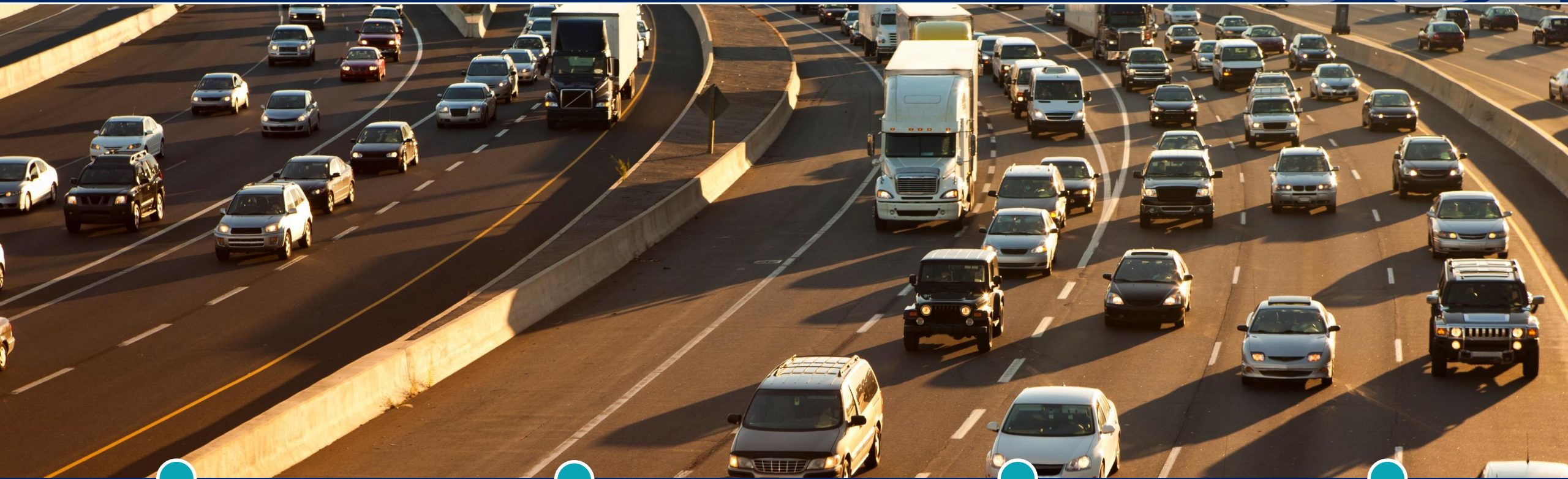


Toronto Pearson



Mississauga Ward Rides * Bread & Honey Festival * Avrow Arrow Funding *
Elected Official BBQs * Carrasauga * Brampton Downtown Farmers Market *
Canada Day Events * Streetsville Movie Night * NPower Canada partnership * LAB B
*** Access Employment * Job Skills * Riverwood Conservancy * Ecosource ***
Windmill Microlending

Road congestion: Impacting our region's competitiveness



30% avg increase
in driving time to
Pearson by 2043

Costing \$6 billion/year
in lost productivity and
limiting efficiency of
goods movement

1 million car trips/day
in the AEZ making it
the #1 trip generator
in the GGH

6th worst
commute of any
major city in the
world

The regional opportunity:

Vision for a major mobility hub in Canada's 2nd largest employment zone



Toronto Pearson

A major mobility hub at Pearson would support the growth and competitiveness of businesses in the AEZ and the Greater Golden Horseshoe.



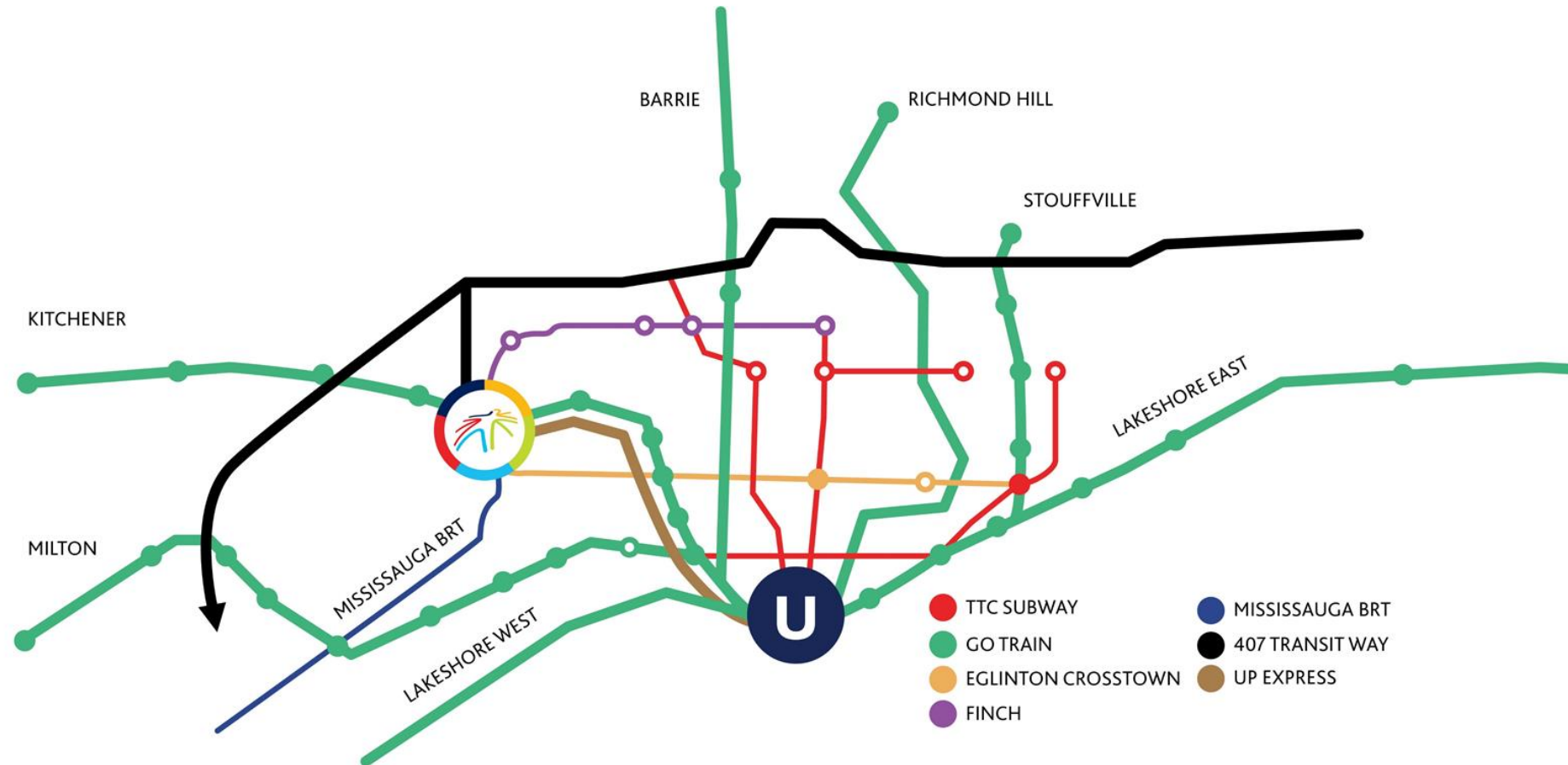
Connect planned and existing lines in the airport area



GTAA committed to advance technical work in partnership with Metrolinx



Without air passenger traffic, location still optimal



Growing regions need multiple assets to support demand - SOAN



Toronto Pearson





Count on Pearson to be a good neighbour

Making progress on our Noise Management Action Plan

- ✓ Launched Noise Management Forums
- ✓ Publish updated complaint process
- ✓ Reported on A320 retrofit audit and finalizing compliance program
- ✓ Six Ideas: Ideas 1-4 implemented
- ✓ Development of draft Noise Reports underway
- ✓ Development of InsightFull Web-Portal underway



GROWING RESPONSIBLY

2018-2022

Noise Management Action Plan



Toronto
Pearson

COUNT *on*
PEARSON

COUNT *on* PEARSON

Thank you



FOR OFFICE USE ONLY

MEETING DATE YYYY/MM/DD 2019/12/12	MEETING NAME Regional Council
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Attention: Regional Clerk
Regional Municipality of Peel
10 Peel Centre Drive, Suite A
Brampton, ON L6T 4B9
Phone: 905-791-7800 ext. 4582
E-mail: council@peelregion.ca

DATE SUBMITTED YYYY/MM/DD
2019/12/02

NAME OF INDIVIDUAL(S)
Dan O'Reilly

POSITION(S)/TITLE(S)
Wildfield resident

NAME OF ORGANIZATION(S)
Acting on my own, but with the support of current and former residents

E-MAIL	TELEPHONE NUMBER	EXTENSION
[REDACTED]	[REDACTED]	

REASON(S) FOR DELEGATION REQUEST (SUBJECT MATTER TO BE DISCUSSED)
The reason for this request is to present a plan for the preservation of the heritage house at 11962 The Gore Road, Wildfield, City of Brampton. Specifically, I will be requesting the Region absorb all the costs in moving the house if a new site for the building can be obtained.

A formal presentation will accompany my delegation Yes No

Presentation format: PowerPoint File (.ppt) Adobe File or Equivalent (.pdf)
 Picture File (.jpg) Video File (.avi,.mpg) Other

Additional printed information/materials will be distributed with my delegation : Yes No Attached

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Please complete and return this form via email to council@peelregion.ca

DAN O'REILLY

Dec. 2, 2019

Clerk, Regional Municipality of Peel
10 Peel Centre Drive Suite A
Brampton Ontario L6T 4B9

Dear Clerk:

RE: Request to appear as a delegate to the Dec. 12th
meeting of Peel Regional Council

This is a request to appear as a delegate to Peel Regional Council at its Dec. 12, 2019 meeting. The purpose would be to present a proposal for the preservation of the heritage house at 11962 The Gore Road Wildfield, City of Brampton.

Other than St. Patrick's Church, it is the last heritage building left in the immediate Wildfield area and every effort should be made to save it.

Thank you for your consideration.

Yours truly,

Dan O'Reilly

It is very difficult to come up with the right words to describe the indignation and heartbreak current and former Wildfield residents are experiencing over the Region of Peel decision to demolish a heritage house at 11962 Gore Road. Built in the 1870s, it was the site of a blacksmith shop at one time.

Other than St. Patrick's Church, it is the last heritage building left in the immediate Wildfield area.

A request by the Region to demolish the building was, approved by the City of Brampton's heritage board earlier this fall. Apparently only one member voted against the Region's request.

That acquiesce by a body whose mission is to "*advise City Council on the identification, conservation and promotion of resources that are identified as being of cultural heritage value or interest*" is perhaps more egregious than Region's motion in the first place.

6.2-3

What is truly tragic about this issue is that Region of Peel purchased and boarded up the house almost a decade ago in the anticipation of the expansion of the Gore Road. But it was only earlier this year that small “Move This House” signs were placed on the property in a half-hearted effort to attract parties willing to bear the cost of transporting it to another site. Apparently no one came forward.

Perhaps, the Region would have been more successful if it had launched this initiative some time ago instead of waiting till the last minute.

Surely, there must be a developer or private citizen who would be interested in this house. According to a Cultural Heritage Impact Assessment conducted for the Region by a consultant, the house is structurally sound.

Dan O'Reilly, Wildfield

6.2-4



FOR OFFICE USE ONLY

MEETING DATE YYYY/MM/DD 2019/12/12	MEETING NAME Regional Council
--	---

Attention: Regional Clerk
Regional Municipality of Peel
10 Peel Centre Drive, Suite A
Brampton, ON L6T 4B9
Phone: 905-791-7800 ext. 4582
E-mail: council@peelregion.ca

DATE SUBMITTED YYYY/MM/DD 2019/12/03
--

NAME OF INDIVIDUAL(S) Ashley Smoke and Joshua Nokay

POSITION(S)/TITLE(S) Members of the Peel Drug Users Advisory Panel
--

NAME OF ORGANIZATION(S) Peel Drug Users Advisory Panel
--

E-MAIL shradhap@moyohcs.ca (Shradha Pandey)	TELEPHONE NUMBER (905) 361-0523	EXTENSION 233
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REASON(S) FOR DELEGATION REQUEST (SUBJECT MATTER TO BE DISCUSSED) The Peel Drug Users Advisory Panel supports the Supervised Consumption Site Feasibility Study findings and the need for supervised consumption services in Peel. A letter of support is attached.

A formal presentation will accompany my delegation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Presentation format: <input type="checkbox"/> PowerPoint File (.ppt) <input checked="" type="checkbox"/> Adobe File or Equivalent (.pdf) <input type="checkbox"/> Picture File (.jpg) <input type="checkbox"/> Video File (.avi,.mpg) <input type="checkbox"/> Other <input type="text"/>
Additional printed information/materials will be distributed with my delegation : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Attached

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Please complete and return this form via email to council@peelregion.ca

Peel Drug Users Advisory Panel

3rd December 2019

Dear Regional Council,

RE: Support for Supervised Consumption Services in the Region of Peel

The Peel Drug Users Advisory Panel (PDAP) is writing in support of the findings of the Supervised Consumption Services Needs and Feasibility Study which was led by Peel Public Health in collaboration with Moyo Health and Community Services and the Canadian Mental Health Association. The study indicates a need for Supervised Consumption Services (SCS) in the Region of Peel.

PDAP was created in 2018 to elevate the voice of substance users in influencing programs, services and policies relevant to substance use in peel. PDAP is Peel's first substance use-lived experience expert panel. We represent the diverse communities of substance users in Peel at important strategy tables, including the Peel Integrated Drug Strategy and the Opioid Strategy. The panel also provides consultation and trainings to service providers from a lived experience and harm reduction perspective.

We have personally witnessed the devastating impacts of overdose in our community. Many individuals do not call 911 in an overdose situation out of fear of police involvement. This traumatizes all of us, especially those of us who find themselves intervening without professional or medical support and creates extreme risk for individuals using substances in the absence of supervised and safe environments. We, PDAP, have collectively lost more than 30 individuals to overdose in the past two years. Unfortunately, the number of individuals and families impacted by overdose is far greater than reflected in these numbers.

The evidence for the effectiveness of SCS is compelling. We believe that the SCS is integral to a full response to reduce the harms of substance use. SCS meets people where they are at in their substance use without judgement. They provide guidance for safer drug use and work to build relationships with individuals. The SCS is an integral part of the system of support that aims to keep people alive and to seek support when they are ready to make a change. The presence of SCS in Peel could have saved the lives of our loved ones and reduced the trauma faced by our families and friends.

We are a compassionate and responsible community and we do not want to see more lives lost in the absence of the support and care they deserve. We urge you to listen to the recommendations of the study and support the opening of the SCS in the Region of Peel.

Sincerely,

Members of the Peel Drug Users Advisory Panel

FOR OFFICE USE ONLY

MEETING DATE YYYY/MM/DD 2019/12/12	MEETING NAME Regional Council
--	---

Attention: Regional Clerk
Regional Municipality of Peel
10 Peel Centre Drive, Suite A
Brampton, ON L6T 4B9
Phone: 905-791-7800 ext. 4582
E-mail: council@peelregion.ca

DATE SUBMITTED YYYY/MM/DD
2019/12/09

NAME OF INDIVIDUAL(S)
Jeffrey Jackson

POSITION(S)/TITLE(S)
Director, Finance & Treasurer

NAME OF ORGANIZATION(S)
City of Mississauga

E-MAIL jeff.jackson@mississauga.ca	TELEPHONE NUMBER (905) 615-3200	EXTENSION 5477
--	---	--------------------------

REASON(S) FOR DELEGATION REQUEST (SUBJECT MATTER TO BE DISCUSSED)
Item 19.1 (December 12, 2019 Regional Council Agenda) Motion to Change Apportionment

A formal presentation will accompany my delegation Yes No

Presentation format: PowerPoint File (.ppt) Adobe File or Equivalent (.pdf)
 Picture File (.jpg) Video File (.avi,.mpg) Other

Additional printed information/materials will be distributed with my delegation : Yes No Attached

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FOR OFFICE USE ONLY

MEETING DATE YYYY/MM/DD 2019/12/12	MEETING NAME REGIONAL COUNCIL
--	---

Attention: Regional Clerk
Regional Municipality of Peel
10 Peel Centre Drive, Suite A
Brampton, ON L6T 4B9
Phone: 905-791-7800 ext. 4582
E-mail: council@peelregion.ca

DATE SUBMITTED YYYY/MM/DD
2019/12/09

NAME OF INDIVIDUAL(S)
Aleem Kanji on behalf of Pierre Ranger

POSITION(S)/TITLE(S)
Pierre Ranger - Founder, Let's Remember Adam

NAME OF ORGANIZATION(S)
Let's Remember Adam

E-MAIL Info@letsrememberadam.org	TELEPHONE NUMBER (705) 840-8871	EXTENSION
--	---	-----------

REASON(S) FOR DELEGATION REQUEST (SUBJECT MATTER TO BE DISCUSSED)
Support for the school bus stop-arm camera motion

A formal presentation will accompany my delegation Yes No

Presentation format: PowerPoint File (.ppt) Adobe File or Equivalent (.pdf)
 Picture File (.jpg) Video File (.avi,.mpg) Other

Additional printed information/materials will be distributed with my delegation : Yes No Attached

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Please complete and return this form via email to council@peelregion.ca

DATE: November 4, 2019

REPORT TITLE: **PEEL OPIOID STRATEGY UPDATE**

FROM: Cathy Granger, Acting Commissioner of Health Services
Jessica Hopkins, MD MHSc CCFP FRCPC, Medical Officer of Health

RECOMMENDATION

That the Peel Opioid Strategy included in Appendix I of the Report from the Commissioner of Health Services and the Medical Officer of Health, titled “Peel Opioid Strategy: A Local Response to the Opioid Overdose Crisis” be endorsed;

And further, that a Regional Councillor from each of the three local municipalities participate in planned stakeholder discussions regarding the development of a regional drug strategy in Peel;

And further, that the following Councillors participate in the stakeholder meetings:
 _____, City of Brampton; _____, Town of Caledon; and
 _____, City of Mississauga.

REPORT HIGHLIGHTS

- Opioid use is increasing and opioids continue to cause significant harm to Peel residents. Over the past three years (2016-2018) in Peel, 236 people died, 366 people were hospitalized, and 1,295 people visited the emergency department.
- All levels of government, numerous local stakeholders and community organizations are continuing efforts to save lives and minimize preventable opioid-related harms (fatal and non-fatal overdose, addiction, injury, and infection).
- This report documents the Peel Opioid Strategy as part of the collective response to the current opioid overdose crisis.
- The development of the Peel Opioid Strategy brought together local organizations and stakeholders whose mandates include prevention, harm reduction, treatment, and enforcement and justice related to opioid/substance use with the objective to coordinate a strategic local response to reduce and prevent harms related to opioid use.
- Given the ongoing increases in opioid-related harms, it is important to strengthen and focus on multi-sector collaborative initiatives across all levels of government to reduce opioid-related harms and deaths in Peel.
- Moving forward, Peel Public Health will build on the work to date, expanding beyond opioids, to develop a drug strategy that addresses substance use more broadly in our community.

PEEL OPIOID STRATEGY UPDATE

DISCUSSION

1. Background

Although many indicators of opioid use and harms are lower in Peel than elsewhere in Ontario, the trend in Peel over the last three years continues to be alarming. The number of opioid-related deaths in Peel has increased consistently from 46 deaths in 2016 to 81 deaths in 2017 and 109 deaths in 2018. Based on data on opioid-related deaths from the first three months of 2019, it is expected that this trend will continue or even worsen.

In 2017, Peel's local response focused on better understanding and monitoring local opioid use and overdose, planning a response to sudden or dramatic increases in opioid overdoses, and expanding harm reduction services, including access to naloxone (opioid antidote). Along with expansion of existing harm reduction services, such as safer drug use equipment, education and referrals to health and social services, Peel Public Health also looked at new harm reduction strategies for opioid use. This included a study of supervised consumption services. (Refer to the accompanying report by the Commissioner of Health Services and Medical Officer of Health titled "Supervised Consumption Site Needs Assessment and Feasibility Study Results".) Initial urgent local response actions taken in 2017 were broadened in 2018 to develop the Peel Opioid Strategy. Refer to Appendix I for the Peel Opioid Strategy.

In June 2018, Peel Public Health convened an Opioids Strategy Steering Group to plan strategies to prevent and reduce harms related to opioid use in Peel. Steering Group members represent local organizations and stakeholders with mandates in prevention, harm reduction, treatment and enforcement related to opioid/substance use. This includes school boards, law enforcement (Peel Regional Police, Caledon OPP), emergency services, and various community service providers (e.g., Moyo Health and Community Services, Canadian Mental Health Association-Peel Dufferin, Peel Addiction Assessment and Referral Centre, and others). Steering Group members also include representatives from the Peel Drug Users Advisory Panel to better understand the perspectives of people with lived/living experience of substance use as part of the development of initiatives and strategies to address opioid use in Peel. The development of a Peel Opioid Strategy was framed by the four-pillar model of 1) Prevention, 2) Harm Reduction, 3) Treatment, and 4) Enforcement and Justice. This framework is intended to support a comprehensive, multi-sectoral approach and coordinate individual and collective actions across the four pillars.

2. Findings

Refer to Appendix I for more detailed documentation of the Peel Opioid Strategy.

The Peel Opioid Strategy four pillar framework is underpinned by data and policy work. Interventions and strategies in each of the four pillars of the Strategy are informed by data related to opioid use and overdoses in our community. Public Health partnered with stakeholders to monitor and report opioid-related harms (overdoses, suspected overdoses, emergency department visits, hospitalizations, deaths), and naloxone distribution. Actions in each of the pillars are also informed by the current policy environment and areas of local advocacy for policy changes needed at the provincial and federal levels of government to support local actions.

PEEL OPIOID STRATEGY UPDATE

Highlights of initiatives in each of the four pillars of the Peel Opioid Strategy include:



Based on best practices and lessons learned as part of the Opioid Strategy, future work should be guided by a commitment to:

- Facilitating meaningful inclusion of people (including family members and friends) with lived/living experience of substance use.
- Addressing individual, public and structural stigma associated with substance use.
- Ensuring cultural sensitivity and competence in addiction and mental health treatment service delivery.
- Sharing and using available data to understand local population needs and inform effective interventions.
- Implementing both harm reduction and operational interventions that save lives, as well as strategic, system-level policy changes that address the broader determinants of health and substance use.

3. Proposed Direction

Given the ongoing increasing trends in opioid-related harms, there is a need for continued investment and action. Recommendations for moving forward are:

a) **Build on existing Opioid Strategy work to advance additional cross-sector interventions to help address the opioid crisis.**

It is important to continue to strengthen the relationships that have been established as part of the Opioid Strategy to drive collaborative work on shared initiatives that reduce opioid-related harms and deaths in Peel. As well, there are various ongoing initiatives and strategies such as the Peel Housing and Homelessness Strategy, the Peel Poverty Reduction Strategy, and the Peel Community Safety and Well-Being Plan which have shared goals of addressing social determinants of health and building complete communities that support resident health and well-being. It is essential to link and collaborate across these initiatives to advance common goals and coordinate efforts across sectors that address the full scope of the social determinants of health.

PEEL OPIOID STRATEGY UPDATE

b) Obtain commitment from key stakeholders for a broader drug strategy.

There is an opportunity to consider a drug strategy in Peel that addresses substance use more broadly, expanding the focus beyond opioids. A community-based collaborative led by Moyo Health and Community Services is currently determining the preferred approach to develop an effective drug strategy in Peel region. Public Health is a partner in this work. Steps are being taken to coordinate current opioid-specific work and the community integrated drug strategy work to advance common objectives of reduced substance-related harms and deaths in Peel. A stakeholder meeting is planned in January 2020 to facilitate a discussion on a roadmap for a broader drug strategy that would support organizations to collaborate to reduce the harmful impacts of substance use.

c) Continue advocacy to support coordinated efforts at all levels of government to address the opioid crisis.

The ongoing opioid overdose crisis requires coordinated efforts at the national, provincial, and local levels. Given areas of jurisdiction, local initiatives need to be supported by federal and provincial policies and funding that enable the prevention of opioid-related harms and deaths (e.g. legislation and funding for supervised consumption services, provincial strategy on mental health and addictions).

FINANCIAL IMPLICATIONS

Public Health-led initiatives related to the Opioid Strategy are being managed within the approved overall Public Health budget. Staff will report back to Council on any potential financial implications arising from planned future work related to a regional drug strategy.

RISK CONSIDERATIONS

If the planned actions outlined in the Peel Opioid Strategy are not implemented, this may be perceived as inaction on a significant public health issue related to preventable opioid-related deaths and harms.

NEXT STEPS

Public Health will continue to work with stakeholders to move forward with the planned actions identified in the Peel Opioid Strategy document appended to this report. Building on the opioid-specific work, a key next step will be to bring together stakeholders for a facilitated discussion on a broader drug strategy aimed at reducing substance-related harms and deaths in Peel region.



Cathy Granger, Commissioner of Health Services

PEEL OPIOID STRATEGY UPDATE



Jessica Hopkins, MD MHSc CCFP FRCPC, Medical Officer of Health

Approved for Submission:



N. Polsinelli, Chief Administrative Officer

APPENDICES

Appendix I: Peel Opioid Strategy: A Local Response

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Reviewed in workflow by: Financial Support Unit



Peel Opioid Strategy: A Local Response

November 2019

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**APPENDIX I
PEEL OPIOID STRATEGY UPDATE**

Executive summary

Opioids are a class of naturally-occurring and synthetic drugs. Prescription opioids, such as codeine, morphine, and fentanyl, are primarily used to control pain. Illicit opioids include heroin, and many drugs that are closely related to, or identical to, prescription opioids. Opioids are highly addictive and opioid overdose can cause decreased consciousness, respiratory depression, and death.

In 2018, 1,473 people died from opioid-related overdoses in Ontario and 4,588 people died across Canada.^{1,2} Although many indicators of opioid use and harms are lower in Peel than elsewhere in Ontario, opioids continue to cause significant harm to Peel residents. Over the past three years (2016-2018) in Peel, 236 people died, 366 people were hospitalized, 1,295 people visited the emergency department, and an unknown number of people were negatively impacted due to opioids.¹

All levels of government and numerous local community organizations are continuing efforts to save lives and minimize preventable opioid-related harms (fatal and non-fatal overdose, addiction, injury, and infection). Interventions to-date have not reversed the increasing trends in opioid-related harms, and there's a need for continued investment and action.

In Peel, local response efforts initially focused on better understanding and monitoring local opioid use and overdose, planning a response to sudden or dramatic increases in opioid overdoses, and expanding harm reduction services. Initial urgent local response actions taken in 2017 were broadened in 2018 to develop the Peel Opioid Strategy to reduce and prevent harms related to opioid use. The development of a Peel Opioid Strategy was framed by the four-pillar model of 1) Prevention, 2) Harm Reduction, 3) Treatment, and 4) Enforcement and Justice. Interventions and strategies in each of the four pillars are informed by data related to opioid use and overdoses in our community and the current policy environment (See Figure 1 for highlights of local actions in each of the four pillars).

Work on the Peel Opioid Strategy has brought together local organizations and stakeholders whose mandates include prevention, harm reduction, treatment, and enforcement and justice related to opioid/substance use around one table. The Opioid Strategy Steering Group forum is invaluable for cross-sector information sharing, relationship building, and coordination of efforts regarding this urgent public health issue. The group also involves the Peel Drug Users Advisory Panel to better understand the perspectives of people with lived experience as part of the development of initiatives and strategies to address opioid use in Peel.

APPENDIX I PEEL OPIOID STRATEGY UPDATE

Figure 1: Highlights of Local Actions in each of the Four Pillars of the Peel Opioid Strategy



Recommendations for moving forward:

1. Build on existing Opioid Strategy work to advance additional cross-sector interventions to help address the opioid crisis.
2. Obtain commitment from key stakeholders for a broader drug strategy.
3. Continue advocacy to support coordinated efforts at all levels of government to address the opioid crisis.

Based on best practices and lessons learned as part of the Opioid Strategy, future work should be guided by a commitment to:

- Facilitating meaningful inclusion of people (including family members and friends) with lived/living experience of substance use
- Addressing individual, public and structural stigma associated with substance use
- Ensuring cultural sensitivity and competence in program and service provision
- Sharing and using available data to understand local population needs and inform effective interventions
- Implementing both harm reduction and operational interventions that save lives, as well as strategic, system-level policy changes that address the broader determinants of health and substance use

Peel Public Health will continue to work with stakeholders to move forward with the planned actions identified in this Opioid Strategy document. Building on the opioid-specific work, a key next step will be to bring together stakeholders in January 2020 for a facilitated discussion on a broader drug strategy aimed at reducing substance-related harms and deaths in Peel region.

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Acknowledgements

This is to acknowledge the contribution of the members of the Peel Opioid Strategy Steering Group, the Opioid Strategy Prevention Pillar Working Group, the Opioid Overdose Surveillance and Urgent Response Stakeholder Group, and the Peel Drug Users Advisory Panel, who have contributed through various avenues to the information reflected in this document.

**APPENDIX I
PEEL OPIOID STRATEGY UPDATE**

Opioid use in Peel

Harms related to opioid use continue to constitute a public health emergency across Canada. The opioid epidemic has escalated significantly since Peel Public Health published [Opioids in Peel: A Profile of Opioid Use and Related Harms, 2017](#). In 2018, 1,473 people died from opioid-related overdoses in Ontario.¹ This was a 16% increase from 2017 which was previously the year with the most opioid-related deaths on record (1,265 deaths).¹ Across Canada in 2018, 4,588 people died from opioid-related overdoses; this equates to one death every two hours.²

Although many indicators of opioid use and harms are lower in Peel than elsewhere in Ontario, the trend in Peel over the last three years continues to increase. The number of opioid-related deaths in Peel has increased consistently from 46 deaths in 2016 to 81 deaths in 2017 and 109 deaths in 2018.¹ Based on data on opioid-related deaths from the first three months of 2019, it is expected that this trend will continue or even worsen.¹

This section illustrates the scale of this issue in Peel region. The data on opioid-related harms and deaths reinforces the need for continued investment and action and illustrates that interventions to-date have not reversed the increasing trends in opioid-related harm.

Prescription opioid use

In 2018, Peel had one of the lowest rates of opioid prescribing for pain in Ontario. Peel's rate was 83 individuals per 1,000 population (Ontario rate range: 81 – 173).³ Peel's overall opioid prescribing rate has decreased by 19% between 2013 and 2018.³ Similar decreases were seen for Ontario overall.³ The proportion of individuals prescribed opioids for pain in Peel who received a high daily dose has also decreased between 2013 and 2018 (11-14% absolute decrease).³

Nonmedical opioid use

In 2017, an estimated 3% of Ontario adults reported any nonmedical use (use of pain relievers without a prescription or in the absence of a physician directing the use of the medication) during the past 12 months.⁴ Estimates of nonmedical use are not available for Peel.

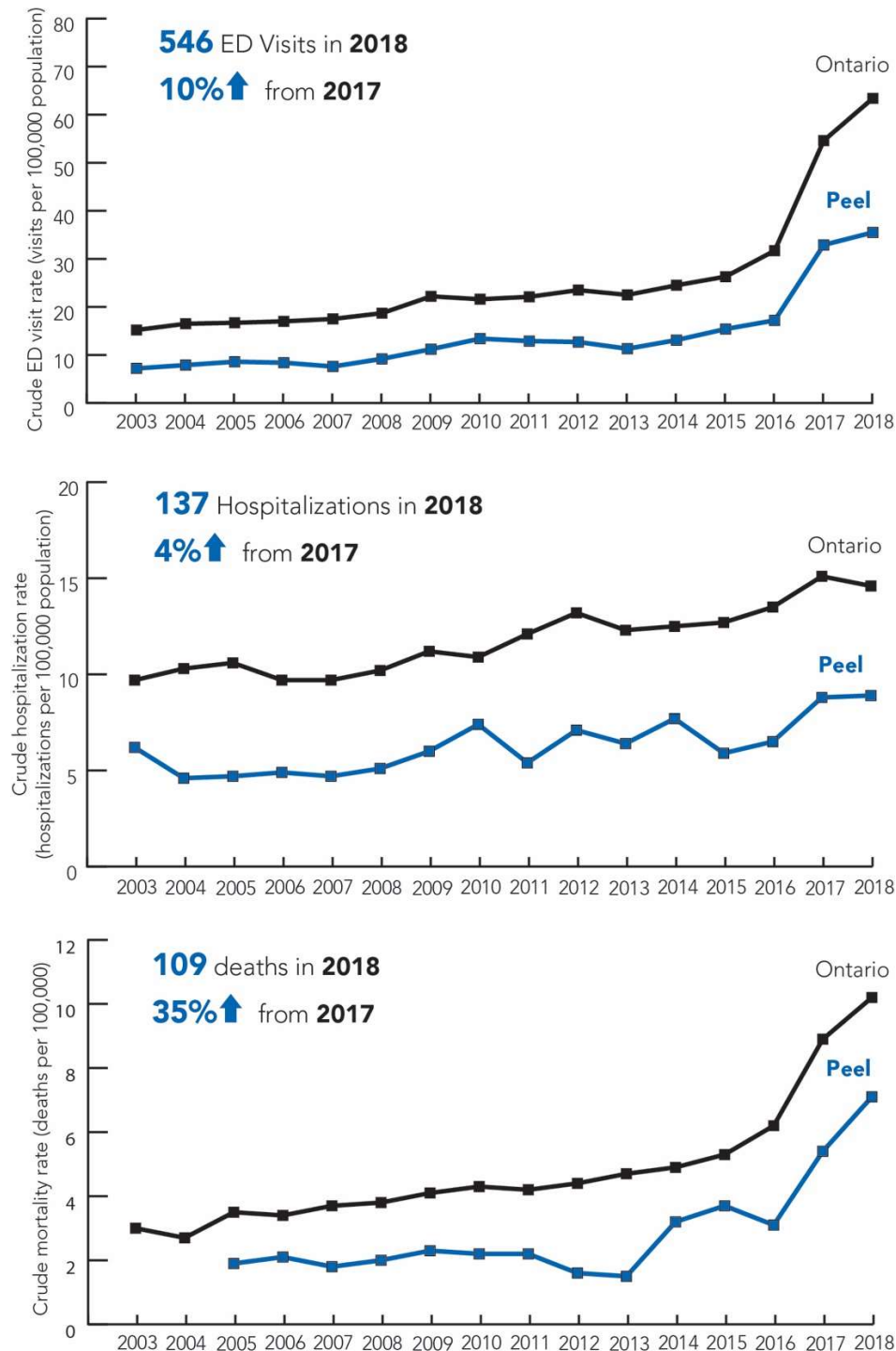
In 2017, 12% of Peel students (grades 7 – 12) reported having used prescription pain relief pills for non-medical purposes in the last 12 months.⁵ This estimate has not changed significantly since 2013.⁵

Opioid use-related harms

In Peel and across Ontario, indicators of opioid-related morbidity and mortality (overdose emergency department (ED) visits, hospitalizations and deaths) began increasing in 2014 (Figure 2).¹ In most jurisdictions, including Peel, a second more severe increase occurred beginning in 2017 (Figure 2).¹

**APPENDIX I
PEEL OPIOID STRATEGY UPDATE**

Figure 2: Opioid-related emergency department visits, hospitalizations and deaths, Peel and Ontario, 2003-2018



Note: Death data for 2018 should be considered as preliminary and is subject to change.

Source (all three graphs): Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen’s Printer for Ontario; 2019. Available from: www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool

APPENDIX I PEEL OPIOID STRATEGY UPDATE

In Peel, males are disproportionately impacted by opioid-related harms (Table 1).¹ Aside from the 65+ year-old age group, the rates of opioid overdose ED visits, hospitalizations and deaths are higher among males than females.¹ The male/female difference is most pronounced in the 25 to 44 year-old age group.¹ The young age at death of many individuals represents many potential years of life lost.

Table 1: Indicators of opioid-related harms by age group and sex, Peel, 2018

Indicator	Age group (years)									
	0 to 14		15 to 24		25 to 44		45 to 64		65+	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
ED visits	3.6	1.5	57.6	37.0	112.8	28.7	33.5	17.4	14.8	12.6
Hospitalizations	0.7	2.3	8.1	7.8	20.2	4.9	10.8	7.7	10.6	12.6
Deaths	0.0	0.0	7.2	2.9	20.7	5.7	14.8	1.9	2.1	4.5

Note: Death data for 2018 should be considered as preliminary and is subject to change.

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2019. Available from: <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>.

In 2018, Peel's opioid-related mortality rate was lower than most surrounding public health units (Table 2).¹ Peel's 2018 rate ranked 28th out of 35 public health units in Ontario however Peel's rate did increase to a greater degree between 2017 and 2018 (31%) compared to other public health units (Table 2).¹

Table 2: Opioid-related deaths and mortality rate by public health unit, 2018

Public Health Unit	Number of deaths	Crude mortality rate (deaths per 100,000 population)	% Change 2018 vs. 2017
Hamilton	123	21.3	38% ↑
Toronto	300	10.0	4% ↓
Durham	60	8.7	2% ↓
Ottawa	82	8.1	27% ↑
Halton	44	7.4	7% ↑
Peel	109	7.1	31% ↑
York	43	3.6	24% ↑

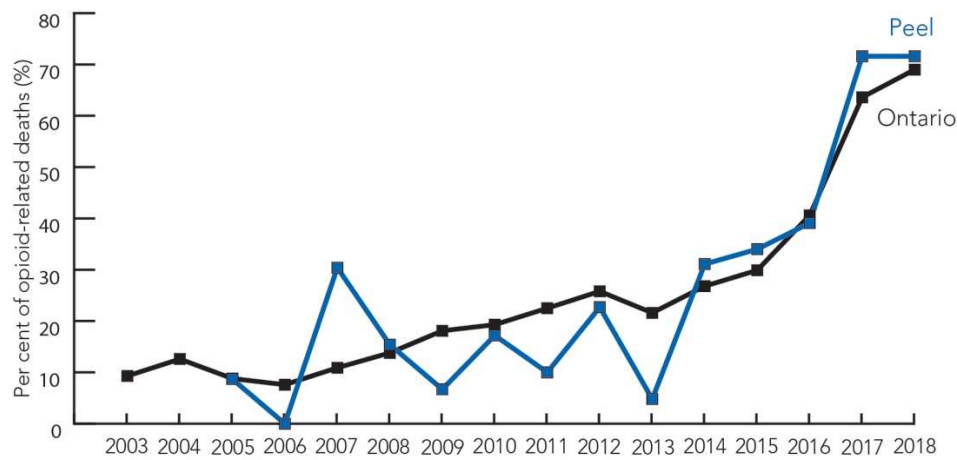
Note: Death data for 2018 should be considered as preliminary and is subject to change.

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2019. Available from: <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>.

Coinciding with the increase in opioid-related deaths in 2014, the proportion of all opioid-related deaths that involve fentanyl (a highly potent, synthetic opioid) has increased (Figure 3).¹ In Peel, 72% of all opioid-related deaths in 2018 involved fentanyl.¹

APPENDIX I PEEL OPIOID STRATEGY UPDATE

Figure 3: Proportion of opioid-related deaths with fentanyl detected, **Peel** and Ontario, 2003-2018



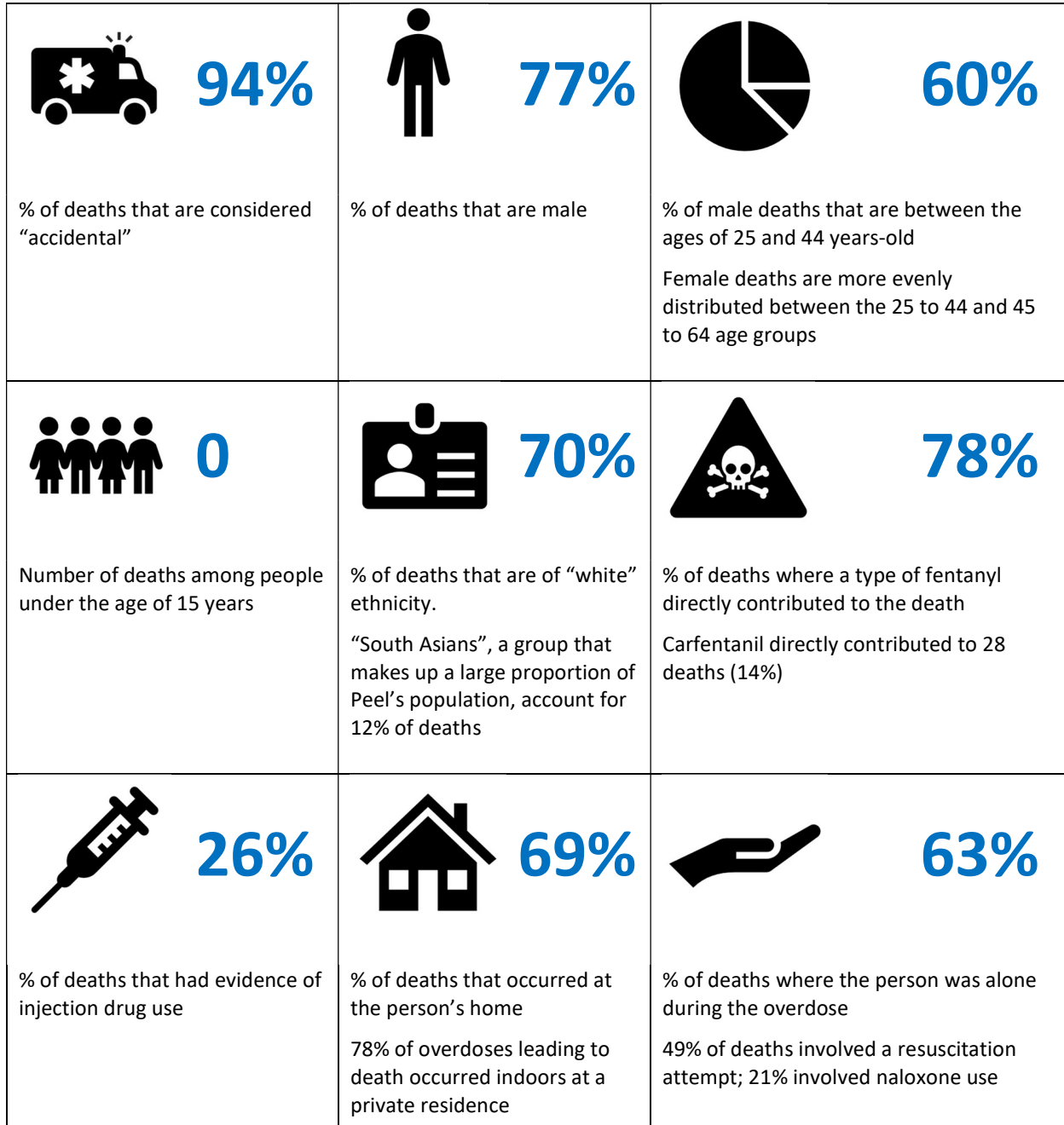
Note: Death data for 2018 should be considered as preliminary and is subject to change.

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2019. Available from: <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>.

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Beginning in May 2017, the Office of the Chief Coroner of Ontario implemented a new Opioid Investigative Aid which aims to collect more detailed information surrounding the nature of opioid-related deaths. Highlights from the Peel data collected to date (May 2017 to March 2019) include:⁶

Figure 4: Characteristics and circumstances surrounding accidental opioid-related deaths in Peel, 2017-2019ⁱ



Source: Coroner’s Opioid Investigative Aid, May2017 to March 2019, Office of the Chief Coroner for Ontario, extracted August 8, 2019.

APPENDIX I PEEL OPIOID STRATEGY UPDATE

The increase in opioid-related deaths between 2017 and 2018 occurred in all three municipalities within Peel region, however the increase was most pronounced in Brampton.⁷ The opioid-related death rate in Brampton increased by 42% over this time period.⁷

Table 3: Opioid-Related Deaths by Census Subdivision (Location of Incident/Overdose), **Peel**, 2017-2018

Census Subdivision	2017		2018		% Change
	Deaths	Rate per 100,000	Deaths	Rate per 100,000	
Brampton	38	6.4	54	9.1	42% ↑
Mississauga	42	5.2	53	6.5	25% ↑
Caledon	3	4.5	4	6.0	33% ↑

Note: Categorization of cases to census subdivision was prioritized by the postal code of location of incident, followed by location of death and then location of residence. In situations where there was no specific postal code for incident location (i.e., died outdoors), the postal code where the individual died may have been used to categorize the case.

Note: 2018 data is preliminary and there may be small updates to the 2018 totals in some regions.

Source: Office of the Chief Coroner – Data effective Aug 16, 2019

Summary

Relying only on formal data sources underestimates the scale of the opioid issue in Peel. Due to a variety of factors, many non-fatal overdoses that occur in the community do not result in an emergency department visit and are not formally recorded/documented. Similarly, population surveys of stigmatized behaviours such as nonmedical opioid use will underestimate how common the behaviour is. It is also difficult to measure the significant impact on family, friends and communities of those who experience fatal or non-fatal overdose.

Available data highlighted in this section illustrates that opioid use continues to cause significant harm to Peel residents. The recent trend in opioid-related deaths indicates that actions to date at all levels of government are not enough. The following sections in this document outline the current actions at the local level and key considerations for addressing the opioid crisis.

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PEEL OPIOID STRATEGY UPDATE**

Local opioid response

All levels of government and numerous local community organizations are part of ongoing efforts to save lives and minimize preventable opioid-related harms.

In Peel, local response efforts initially focused on better understanding and monitoring local opioid use and overdose, planning a response to sudden or dramatic increases in opioid overdoses, and expanding harm reduction services, including access to naloxone (opioid antidote).

Surveillance and urgent response plan

The quality and accessibility of data to support both a timely response and effective interventions are foundational to the opioid response at all levels of government. Peel Public Health established a surveillance process to regularly monitor and share information related to opioid overdoses with community stakeholders to inform programs, services, and interventions. Peel Public Health tracks opioid-related harms (emergency department visits, hospitalizations, deaths), and naloxone distribution in Peel and receives data from Peel Paramedics on overdoses and suspected overdoses. As part of a formal surveillance system, these data are monitored on a daily, weekly and monthly basis. Peel Public Health hosts bi-monthly teleconferences to provide a forum for information sharing and situational awareness regarding opioid overdoses in Peel. Related information (e.g., surveillance reports) is shared with stakeholders for awareness, further distribution and action, as appropriate. Information is also available online- <http://www.peelregion.ca/opioids/>.

Peel's Opioid Overdose Urgent Response Plan outlines response activities related to surges in opioid overdoses. The Plan was tested via a simulated exercise of a surge in community overdoses. The focus of the Opioid Urgent Response Plan is timely and effective communication between stakeholders when responding to opioid use issues and surges in overdoses in the region and to support an enhanced response when required for certain opioid overdose situations.

**APPENDIX I
PEEL OPIOID STRATEGY UPDATE****Peel opioid strategy steering group**

Initial urgent local response actions taken in 2017 were broadened in 2018 to coordinate a strategic local opioid response, as it was recognized that harm reduction-focused initiatives (e.g., increased naloxone distribution and overdose prevention education), need to be accompanied by long-term, collective solutions.

In June 2018, Peel Public Health convened an Opioids Strategy Steering Group to plan strategies to prevent and reduce harms related to opioid use in Peel. (Refer to Appendix A for the Group's Terms of Reference and list of member organizations and Figure 5 for Strategy Objectives and Principles)

The development of a Peel Opioid Strategy is framed by the four-pillar model of 1) Prevention, 2) Harm Reduction, 3) Treatment, and 4) Justice and Enforcement (See Figure 6). This internationally-used model to address substance use is intended to support a comprehensive, multi-sectoral approach and coordinate individual and collective actions. This approach also supports identification of long-term strategies to prevent and reduce harms related to opioid use in Peel. Each of the pillars is under-pinned by cross-cutting activities, including data and policy, intended to inform and advance objectives within and across the four pillars.

Work on the Peel Opioid Strategy has brought together local organizations and stakeholders whose mandates include prevention, harm reduction, treatment and enforcement related to opioid/substance use around one table. In addition to collective work to develop a four-pillar strategy, this forum is invaluable for cross-sector information sharing, relationship building, and coordination of efforts regarding this urgent public health issue.

Members of the Peel Opioid Strategy Steering Group include representatives from the Peel Drug Users Advisory Panel. The Panel includes a diverse group of people who have used/use substances who have been brought together to elevate the voice of substance users in influencing programs, services and policies relevant to substance use in Peel. Participation by the Peel Drug Users Advisory Panel members at the Opioid Strategy table has provided an opportunity to better understand the perspectives of people with lived experience as part of the development of initiatives and strategies to address opioid use in Peel.

The sections that follow highlight the work of each of the four pillars of the Peel Opioid Strategy.

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PEEL OPIOID STRATEGY UPDATE**

Figure 5: Peel opioid strategy – objectives and principles

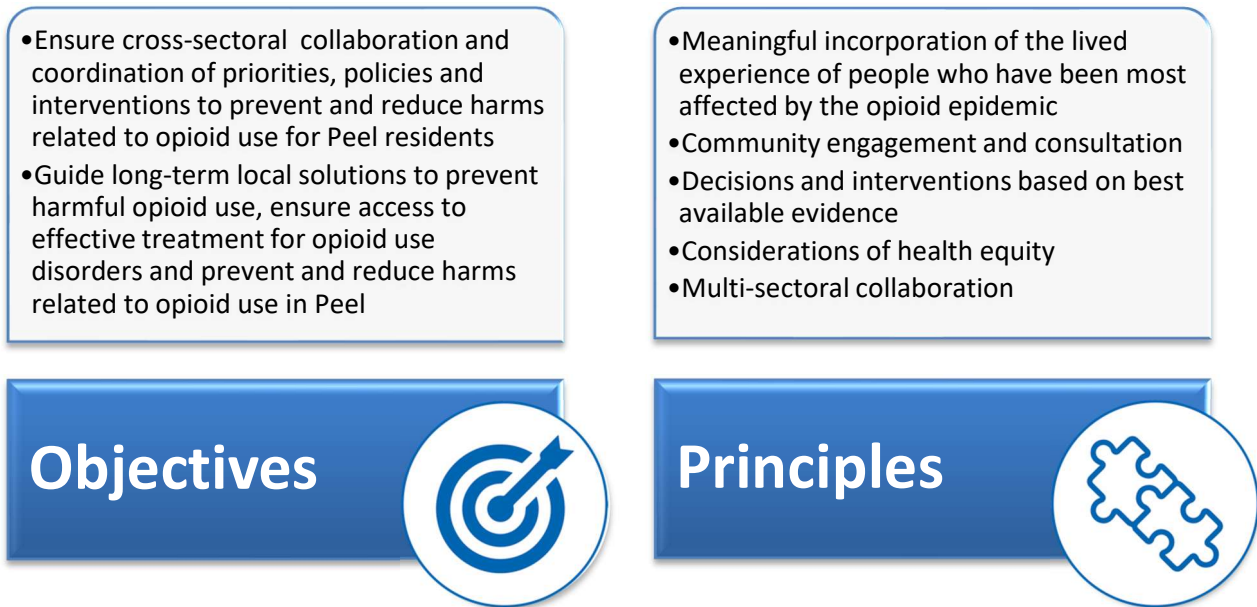
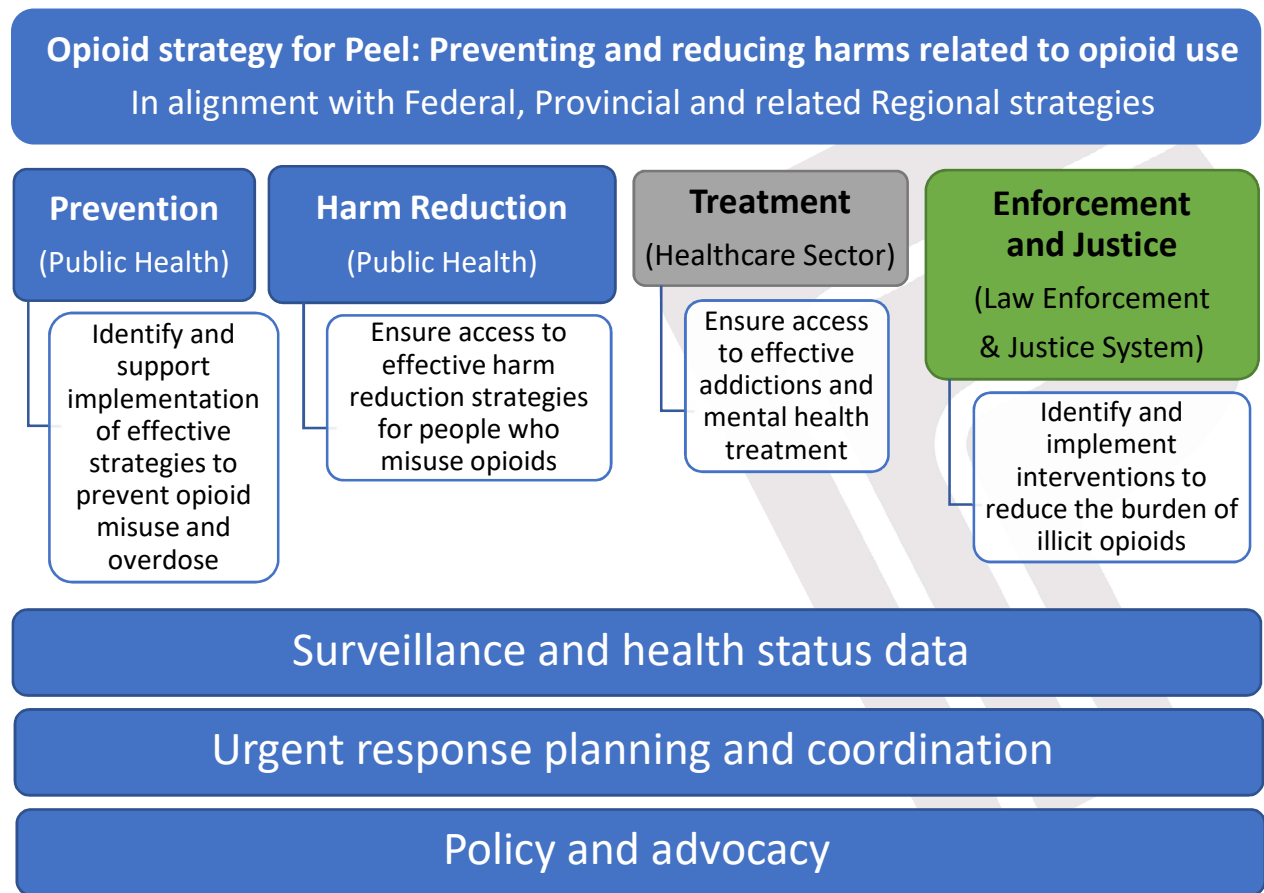


Figure 6: Peel opioid strategy framework



Prevention pillar

Approach / context

Prevention is an upstream approach that addresses the root causes of substance use to reduce harmsⁱⁱ. In 2018, Peel Public Health completed an evidence review on the determinants of substance misuse, including opioid use. A framework was developed outlining risk and protective factors that can impact substance use across the life span, using a socio-ecological model focusing on the individual, family, community and society (See Appendix B for the Determinants of Substance Use Framework). Substance

use is driven by a complex interaction of these factors/determinants, which can increase or decrease the likelihood of substance use. For example, stable housing could decrease the risk of substance use, whereas housing instability could increase the risk of substance use and the associated harms, or feeling a lack of sense of community could influence someone's substance use. The framework has become the foundation of the work of the Prevention Pillar.

“Upstream interventions and strategies focus on improving fundamental social and economic structures in order to decrease barriers and improve supports that allow people to achieve their full health potential”

(source: National Collaborating Centre for Determinants of Health – Glossary)

Work to date

Opioid prevention pillar working group

The Opioid Strategy Prevention Pillar Working Group was established to work collaboratively on prevention initiatives to reduce the risks of opioid use. The working group is comprised of various community partners and chaired by Peel Public Health.

Current members include (listed alphabetically):

- John Howard Society of Peel-Halton-Dufferin
- Moyo Health and Community Services
- Peel Addiction Assessment and Referral Centre
- Peel Regional Police
- Region of Peel-Human Services
- Region of Peel-Public Health
- Sheridan College

“Prevention refers to initiatives that help prevent or delay the onset of opioid use and avoid related harms, with the aim of promoting health and well-being across the lifespan”

Prevention Pillar definition

To date, the Opioid Strategy Prevention Pillar Working Group has:

- established a working definition of prevention
- prioritized the risk and protective factors to identify three initial areas of focus
- begun to develop an action plan to address the prioritized factors

APPENDIX I PEEL OPIOID STRATEGY UPDATE

Prioritization of risk and protective factors

The working group went through several prioritization exercises and discussions to determine priority factors for the prevention work, including a discussion with people with living/lived experience (Peel Drug Users Advisory Panel), who provided meaningful insight. Through this process, three priority factors (housing, parenting, and mental health) have been identified as areas of focus, and a foundational factor related to access to supports will be embedded in each priority area.

Priority factors



Housing

Housing is recognized as an important risk and protective factor for determining substance use. Those with safe, affordable and stable housing may have fewer health issues, including fewer problems related to substance useⁱⁱⁱ. Alternatively, lack of income and housing insecurity could be a risk factor^{iv}.

Peel Drug Users Advisory Panel members identified housing as both a risk and protective factor because having a stable living environment can be good (protective), but if there is substance use within the housing environment (e.g., youth shelter), it could increase or encourage substance use.



Parenting

The parent-child relationship is a pivotal one^v. Parents and children who are resilient, possess good coping skills and are connected to each other and their communities are less likely to engage in risk taking behaviours, including substance use^{vi}. Negative parental role modelling, parental attitudes favourable towards drugs, or low parental involvement can be risk factors for children^{vii}.

The Peel Drug Users Advisory Panel highlighted the importance of effective parenting practices - parents who are invested in their children and who are good role models, and conversely, poor parenting practices and how they influence substance use. They also stressed the notion of sharing experiences and the risks of substance use with their own children and the need for parenting programs to help delay substance use among youth.



Mental Health

Mental illness and problematic substance use are often linked, and these issues share many of the same risk and protective factors. People with poor mental health are at high risk for problematic substance use^{viii}.

Mental health was a consistent theme throughout the discussion with the Peel Drug Users Advisory Panel. It was woven through many of the risk and protective factors discussed. People with lived experiences of substance use state there is no question that mental health and substance use are linked. Awareness of this complex relationship is vital in identifying, preventing and addressing co-existing mental health and substance use issues.

**APPENDIX I
PEEL OPIOID STRATEGY UPDATE****Planned actions**

The Opioid Prevention Pillar Working Group is gathering information about the three prioritized risk and protective factors, in order to develop an action plan. Upcoming activities include:

- Environmental scan of existing Peel initiatives related to each priority factor, to identify gaps and opportunities (November 2019)
- Recommendations for initiatives addressing each priority factor (December 2019)
- Report with action plan to accompany recommendations, addressing each priority factor (March 2020)

The recommendations and next steps may include different strategies based/according to each priority factor. For example, the working group will support stakeholders from the existing *Home For All: Region of Peel's Housing and Homelessness Plan* to identify areas for advocacy and support from a substance use prevention lens. The action plan will outline short- and long-term objectives and build on what is currently happening in Peel region to address the identified priority factors.

Harm reduction pillar

Approach / context

The focus of the harm reduction pillar is to reduce negative consequences for people who use drugs, without requiring abstinence. The Ontario Public Health Standards mandate that Boards of Health provide priority populations with increased access to harm reduction services and supports that prevent exposure to blood-borne infections, including HIV, hepatitis B and hepatitis C.^{ix}

Peel Public Health has been delivering harm reduction services since 2002. The harm reduction program is operated through mobile outreach vans, Healthy Sexuality Clinics, and partnerships with community agencies. The program offers needle exchange and naloxone distribution services, overdose prevention training and naloxone training. Clients are provided with safer drug use equipment, education (e.g. safer injecting, safer inhalation) and referrals, when appropriate, to health and social services.

The initial phase of harm reduction pillar work included:

- Leading the distribution and expansion of the Ontario Naloxone Program (ONP), overdose prevention education and response training in the community; and
- Pursuing a broader understanding of evidence-based harm reduction strategies for opioid use which best address the needs of the Peel community.

Work to date

Expanding harm reduction services in Peel Region

In January 2018, the hours of operation of the mobile outreach van were altered to extend services later into the evening, as this was identified as a time for peak service utilization. Additional hours were also added on Saturdays. The program expanded to having two mobile vans in service to extend the reach of the program across Peel.

The harm reduction team continues to expand harm reduction services in Peel through outreach naloxone training for the purpose of community distribution through partner agencies. Several organizations that serve people who may be at high risk of overdose have also been trained to administer naloxone on site in the event of a client or staff overdose (See Appendix C for a list of partner agencies). Peel Public Health began distributing naloxone in March 2017. Naloxone distribution has increased by 276% from 366 kits in 2017 (mobile van only) to 1,376 kits in 2018 across all sites.^x

There has been a large uptake in services since the program expansion. In 2018, there were 6,834 client interactions through the Peel Works Needle Exchange Program and community partner sites. This represents a 162% increase from client interactions reported in 2012 (n=2,610).

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The harm reduction services provided by the Peel Works Needle Exchange Program and community partner sites have contributed to the health of the community and community safety in Peel region by:

1. Providing awareness of local harm reduction services;
2. Offering referrals to health and social services;
3. Promoting safer drug use behaviours (e.g., using new, sterile equipment) which may decrease the transmission of hepatitis B, hepatitis C and HIV;
4. Providing sharps containers to encourage the safer disposal of used needles, which may reduce litter and the risk of injury or blood-borne infection in the community; and
5. Providing naloxone distribution and training, which can lead to the prevention of opioid overdose.

Harm reduction pillar development

Over the past year, Peel Public Health has led many activities to inform the development of the harm reduction pillar. Throughout this process, community partners have been crucial in providing their insights at the Peel Opioid Strategy Steering Group table to inform the work. The following summarizes work completed to date:

Peel Works Needle Exchange Program client testimonial:






"I've been clean and sober for almost seven years now... Thank you, without [The Needle Exchange Program] several things would have happened, the team saved my life. It had nothing to do with them telling me to quit, they gave me other options and ways to deal with things without ending up with a disease that was going to kill me or make me suffer for the rest of my life." –R

- Expanded partnerships with community agencies and strengthened relationships with existing partner agencies;
- Completed an environmental scan of Canadian agencies to understand the scope of progressive harm reduction initiatives in jurisdictions similar to Peel;
- Completed several evidence reviews to inform the delivery of harm reduction services;
- Consulted with the Opioid Strategy Steering Group to identify short-term, long-term, and overall harm reduction priorities for Peel Public Health and the region;
- Collaborated with the Peel Drug Users Advisory Panel to obtain suggestions for improvements at Peel Needle Exchange and/or Naloxone distribution sites; and,
- Led a Needs Assessment and Feasibility Study with assistance from Moyo Health and Community Services and the Canadian Mental Health Association to 1) better understand the community of people who use drugs in Peel 2) document the perspectives of people who use drugs regarding supervised consumption services 3) document the perspectives of community members and key stakeholders and 4) analyze data to inform local needs. The key findings from the study include:
 - There is a need for supervised consumption services in Peel
 - People who use drugs would use supervised consumption services, if available
 - Establishing a location(s) for supervised consumption services should be driven by local data and need, along with community consultation

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Planned actions

The following table outlines goals and intended actions of the harm reduction pillar.

Goals	Actions	Timeline	
		Short (2019)	Long (2019- 2020)
 Increase accessibility of naloxone	Commence naloxone distribution from Peel Public Health's Healthy Sexuality Clinics by the end of 2019.	<input checked="" type="checkbox"/>	
 Increase awareness of harm reduction	Launch a communications campaign to educate the public on how to safely dispose of sharps. Continue clarifying stakeholder roles and responsibilities regarding community clean-ups of sharps.		<input checked="" type="checkbox"/>
	Launch a communications campaign aimed at decreasing stigma towards people who use drugs and harm reduction services.		<input checked="" type="checkbox"/>
 Increase opportunities for people with lived/living experience	Partner with agencies, such as Moyo Health and Community Services, to provide opportunities for people with lived/living experience to participate in professional settings in meaningful ways such as paid employment opportunities and reduce stigma in the workplace.		<input checked="" type="checkbox"/>
 Increase accessibility of support services	Partner with community agencies to provide venues to support front-line workers and families/friends of people who have been affected by opioid use.	<input checked="" type="checkbox"/>	
 Advance action on harm reduction priorities	Communicate priorities to the Board of Health, municipalities and general public: <ul style="list-style-type: none"> • Need for supervised consumption services in Peel region • Endorse substance use as a social justice issue to reduce the stigmatization of people who use drugs • Access to a safe drug supply (e.g., physicians prescribing methadone or heroin) • Explore the impact of drug decriminalization 		<input checked="" type="checkbox"/>

Treatment pillar

Approach / context

The focus of the treatment pillar is to ensure access to effective addictions and mental health treatment services. The Local Health Integration Networks (LHINs), in their role as health system funders and planners, have been the lead organizations for provincially funded interventions and strategies under the treatment pillar. However, there are also numerous privately funded services to support those with mental health and addictions needs.

Work to date

Pain management

As part of the provincial opioid response, the government worked with Health Quality Ontario and other partner organizations, such as the College of Physicians and Surgeons of Ontario, to provide customized prescribing data, mentoring, education and other supports for physicians to learn and improve safe opioid prescribing, effective approaches to managing acute and chronic pain, and best practices for supporting people with opioid use disorder. Health Quality Ontario released the Opioid Use Disorder quality standards in 2018 related to opioid prescribing for acute pain, chronic pain and opioid use disorder. These standards are intended to support appropriate prescribing practices and reduce opioid related harms.

Addiction treatment services in Peel

Addiction treatment services in Peel vary in terms of delivery services models and intensity. Addiction treatment is often combined with treatment for concurrent conditions and disorders (e.g., mental illness). The goal is for service providers to work collaboratively towards meeting the social determinants of health and ensuring individuals are referred to and receive appropriate care, based on their needs, and that there are seamless transitions in care. Treatment services for opioid use disorder include assessment, support groups, education and counselling, and various community and residential

Funding challenges

Central West and Mississauga Halton LHINs are among the lowest funded per capita for mental health and addictions services in the province. In 2018 the average provincial funding allocation for community adult mental health and addictions services was \$107. The CW LHIN allocation was \$66 and the MH LHIN allocation was \$53.

Targeted funding often creates siloed programs that are not interconnected and put undue pressure on already-stretched programs and services that serve the 'general' population.

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withdrawal management programs¹. Opioid agonist therapy is also available to Peel residents. Opioid agonist therapy (methadone or suboxone) uses medication to reduce opioid cravings and suppress withdrawal symptoms to help individuals reduce the harms related to their drug use.

Investments by the provincial government in response to the opioid crisis have allowed for some enhanced capacity in addiction services in Peel. The provincial funding has been targeted to specific government priorities (e.g., improve community-based treatment for opioid use disorder) and specific populations (e.g., youth). The Central West and Mississauga Halton LHINs prioritized areas of service expansion through the analysis of addictions treatment pathways and services used by residents. The funding was used to expand capacity of existing addiction services that support psychosocial treatment, withdrawal management (including Rapid Access Addiction Medicine Clinics), and harm reduction before and after care to prevent overdose deaths and promote prevention of relapse. As well, several addiction treatment service organizations now have funded peer support workers to enhance clinical services.

The **Rapid Access Addiction Medicine Clinic (RAAM)** model provides short-term withdrawal management to clients who can safely withdraw in the community. Clients receive counselling, addictions treatment, links to community services, and can be transferred to a primary care provider for on-going management.

There are currently five RAAM clinic locations in the Region of Peel.

Planned actions

The focus is to address key challenges in the mental health and addictions system. In the Region of Peel, key system challenges include funding inequities that do not account for population growth and demographic changes and on-going integration of planning and service delivery across multiple sectors that impacts accessibility and quality of care.

Although there has been some integration between the mental health and addiction sectors over the years, a key integration challenge is the bridging of the mental health and addictions sectors with other sectors such as hospitals, primary care, corrections/justice, educational institutions, home care, and social services, to ensure holistic care and addressing needs related to the social determinants of health (e.g., housing, income, access to

Cultural competence and addiction stigma

Peel's culturally diverse population requires addiction services to be culturally competent and safe.

There is a need to recognize cultural norms and beliefs associated with addiction and receipt of services and treatment.

There is also a need to ensure more is done to address professional / service provider stigma associated with addiction.

¹ The Region of Peel does not have a provincially funded in-patient residential treatment facility within its geographic boundaries. There are residential treatment centres in the surrounding areas (e.g., Etobicoke, Milton, Oakville, Vaughan).

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transportation). Effective integration across sectors needs to address differences in geographical service areas, funding structures, incentives, outcome measures and priorities.

As the province moves toward the establishment of the Centre of Excellence for Mental Health and Addictions, Peel looks forward to working with the province to improve and sustain Peel's mental health and addictions services. As well, the Ontario Health Teams being planned in Peel recognize that addiction (and mental health) add to the complexity of patients/clients. It is important to ensure community mental health and addiction services are protected and a key part of an integrated health care system.

Enforcement and justice pillar

Approach / context

The enforcement and justice pillar is focused on strategies that support individuals who interact with the justice system and strategies that address the burden of illicit opioids. As the law enforcement organizations in Peel, the Peel Regional Police and the Caledon OPP, are the key leads for work related to the enforcement and justice pillar of the Peel Opioid Strategy.

Work to date

Community safety is an ongoing priority for law enforcement in Peel. Along with various initiatives such as working with the Region on Peel's Community Safety and Well-Being Plan, specific actions and activities have been taken by law enforcement in response to the opioid crisis.

A key role of law enforcement is to investigate opioid-related incidences with a focus on the apprehension of those who produce, import and traffic illegal drugs, and to disrupt and dismantle the importation and distribution of illicit substances in Peel. The investigation approach focuses on:

- Saving lives, by attending and administering first aid and naloxone if necessary;
- Identifying persons with acutely elevated risk of opioid-related harms and referring them to community specific resources;
- Identifying harmful substances and advising the public; and
- Sourcing the substances causing harm and holding traffickers accountable through enforcement of those who produce, import and traffic illegal drugs.

Frontline Peel Regional Police and Caledon OPP officers have been trained and, since June 2017, carry naloxone when attending an opioid-related incident.

- Peel Regional Police - 64 police-administered naloxone occurrences with 56 lives saved.
- Caledon OPP - 5 police-administered naloxone occurrences with 5 lives saved.

Law enforcement in Peel have also acquired drug testing devices to assist officers in immediately identifying dangerous substances to best protect officers and the public.

Community outreach and relationship building

Community engagement and relationship building, as well as collaboration between the law enforcement sector and community organizations are a core aspect of successful law enforcement.

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Opioid education and awareness

Both the Peel Regional Police and the Caledon OPP provide drug education and presentations in Peel schools and have recently added information on opioids, including fentanyl. The programs provided by Peel Regional Police Crime Prevention and Youth Education Officers and Caledon School Resource Officers include:

Peel Regional Police (2018)

- Reduce Abuse in Drugs (Grade 6)
 - 23,261 students reached
- Drug Education (Grades 9-12)
 - 22,389 students reached

Caledon OPP (2018)

- Drug Awareness Resistance Education (DARE) Program (Grade 6) – 1,200 students reached
- OPP Kids Program (Grade 7) – 2,500 students reached
- Drug Education (Grades 9-12) – 2,000 students reached

Police community mobilizations units are focused on addressing areas of concern, such as substance use, through community engagement activities, including events that raise public awareness of community safety and well-being related to the opioid crisis.

Collaborative crisis response and diversion programs

Collaborative crisis response is intended to minimize the criminalization of mental illness and connect individuals to treatment. Collaborations between law enforcement and the Canadian Mental Health Association - Peel Dufferin include crisis response teams where a plain clothes officer is paired with a crisis worker to conduct follow ups on police occurrences and attend calls for service. The team conducts assessments to determine the nature of the crisis (which could be addiction related) and to develop a safety plan. Many factors are considered such as the individual's existing support system, and other programs and services that are available to prevent a future crisis.

Caledon OPP have also recently launched the Mental Health Pre-Charge Diversion Program which is intended to address criminal behaviour while supporting mental health recovery and reduce the need for criminal prosecution. The program offers short term, one-on-one community supports to individuals who officers encounter and who have committed a minor offence, and present with symptoms of an underlying mental health condition.

Drug treatment court program

Established in January 2016, the Drug Treatment Court Program in Brampton provides judicially-supervised treatment in place of moving through the traditional criminal justice process, for eligible

Good Samaritan Drug Overdose Act

The Act provides some legal protection for individuals who seek emergency help during an overdose to help to reduce fear of police attending overdose events and encourage people to call 911, and to encourage witnesses to continue assisting the victim(s) until medical assistance arrives.

Officers in Peel have been trained on the Act and continue to increase community awareness of the Act.

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individuals who have committed a drug related offence. Individuals who are part of the Program can access treatment services through dedicated resources of the Drug Treatment Court Program. The goal is to encourage individuals to remain in treatment until completion of the Program through the provision of monitoring and support by a partnership of stakeholders from the courts, addiction and treatment services and social services.

Currently the Drug Treatment Court Program is managed by a partnership between stakeholders in the court system (Ontario Court of Justice, Federal and Provincial Crowns) and in the community (Peel Addiction Assessment and Referral Centre, Elizabeth Fry Society of Peel-Halton, Salvation Army). Informal partnerships with various social service organizations help support individuals in the Program. The Program has worked with 92 individuals since inception and 16 individuals have graduated from the Program upon completion of their treatment plan.

Planned actions

Active participation of the law enforcement sector is essential for successful implementation of initiatives that address opioid-related harms in Peel. Moving forward, there are several key focus areas that will enable progress on opioid-related harms in Peel, including:

- Continuing to strengthen law enforcement and community relationships to better understand needs and priorities in Peel related to opioid use and its impacts on the community.
- Continuing to strengthen relationships and collaborations between law enforcement and the health and social services sectors to better coordinate activities in response to the opioid crisis.
- Considering options to expand recovery-focused diversion programs for those who interact with the justice system, including options to enhance capacity in the existing Drug Treatment Court Program in Peel.
- Considering specific strategies related to the broader justice system such as training related to harm reduction, substance use and treatment.

Future directions and considerations

Build on opioid strategy work to advance additional cross-sector interventions to help address the opioid crisis

As part of the response to the opioid crisis, local stakeholders from various sectors have come together to share, learn, and identify opportunities to work together. It is important that these relationships continue to be strengthened and drive collaborative work on shared initiatives that reduce opioid-related harms and deaths in Peel.

Problematic opioid use continues to be a significant public health issue in our community requiring our attention and action. There are various ongoing initiatives and strategies such as the Peel Housing and Homelessness Strategy, the Peel Poverty Reduction Strategy, and the Peel Community Safety and Well-Being Plan which all have shared goals of addressing social determinants of health and building complete communities that support resident health and well-being. It is essential to link and collaborate across these initiatives to advance common goals and coordinate efforts across sectors that address the full scope of the social determinants of health.

Based on best practices and lessons learned as part of the Opioid Strategy, future work should be guided by a commitment to:

- Facilitating meaningful inclusion of people (including family members and friends) with lived/living experience of substance use
- Addressing individual, public and structural stigma associated with substance use
- Ensuring cultural sensitivity and competence in program and service provision
- Sharing and using available data to understand local population needs and inform effective interventions
- Implementing both harm reduction and operational interventions that save lives, as well as strategic, system-level policy changes that address the broader determinants of health and substance use

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Obtain commitment from key stakeholders for a broader drug strategy

There is an opportunity to consider a drug strategy in Peel that addresses substance use more broadly in our community, expanding the focus beyond opioids. A community-based collaborative led by Moyo Health and Community Services is currently determining the preferred approach to develop an effective drug strategy in Peel region. Public Health is a partner in this work. Steps are being taken to coordinate current opioid-specific work and the community integrated drug strategy work to advance common objectives of reduced substance-related harms and deaths in Peel. A stakeholder meeting is planned in early 2020 to facilitate a discussion on a roadmap for a broader drug strategy that would support organizations to collaborate to reduce the harmful impacts of substance use.

Advocacy to support coordinated efforts at all levels of government to address the opioid crisis

The ongoing opioid overdose crisis requires coordinated efforts at the national, provincial and local levels in order to help prevent opioid-related harms and death.

It is recognized that both the federal and provincial governments have taken steps over the past few years in response to the crisis. It is also recognized that the crisis continues, and further action is needed. Specific areas for advocacy at the federal and provincial levels are highlighted below.

Advocacy at the federal level:

- Federal leadership is needed for prevention strategies that go beyond overdose prevention and include effective interventions and strategies to prevent opioid use and addiction, including upstream interventions that support healthy childhood development, address intergenerational trauma, mental health and affordable housing.
- Continued federal support of supervised consumption services and additional action to ensure a wider spectrum of effective supervised consumption options and access to supervised consumption services across Canada.
- Address the current toxic drug supply by expanding access to safe and regulated opioids (consistent with the resolution adopted by the Federation of Canadian Municipalities in September 2019).
- Explore changes to current federal drug policies and study impacts of drug decriminalization.

Advocacy at the provincial level:

- An appropriately resourced and comprehensive provincial plan to support local community responses to the opioid crisis, which stakeholders across the province, including the Association of Local Public Health Agencies (ALPHA) and the Association of Municipalities of Ontario (AMO) have identified the need for.

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- Continued provincial support and funding for supervised consumption services.
- Ensure addiction services are a priority in a changing provincial health care system under Ontario Health Teams.
- Ensure addiction is adequately addressed as part of the planned provincial Mental Health and Addictions Strategy under Bill 116 *Foundations for Promoting and Protecting Mental Health and Addictions Services Act, 2019*.

Peel Public Health will continue to work with stakeholders to move forward with the planned actions identified in this Opioid Strategy document. Building on the opioid-specific work, a key next step will be to bring together stakeholders in early 2020 for a facilitated discussion on a broader drug strategy for Peel aimed at reducing substance-related harms and deaths in Peel region.

Appendix A

Opioid strategy steering group terms of reference

Peel opioid strategy steering group terms of reference

Purpose

We are currently faced with the challenging and critical public health issue of opioid use. In Peel, the rate of fatal opioid-related overdoses is presently lower than the provincial average, but is also increasing over time. In 2017, there were an estimated 79 deaths in Peel involving opioids, alone or in combination with alcohol, compared to 45 in 2014, 53 in 2015, and 46 in 2016 (*Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2017*).

In the fall of 2016, both the Federal and Ontario governments announced action plans to address the opioid epidemic. Coordinated efforts at the national and provincial levels are critical to preventing opioid-related harms and overdoses; however, this work must be supported by regional and local responses that reflect the local context.

In Peel, there is currently no coordinated approach/strategy related to opioid/substance use. Various sectors and organizations (e.g., community organizations, public health, LHINs, hospitals, law enforcement) are involved in different aspects related to opioid/substance use in the region.

The Peel Opioid Strategy Steering Group will lead and guide the development an Opioid Strategy for Peel which is intended to:

- facilitate cross-sectoral collaboration and coordination of priorities, policies and interventions to prevent and reduce harms related to opioid use for Peel residents; and
- guide long-term local solutions to prevent harmful opioid use, ensure access to effective treatment for opioid use disorders and prevent and reduce harms related to opioid use in Peel.

Objectives

The Steering Group will:

- Provide expertise to inform the development of an Opioid Strategy for Peel;
- Coordinate and link work across the four Strategy pillars (Prevention, Harm Reduction, Treatment, Enforcement and Justice), where appropriate;
- Approve objectives and outcomes for each of the four Strategy pillars;

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- Identify and commit, where appropriate, resources, structural supports (e.g., working groups) and partners needed to support Strategy development and work under the four Strategy pillars;
- Discuss strategic issues and provide direction to resolve challenges and advance Strategy development and achievement of Strategy objectives.

Membership

The Peel Opioid Strategy Steering Group will be chaired by the Peel Associate Medical Officer of Health responsible for substance use.

The Peel Opioid Strategy Steering Group is comprised of:

- organizations / individuals that have a mandate / role in the provision of services/programs related to substance-use prevention, harm reduction, and treatment
- people with lived / living experience of substance use.

Based on available capacity to participate at this time, current members include representatives from the following organizations.

Brampton Fire and Emergency Services
 Caledon Fire and Emergency Services
 Canadian / Ontario Addiction and Treatment Centre – Brampton
 Canadian Mental Health Association-Peel Dufferin
 Central West Local Health Integration Network
 Dufferin-Peel Catholic District School Board
 East Mississauga Community Health Centre
 Elizabeth Fry Society of Peel-Halton
 John Howard Society-Peel, Halton, Dufferin
 Medical Program Coordinator, Fire (municipal)
 Mississauga Halton Local Health Integration Network
 Moyo Health and Community Services (formerly Peel HIV/AIDS Network) / Peel Harm Reduction Committee
 Office of the Chief Coroner
 Ontario Provincial Police, Caledon Detachment
 Peel Addiction Assessment and Referral Centre
 Peel Children's Centre
 Peel District School Board
 Peel Drug Users Advisory Panel
 Peel Regional Police
 Punjabi Community Health Services
 Region of Peel – Public Health, Peel Paramedics, Human Services, Communications
 Sheridan College
 University of Toronto, Mississauga
 Wellfort

- Bloom Clinic
- Bramalea Community Health Centre
- Four Corners Community Health Centre

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The Steering Group may decide to invite additional members to participate, so that the organizations / individuals best suited to support a given topic area can contribute.

Meetings

- It is expected that meetings of the Peel Opioid Strategy Steering Group will be held approximately every 8 weeks for approximately three hours. Additional meetings may be called at the request of the Chair.

Meeting principles

- Meetings will be an inclusive and safe environment for all members.
- Personal experiences and information shared will remain confidential and will not be shared outside of the group without consent.
- Members are encouraged to share authentically, listen actively, and remain open-minded to alternative viewpoints.
- All members have an equal voice at the table; no one opinion will weigh more than another.

Operational support

- The Opioid Strategy Steering Group will be supported by staff from Region of Peel-Public Health.
- Region of Peel-Public Health will provide administrative support for meeting notes.
- Meeting notes will be action-oriented.
- Meeting notes will be approved by the group and made available to other appropriate individuals or groups at the discretion of the Chair.

Accountability

- The Peel Opioid Strategy Steering Group will be responsible to the Advisory Group and will regularly update the Advisory Group on progress.
- Terms of reference will be reviewed on an annual basis.

Meeting process

- Decision-making will be consensus-based.

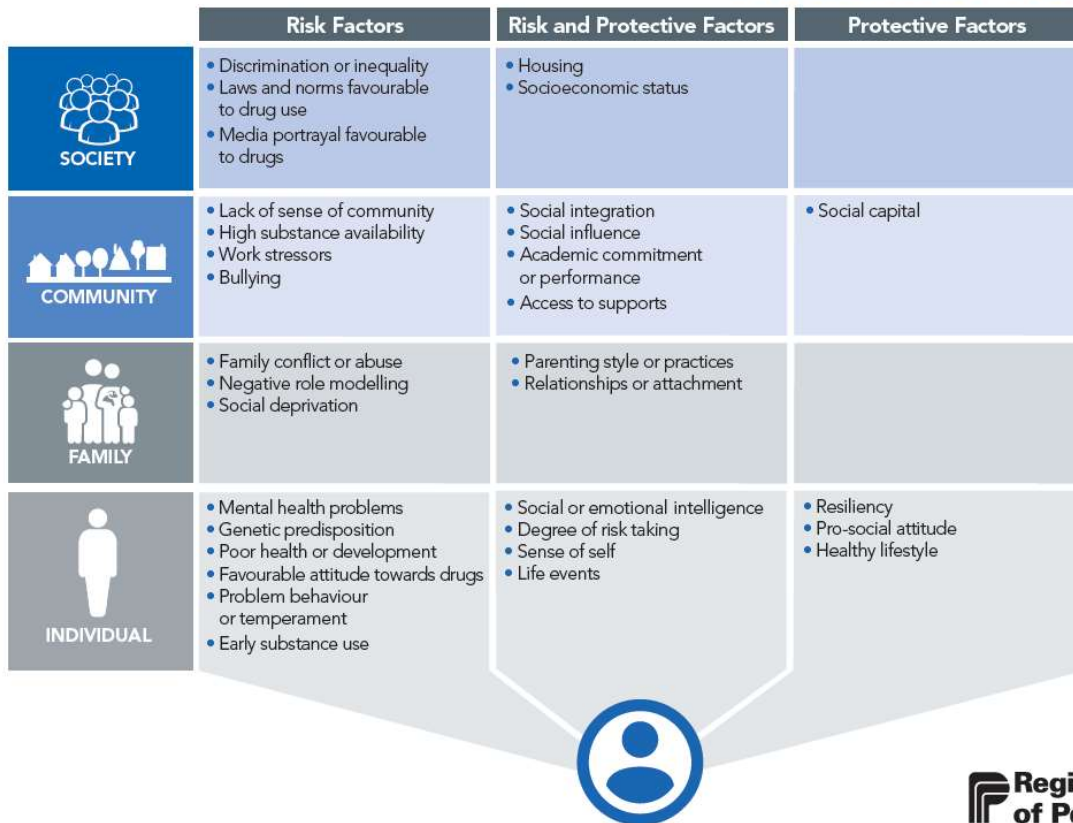
History

- Date of approval: September 28, 2018
- Next date of review: September 2019

Appendix B

The determinants of substance use framework

The Determinants of Substance Use



CDL 0741 19/02

Appendix C

Harm reduction partner agencies

The following sites have engaged with Peel Public Health, Harm Reduction Program to provide harm reduction services and/or naloxone distribution services:

Agency	Naloxone Distribution only	Both Naloxone and Needle Exchange Program
Moyo Health and Community Services (formerly Peel HIV/AIDS Network [PHAN])		✓
John Howard Society (Brampton and Mississauga Locations)		✓
YMCA of Greater Toronto (Youth Substance Abuse Program)		✓
Region of Peel-Salvation Army Shelters (5 shelter sites)	✓	
Peel Youth Village	✓	
Hope 24/7		✓
Interim Place (2 sites)*		✓
Our Place Peel	✓	
Ontario Addiction Treatment Centre (OATC*) – Brampton		✓
William Osler Withdrawal Management Centre	✓	
East Mississauga Community Health Centre	Expressed interest	
CMHA Peel Dufferin (5 sites cross Peel Public Health boundary)		✓
Bloom Clinic**		✓
Four Corners CHC**		✓
The Compass	✓	

*OATC partners with Peel Public Health to provide NEP. OATC houses a pharmacy and accesses naloxone independently of Peel Public Health

**The Bloom Clinic (housed within Bramalea Community Health Centre), and Four Corners CHC partner with Peel Public Health to provide NEP. The Bloom Clinic and Four Corners CHC receive naloxone directly from the Ministry of Health for distribution to clients/friends/family.

*Interim place operates on a confidential and anonymous basis and does not disclose the location of their service with the public. Naloxone distribution from Interim Place is not intended for the general public and is not on the ONP locator map. Naloxone is distributed during community outreach and to Interim Place clients.

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Naloxone for police and fire services 2018/2019

Service	Status
Peel Regional Police Services	Independently purchased naloxone prior to provincial enhancement. Partnered with Peel Public Health to provide future support – first refill provided January 2019
Mississauga Fire and Emergency Services	Independently purchased naloxone prior to provincial enhancement. Partnered with Peel Public Health to provide future support.
Brampton Fire and Emergency Services	Signed agreement with Peel Public Health. 40 kits delivered March 13 th , 2018
Caledon Fire and Emergency Services	Independently purchased naloxone prior to provincial enhancement. Partnered with Peel Public Health to provide future support.
St. John Ambulance	Signed agreement with Peel Public Health with 150 kits delivered August 13, 2018.

Agencies trained to administer naloxone on-site

Staff at the following agencies have been trained on the principles of harm reduction, overdose prevention, signs and symptoms of overdose and responding to an overdose emergency including the administration of naloxone:

Moyo Health and Community Services
John Howard Society of Peel (Brampton and Mississauga)
Region of Peel-Salvation Army Shelters (Family Life Resource Centre, Wilkinson, Cawthra, Youth Shelter, Peel Family Shelter)

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- ^{viii} Peterborough Drug Strategy Steering Committee (2012). Peterborough Drug Strategy: Building the Foundation for Wellness, a strategic plan. Retrieved on September 9th, 2019 from <http://peterboroughdrugstrategy.com/wp-content/uploads/2018/03/PDS-Strategy.pdf>
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- ^x Needle Exchange Program Database (Naloxone), Peel Public Health.



Delivering Lifesaving Interventions: Responding to Opioid-Use in our Community

Dr. Jessica Hopkins
Medical Officer of Health

December 12, 2019

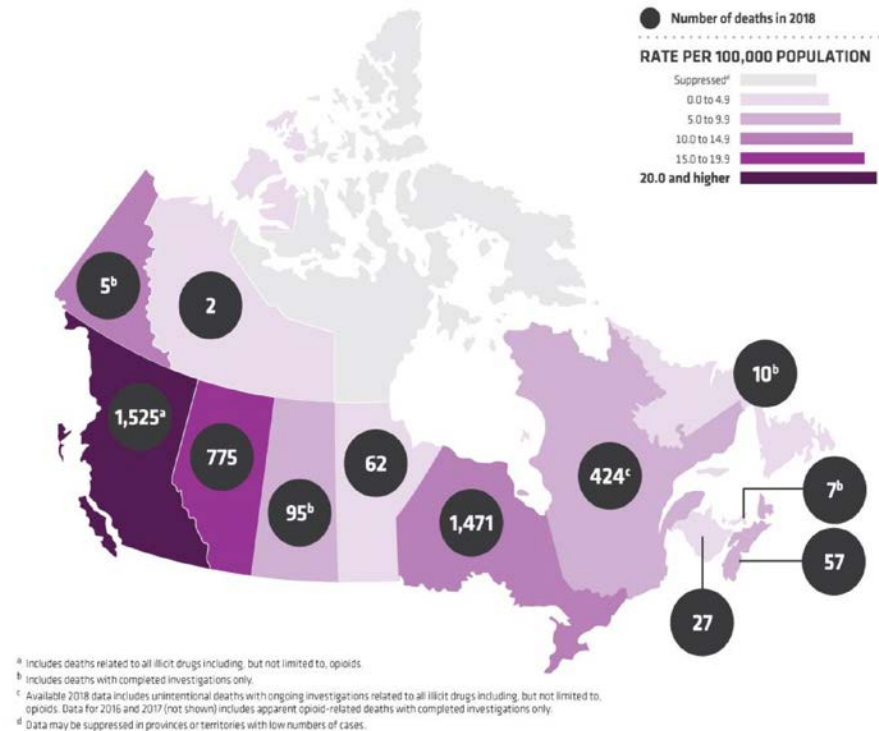


Outline

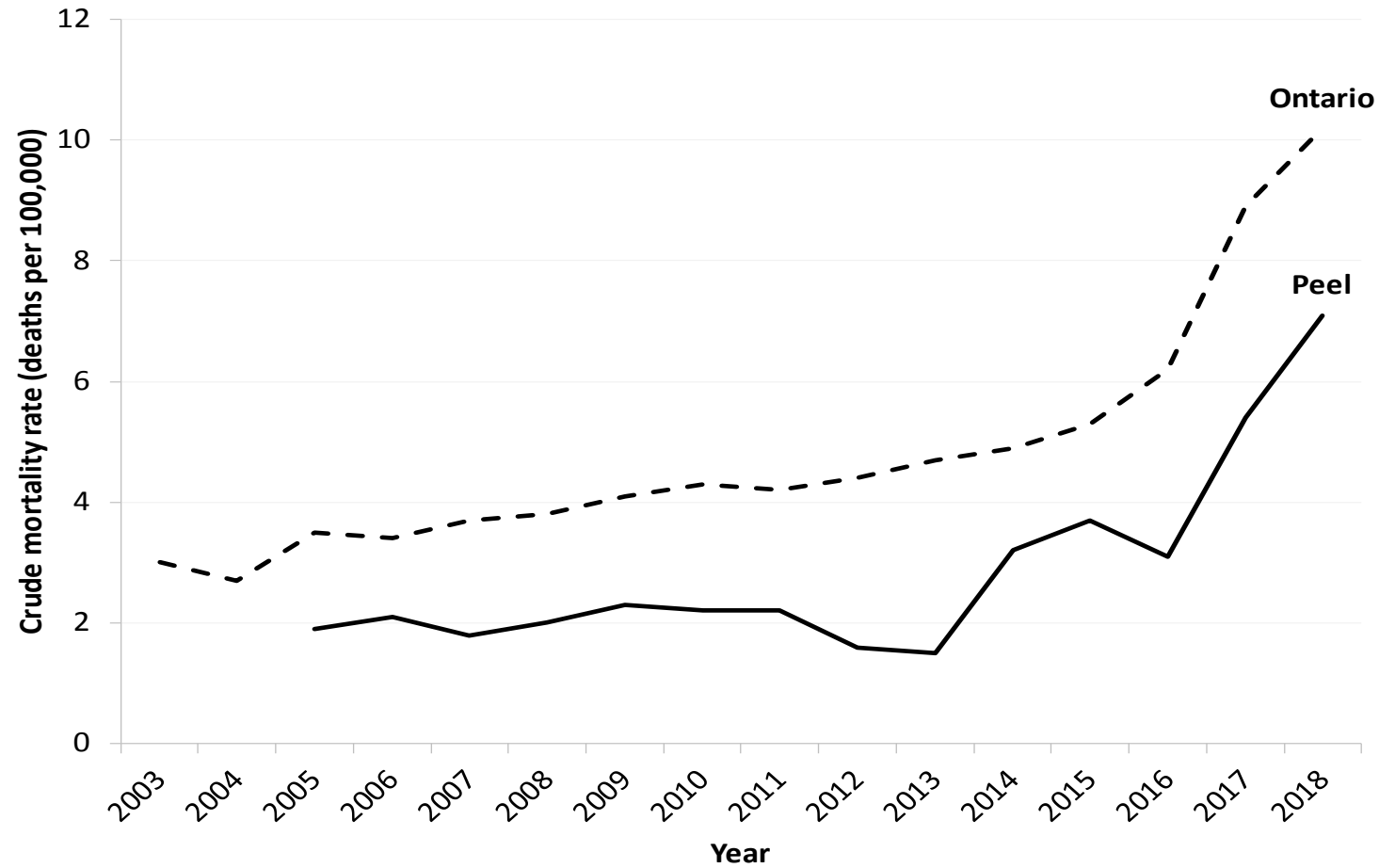
- Need for Action: Opioid-Related Harms
- Peel Opioid Strategy: A Local Response
- Supervised Consumption Site Study Findings
- Next Steps

Opioid-related deaths

- 12,800 opioid related deaths in Canada from Jan. 2016 to Mar. 2019.
- In 2019, life expectancy in Canada stopped increasing for the first time in 40 years due to the opioid crisis.
- 93% of opioid-related deaths were unintentional.
- In Peel, there were 227 opioid related deaths from Jan. 2016 to Mar. 2019.



Opioid-related overdose deaths, Peel and Ontario, 2003-2018



Note: Data for 2018 should be considered preliminary and is subject to change as remaining cases are closed by the Office of the Chief Coroner of Ontario.
Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2018.
Available from: <http://www.publichealthontario.ca/en/DataAndAnalytics/Pages/Opioid.aspx>

Opioid-related harms, 2018

	ED Visits	Hospitalizations	Deaths
Peel	547	135	109
Ontario	9,150	2,083	1,469

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool.
Toronto, ON: Queen's Printer for Ontario; 2018.
Available from: <http://www.publichealthontario.ca/en/DataAndAnalytics/Pages/Opioid.aspx>

7.1-48

Deaths from opioid-related overdoses in Peel, 2017-2019

Male

25 to 44 years-old

White

Fentanyl or some form of it directly contributed to death

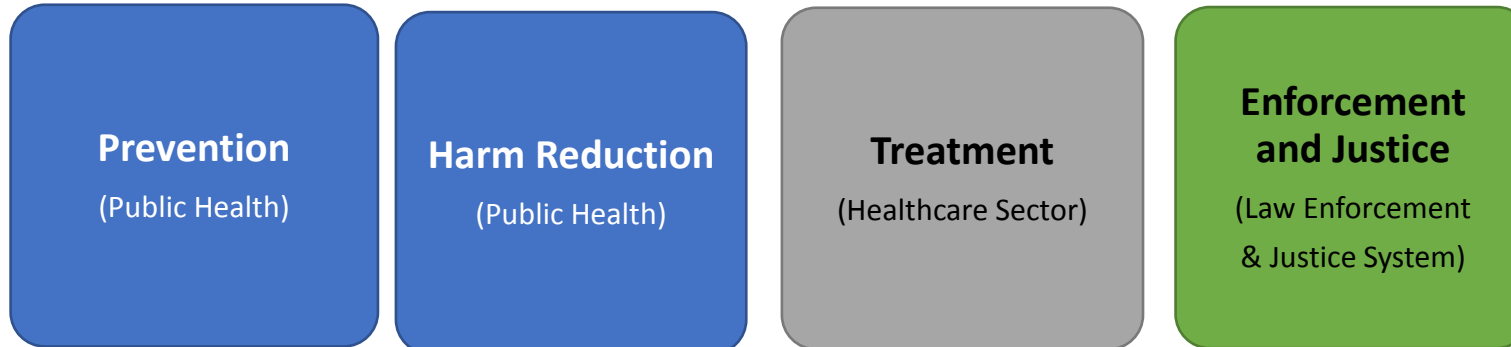
Use through a non-injection method

Lives in a private dwelling

Overdosed at home, alone

Peel Opioid Strategy: A Local Response

Opioid strategy for Peel: Preventing and reducing harms related to opioid use
In alignment with Federal, Provincial and related Regional strategies



Supported by:

Surveillance and health status data

Urgent response planning and coordination

Policy and advocacy

Peel Opioid Strategy: A Local Response

Recommendations for moving forward:

1. **Build on** existing Opioid Strategy work to advance additional **cross-sector interventions** to help address the opioid crisis.
2. Obtain **commitment** from key stakeholders for a **broader drug strategy**.
3. Continue **advocacy** to support **coordinated efforts** at **all levels of government** to address the opioid crisis.

Supervised Consumption Site Study Findings

Study objectives

- **Objective:** to explore the perspectives of the community on the acceptability, feasibility and preferences for supervised consumption services in Peel.
- Consisted of a broad community consultation that included:
 - The drug and substance-using community (n=150);
 - General community members (n=557); and
 - Key informants (n=24)

What are Supervised Consumption Services (SCS)?



- Individuals bring pre-obtained drugs or substances
- Ability to use under hygienic conditions
- Supervision from trained personnel
- Provide linkages to health and social services

Evidence for Supervised Consumption Services

- SCS are life-saving interventions that:
 - Decrease the number of opioid-related deaths
 - Decrease the transmission of infectious diseases like HIV and Hepatitis C
 - Increase uptake of treatment for addiction
- SCS have also been shown to:
 - Decrease public drug use and drug litter
 - Be cost-effective by decreasing rates of infection, reducing the number of paramedic calls, ED visits and hospitalizations.
- SCS have not been shown to increase crime
- SCS do not increase drug loitering or lead to initiation of drug use

Supervised Consumption Services across Canada and the world

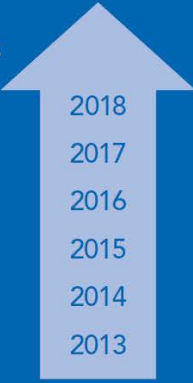
- SCS are a widely used harm reduction intervention
- Over 120 SCS currently operate in several countries across the globe
 - 43 SCS currently operate in Canada
 - 22 SCS currently running in Ontario

Findings

There is a Need for Supervised Consumption Services in Peel.

Opioid related harms and **deaths have increased markedly since 2013.**

109 people died in Peel in 2018 due to overdose



2018
2017
2016
2015
2014
2013

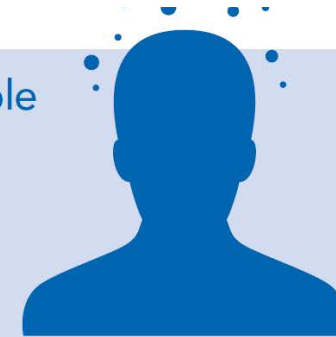
Findings from the Survey of people who use drugs showed:

97% of respondents reported **using alone**

64% of respondents had **overdosed** in their lifetime

85% of respondents reported **using drugs in public** at least once in the last 6 months

68% of people who died from opioid overdose in Peel in 2018 were **alone at the time of death**



Findings

People who use drugs would use **Supervised consumption services** if available.



Findings from the Survey of people who use drugs showed:

87% of respondents would use **supervised consumption sites**

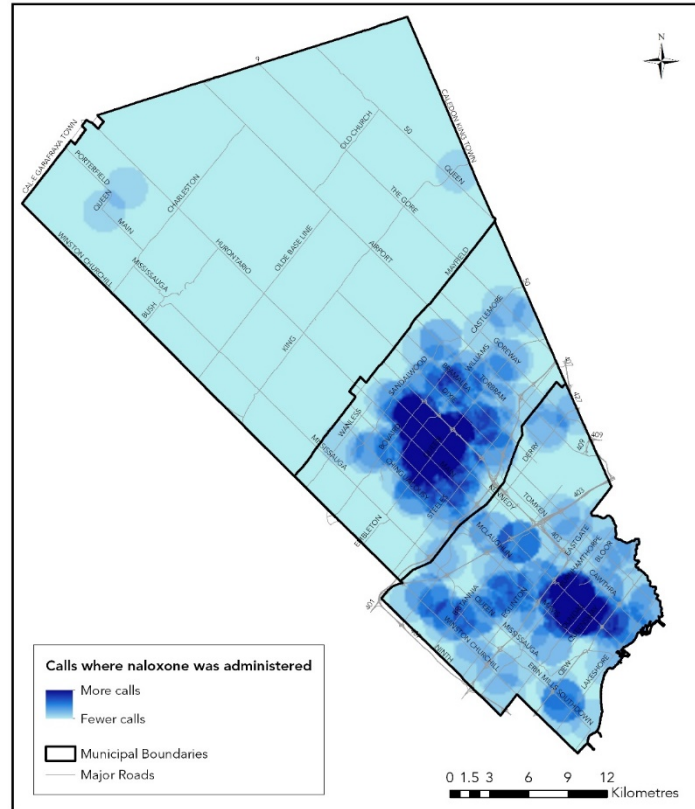
76% of respondents preferred to get services at a **consistent location**

Respondents ranked **access to other services** like counseling, health services and assistance with housing and employment as **important**.

Services should be **inclusive** and consider the needs of women, youth, newcomers and Indigenous users.

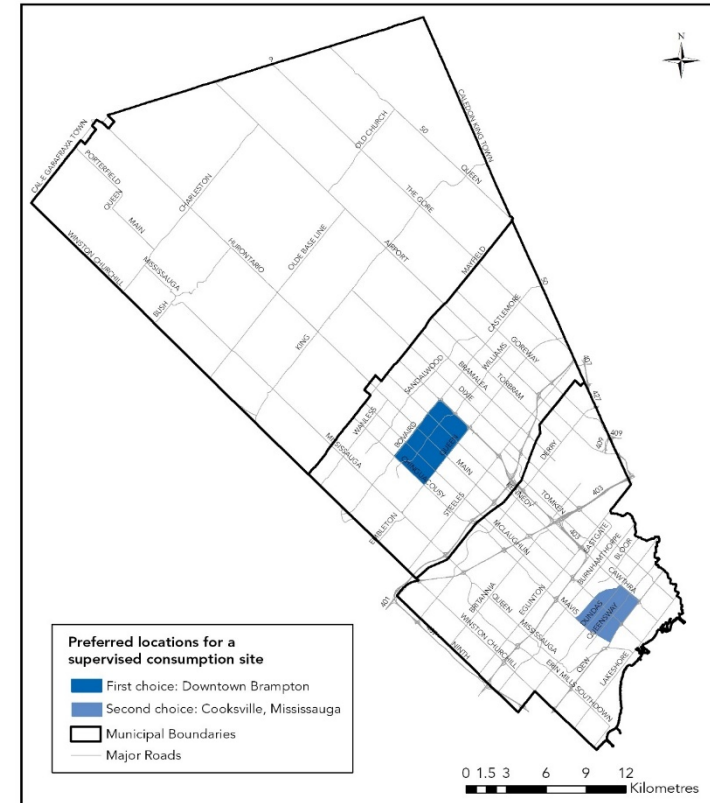
Potential SCS site locations

Paramedic calls where naloxone was administered:
Peel Region, January 1, 2018 to December 31, 2018



Prepared by Infection Prevention & Surveillance, Region of Peel - Public Health on 2019-08-28.
Note: 205 of 212 calls were mapped. 6 calls had a missing postal code or a postal code that could not be geocoded.
Source: Interdev iMedic, Peel Regional Paramedic Services, 2019-08-28

Preferred locations for supervised consumption sites in Peel,
Survey of People Who Use Drugs, 2019



Source: Region of Peel Supervised Consumption Site Needs Assessment and Feasibility Study, Survey of People Who Use Drugs, 2019

Findings



Establishing a location(s) for SCS should be driven by local data and need, along with community consultation

Community consultation to increase acceptability should occur.

The **most common concerns** reported by respondents to the general community survey around having supervised consumption services in Peel were:

More people who use drugs in the area

52%

More drug trafficking in the area

47%

Decreased property values

46%

Impact on the neighbourhood

45%

Personal safety concerns

42%

The **most commonly reported benefits** of supervised consumption services by general community survey respondents were:

- Reduced risk of injury and/or death from overdose (**52%**);
- Connecting users and their families to health and social services (**49%**);
- Reducing the risk of HIV and Hepatitis C transmission (**48%**);
- Less public drug use (**45%**); and
- Less used needles in public (**43%**).



Considerations for SCS implementation

- Public education to increase awareness and acceptability
- Open dialogue with community members, people who use drugs, relevant stakeholders
- Regular evaluation of SCS and involvement of the community through advisory boards

Recommendations from the Study

- 1. The Region of Peel would benefit from supervised consumption services (SCS)**
- 2. The Region of Peel should consider the following locations for SCS sites:**
 - Downtown Brampton (the area flanked by Bovaird Street (north), Highway 410 (east), Queen Street (south) and Chinguacousy Street (west)).
 - Cooksville, Mississauga (the area flanked by St. Lawrence and Hudson Railroad (north), Cawthra Road (east), Queen Elizabeth Way (QEW) (south) and Mavis Road (west)).
 - Mobile sites to service less densely populated areas of the Region should be considered based on need and capacity.
- 3. SCS should be implemented in consultation with people who use drugs, the general community and other service providers**
- 4. Regular evaluation and monitoring of SCS should be conducted by the lead agency**

Next steps:

- Should Council endorse the staff recommendations, Peel Public Health will work with Moyo Health and Community Services and relevant stakeholders to convene an implementation group to identify a lead agency interested in applying for supervised consumption services in Peel.
- The implementation group will work to:
 - Increase acceptability and awareness of the benefits and purpose of these Services; and
 - Create a venue for engaging in open dialogue around operational considerations including location, monitoring and evaluation.
- The implementation group will include:
 - People who use drugs
 - Health and social services agencies
 - Police
 - Local business organizations
 - Community members
 - Regional Councillors

DATE: November 26, 2019

REPORT TITLE: **UPDATE ON RECREATIONAL CANNABIS: REGIONAL INITIATIVES, RESOURCE CONSUMPTION AND NEW REGULATIONS**

FROM: Cathy Granger, Acting Commissioner of Health Services
 Jessica Hopkins, MD MHS Sc CCFP FRCPC, Medical Officer of Health

RECOMMENDATION

That the Ontario Cannabis Legalization Implementation Fund funding received by the Region of Peel be divided equally between Peel Regional Police and Public Health;

And further, that any unspent portion of the funds allocated to Peel Regional Police or Public Health be transferred to the other party in the event costs exceed the allocation;

And further, that the Commissioner of Finance and Chief Financial Officer be authorized to create a Tax Supported Rate Stabilization sub-reserve to manage the Ontario Cannabis Legalization Implementation Fund funding received by the Region of Peel;

And further, that the funds received from the Ontario Cannabis Legalization Implementation Fund be contributed to the Cannabis Funding Sub-reserve and withdrawals be approved from such sub-reserve to fund the implementation costs of recreational cannabis legalization;

And further, that the Region of Peel advocate to the Ontario provincial government for sufficient funding to cover Regional costs directly related to cannabis legalization and for funding to be given to municipalities who have previously opted out of hosting private cannabis retail stores.

REPORT HIGHLIGHTS

- On October 17, 2019, the production and sale of edibles, topicals and extracts became legal under the federal Cannabis Regulations.
- In the Region of Peel, one cannabis retail store operates in Brampton.
- Through the 2018-2019 Ontario Cannabis Legalization Implementation Fund, the Region of Peel and its municipalities received a total of \$1,898,901 from the province. The Region received approximately half of this funding.
- As of June 30, 2019, Peel Regional Police has spent \$1,401,700 on cannabis-related expenditures in the months leading up to and since legalization of cannabis (\$971,400 in 2018 and \$430,300 in 2019).
- Cannabis-related Public Health spending, in the form of staff time, has been devoted to public education, policy and By-law development, enforcement and surveillance. Approximately \$300,000 in cannabis-related expenditures related to By-law enforcement are anticipated over the next 24 months.

UPDATE ON RECREATIONAL CANNABIS

- Only a portion of the overall increase in Regional costs directly related to cannabis legalization will be covered by the Ontario Cannabis Legalization Implementation Fund funding (\$944,450).

DISCUSSION

1. Background

a) Health Impacts of Cannabis Use

Public Health has reviewed evidence regarding the physical, mental and social health effects of recreational cannabis use. The review found cannabis use is linked with:

- Respiratory symptoms and bronchitis, when smoked;
- An increased risk of motor vehicle crashes;
- The development of schizophrenia or other psychoses; and,
- Problem cannabis use is more likely with early onset and frequent use of cannabis.

Local health data for cannabis (e.g., cannabis use, cannabis-related emergency room visits etc.) post-legalization are not yet available. In Ontario, according to the National Cannabis Survey conducted by Statistics Canada, during the second quarter of 2019, 16.8 per cent of Ontarians reported cannabis use in the past three months, which is similar to the rest of Canada.¹

Public Health will continue to monitor new research evidence on the health effects of recreational cannabis use regardless of its delivery method (e.g., vaped, smoked, ingested) as it becomes available.

b) Current Cannabis Regulations

In Ontario, recreational cannabis is regulated by *the Cannabis Control Act, 2017*, the *Smoke-Free Ontario Act, 2017*, the *Ontario Cannabis Retail Corporation Act, 2017* and the *Cannabis License Act, 2018*. Recreational cannabis can be purchased legally by adults 19 years of age or older from the online Ontario Cannabis Store or from authorized private retail outlets. The Alcohol and Gaming Commission of Ontario ('the Commission') is responsible for the regulation of cannabis retail stores.

On June 26, 2019, amended federal Cannabis Regulations were released. The new regulations regulate the production and sale of cannabis edibles, topicals and extracts, which became legal in Canada on October 17, 2019 (See Appendix I). The province's direction on the sale and distribution of these new classes of cannabis in Ontario is pending.

Local public health units are responsible for enforcement activities under the *Smoke-Free Ontario Act, 2017*, including ensuring cannabis is consumed only in permitted locations and working with the Commission to coordinate enforcement activities of cannabis retail stores as relevant.

¹ Statistics Canada. 2019. Prevalence of Cannabis Use in the Past Three Months, Self-Reported. Table 13-10-0383-01.

UPDATE ON RECREATIONAL CANNABIS

c) Private Cannabis Retail Stores in Peel

The City of Brampton is the only municipality in the Region of Peel to host private cannabis retail stores and only one store is currently in operation. Another proposed cannabis store in Brampton completed the public notice period on July 4, 2019.² As of August 29, 2019, the retail operator license and retail store authorization status for this new location are still pending. The next step in the application process is for the Commission to issue or refuse a cannabis retail store authorization for this location. The City of Mississauga and Town of Caledon have opted-out of hosting private retail stores.

d) Funding

Through the Ontario Cannabis Legalization Implementation Fund ('Fund'), the province provided municipalities with \$40 million over two years (2018 and 2019) to assist with the implementation costs of recreational cannabis legalization (See Appendix II for an explanation of funding allocation). From the province lower- and upper- tier municipalities received a 50/50 split of the Fund allocations made on a per household basis. If a lower-tier municipality opted-out, the upper-tier municipality did not receive funding on a per household basis for that municipality. Municipalities must use these funds for implementation costs directly related to the legalization of recreational cannabis.

The Region and its three municipalities received two payments through the Fund in January and February 2019. In August 2019 the Region of Peel and Brampton received a third payment. In total, the Region has received \$944,450.

Table 1: Ontario Cannabis Legalization Implementation Funding for the Region of Peel, 2018-2019

Municipality	1 st Payment (January) (\$)	2 nd Payment (February) (\$)	3 rd Payment (August) (\$)	Total Amount (\$)
Brampton	220,018	269,199	112,166	601,383
Caledon	29,759	5,000	-	34,759
Mississauga	313,309	5,000	-	318,309
Region of Peel	563,085	269,199	112,166	944,450
Total Peel	1,126,171	548,398	224,332	1,898,901

Note: The Ontario Cannabis Legalization Implementation Fund funding amounts are published online by the Ontario Ministry of Finance.³

² Alcohol and Gaming Commission of Ontario. (2019). Status of current Cannabis Retail Store Applications. Retrieved from: <https://www.agco.ca/status-current-cannabis-retail-store-applications>

³ Ontario Ministry of Finance. (2019). Ontario Cannabis Legalization Implementation Fund -Allocation Table. Retrieved from: <https://www.fin.gov.on.ca/en/budget/oclif/allocation.html>

UPDATE ON RECREATIONAL CANNABIS

2. Discussion

a) Regional Cannabis-Related Expenditures since the Legalization of Recreational Cannabis

Since cannabis legalization, cannabis-related Public Health spending in the form of staff time has been devoted to public education, advocacy, policy and by-law development, enforcement and surveillance. Public Health has completed this work using the existing staff complement by finding efficiencies with similar tobacco control work and re-prioritization.

Based on cannabis-related expenditures incurred by Peel Regional Police (\$1,401,700) and what Public Health plans to spend over the next 24 months (\$299,000), the Ontario Cannabis Legalization Implementation Fund funding (\$944,450) the Region has received will only cover a portion of the overall increase in Regional costs directly related to cannabis legalization (Table 2). On September 12, 2019, Regional Council approved using a portion of the Fund to hire a 24-month contract public health inspector in 2020 and 2021 (\$87,000 per year) to assist with the enforcement of the new No Smoking or Vaping By-law (see Regional Council report "By-law to Prohibit Smoking and Vaping in Outdoor Public Places and Workplaces and To Repeal the Peel Outdoor Smoking By-law 20-2013").

Table 2: Cannabis-Related Expenditures for Public Health and Peel Regional Police 2018-2021

Cannabis Expenditures	2018 (\$)	2019 (\$)	2020 (\$)	2021 (\$)	Total
Public Health*					
24-month contract public health inspector			87,000	87,000	174,000
By-law signage			105,000	-	105,000
Communication Campaign			20,000	-	20,000
Total			212,000	87,000	299,000
Peel Regional Police**					
Training	866,000	218,000			1,084,000
Calls for Service	76,000	168,000			244,000
Illegal Dispensaries	29,400	52,200			81,600
Equipment and Supplies	-	22,690			22,690
Ministry Reimbursement***	-	(30,590)			(30,590)
Total as of June 30th, 2019	971,400	430,300			1,401,700
Combined Total for Public Health and Peel Regional Police					
Total Expenditures	971,400	430,300	212,000	87,000	1,700,700
Ontario Cannabis Legalization Implementation Fund (Region)	-	944,450	-	-	(944,450)
Deficit					-756,250

Note: Columns with a diagonal line through them indicates monetary value is not available.

* Public Health completed cannabis-related work using the existing staff complement by finding efficiencies with similar tobacco control work and re-prioritization

**Costs incurred by Peel Regional Police as of June 30, 2019 exclude any court time as it has not yet been realized

*** Peel Regional Police recovered \$30,590 from the Ministry of Community Safety and Correctional Services for drug impaired driving detection training (\$7,900) and equipment (\$22,690)

UPDATE ON RECREATIONAL CANNABIS

In March 2019, Public Health received one-time funding of \$123,600 from the Ministry of Health for the 2018-2019 funding year for cannabis enforcement (Table 3). This funding has been spent by Public Health.

Table 3: Ministry of Health One-Time Funding for the 2018-2019 Funding Year

Cannabis Expenditure	2018-2019 (\$)
Staff Support Including Enforcement	96,178
Legal Costs	27,422
Total	123,600

The Chief of Police and Medical Officer of Health propose to allocate the regional portion of the Ontario Cannabis Legalization Implementation funding equally between Peel Regional Police and Public Health ('parties'). In the event there are unspent funds from the allocation, they further propose that these be transferred to cover any portion of eligible spending that exceeds the allocation to the other party. This allocation allows for Public Health to continue work on prevention efforts which have the potential to reduce enforcement needed by Peel Regional Police. This arrangement will be revisited in 2 years (end of 2021) when a better understanding of ongoing costs related to cannabis legalization implementation is understood.

FINANCIAL IMPLICATIONS

The Region of Peel has received a total of \$944,450 from the Fund. The intent of the fund was to offset incremental costs incurred through the legalization of cannabis. Public Health and Peel Regional Police were two significant areas where additional costs were expected. The Fund's current parameters do not direct how funding is to be shared within the Region of Peel.

Staff proposes that the \$944,450 received be shared equally between Public Health and the Peel Regional Police and that any unspent funds be transferred to the other party if costs exceed the fund allocation. Based on current projections it is anticipated that by the end of 2021, Public Health will spend \$299,000 or \$173,225 less than its 50 per cent share of the allocation. Under the proposed recommendations, the unused funding of \$173,225 would be transferred to the Peel Regional Police as its projected costs will exceed their half of the funding by more than \$173,225.

Staff will continue to track implementation costs related to cannabis legalization and use the figures to develop a case for additional funding by the province.

CONCLUSION

Public Health will continue to track costs related to the legalization of cannabis; monitor cannabis-related developments at the federal and provincial level; and continue with cannabis-related health promotion and program development efforts.



Cathy Granger, Acting Commissioner of Health Services

UPDATE ON RECREATIONAL CANNABIS



Jessica Hopkins, MD MHSc CCFP FRCPC, Medical Officer of Health

Approved for Submission:



N. Polsinelli, Interim Chief Administrative Officer

APPENDICES

Appendix I - Final Regulations: Edible Cannabis, Cannabis Extracts, Cannabis Topicals

Appendix II - Explanation of Ontario Cannabis Legalization Implementation Fund Funding Allocation Breakdown for the Region and its three Municipalities

For further information regarding this report, please contact Paul Sharma, Director, Chronic Disease and Injury Prevention, ext. 2013.

Authored By: Heather Doncaster and Nicole Pieczyrak, Chronic Disease and Injury Prevention

*Reviewed in workflow by:
Financial Support Unit*

FINAL REGULATIONS: EDIBLE CANNABIS, CANNABIS EXTRACTS, CANNABIS TOPICALS

	EDIBLE CANNABIS (EATING OR DRINKING)	CANNABIS EXTRACT (INGESTING)	CANNABIS EXTRACT (INHALING)	CANNABIS TOPICAL (APPLYING TO SKIN, HAIR, NAILS)
THC LIMIT	<ul style="list-style-type: none"> ▶ 10 mg of THC per package 	<ul style="list-style-type: none"> ▶ 10 mg of THC per unit (such as a capsule) or dispensed amount ▶ 1000 mg of THC per package 	<ul style="list-style-type: none"> ▶ 1000 mg of THC per package 	<ul style="list-style-type: none"> ▶ 1000 mg of THC per package
PRODUCT RULES	<ul style="list-style-type: none"> ▶ No added vitamins or minerals ▶ No nicotine or added alcohol ▶ Limits on caffeine 	<ul style="list-style-type: none"> ▶ No added vitamins or minerals ▶ No nicotine ▶ No caffeine ▶ No added sugars, sweeteners or colours 	<ul style="list-style-type: none"> ▶ No added vitamins or minerals ▶ No nicotine or alcohol ▶ No caffeine ▶ No added sugars, sweeteners or colours 	<ul style="list-style-type: none"> ▶ No nicotine or alcohol ▶ For use only on skin, hair and nails ▶ Not for use in eyes or on damaged skin
PACKAGING	<ul style="list-style-type: none"> ▶ Child-resistant ▶ Plain 	<ul style="list-style-type: none"> ▶ Child-resistant ▶ Plain ▶ Maximum package size of 90 mL for liquid extracts if under 3% THC ▶ Must include dispensing device if a liquid and not in unit form ▶ Maximum package size of 7.5 g for extracts if over 3% THC 	<ul style="list-style-type: none"> ▶ Child-resistant ▶ Plain ▶ Maximum package size of 90 mL for liquid extracts if under 3% THC ▶ Maximum package size of 7.5 g for extracts if over 3% THC 	<ul style="list-style-type: none"> ▶ Child-resistant ▶ Plain
LABEL	<ul style="list-style-type: none"> ▶ Standardized cannabis symbol for products containing THC ▶ Health Warning Message ▶ THC/CBD content ▶ Equivalency to dried cannabis to determine public possession limit ▶ Ingredient list ▶ Allergens ▶ Nutrition Facts Table 	<ul style="list-style-type: none"> ▶ Standardized cannabis symbol for products containing THC ▶ Health Warning Message ▶ THC/CBD content ▶ Equivalency to dried cannabis to determine public possession limit ▶ Ingredient list ▶ Allergens ▶ Intended use 	<ul style="list-style-type: none"> ▶ Standardized cannabis symbol for products containing THC (and directly on accessories such as vape cartridges) ▶ Health Warning Message ▶ THC/CBD content ▶ Equivalency to dried cannabis to determine public possession limit ▶ Ingredient list ▶ Allergens ▶ Intended use 	<ul style="list-style-type: none"> ▶ Standardized cannabis symbol for products containing THC ▶ Health Warning Message ▶ THC/CBD content ▶ Equivalency to dried cannabis to determine public possession limit ▶ Ingredient list ▶ Intended use
OTHER	<ul style="list-style-type: none"> ▶ Must not be appealing to youth ▶ Must not make health claims ▶ No elements that would associate the product with alcoholic beverages, tobacco products, or vaping products ▶ Must not make dietary claims ▶ Must not make cosmetic claims 	<ul style="list-style-type: none"> ▶ Must not be appealing to kids ▶ Must not make health claims ▶ No elements that would associate product with alcoholic beverages, tobacco products, or vaping products ▶ Must not make cosmetic claims 	<ul style="list-style-type: none"> ▶ Must not be appealing to youth ▶ Must not make health claims ▶ No elements that would associate product with alcoholic beverages, tobacco products, or vaping products ▶ Must not make cosmetic claims 	<ul style="list-style-type: none"> ▶ Must not be appealing to youth ▶ Must not make health claims ▶ No elements that would associate product with alcoholic beverages, tobacco products, or vaping products ▶ Must not make cosmetic claims

Disclaimer: This is not a complete list of the regulatory rules for each class of cannabis. It is also not a complete list of product examples. For more information on the amendments to the *Cannabis Regulations*, please visit Canada.ca/Cannabis.

**APPENDIX II
UPDATE ON RECREATIONAL CANNABIS**

Explanation of Ontario Cannabis Legalization Implementation Fund Funding Allocation
Breakdown for the Region and its three Municipalities

Distribution of Ontario Cannabis Legalization Implementation Fund Monies by Province to Municipalities¹	
Payment	Description
1 st Payment: \$15 million	<ul style="list-style-type: none"> • Lower-tier and upper-tier municipalities received a 50/50 split of the allocations made on a per household basis • Provided to all municipalities on a per-household basis • At least \$5,000 was provided to each municipality
2 nd Payment: \$15 million	<ul style="list-style-type: none"> • Municipalities that opted-out of hosting private retail stores received \$5,000 • Municipalities that did not opt-out received funding on a per household basis. At least \$5,000 was provided to each municipality
3 rd Payment: \$6.74 million	<ul style="list-style-type: none"> • Municipalities that did not opt-out of hosting retail stores received funding based on 50% of their households • At least \$5,000 was provided to each municipality that did not opt-out
\$3.26 million	<ul style="list-style-type: none"> • Invested by Ontario to support municipalities through enhanced enforcement against illegal cannabis operations
Total: \$40 million	

Note: If a lower-tier municipality opted-out, the upper tier municipality did not receive funding on a per household basis for that municipality

Ontario Cannabis Legalization Implementation Fund Funding must be used by municipalities for increased costs directly related to the legalization of recreational cannabis. Examples of allowable costs include:

- Increased paramedic services
- Increased responses to public inquires (e.g., 311, e-mail)
- By-law or policy development
- Increased enforcement efforts (e.g., police and public health)

¹ Adapted from Ontario Ministry of Finance. 2019. Ontario Cannabis Legalization Implementation Fund (OCLIF). Retrieved from: <https://www.fin.gov.on.ca/en/budget/oclif/>

DATE: November 28, 2019

REPORT TITLE: **SUPERVISED CONSUMPTION SITE NEEDS ASSESSMENT AND FEASIBILITY STUDY RESULTS**

FROM: Cathy Granger, Acting Commissioner of Health Services
 Jessica Hopkins, MD MHSc CCFP FRCPC, Medical Officer of Health

RECOMMENDATION

That Regional Council as the Board of Health endorse the findings of the Region of Peel's Needs Assessment and Feasibility Study for Supervised Consumption Sites, as summarized in Appendix II of the report of the Acting Commissioner of Health Services and Medical Officer of Health titled, "Supervised Consumption Site Needs Assessment and Feasibility Study Results";

And further, that Peel Public Health, in collaboration with Moyo Health and Community Services, convene an implementation and planning group with other relevant organizations, including but not limited to health and social services agencies, police, people with lived/living experience, local business organizations, community members, and Regional Councillors of wards identified as potential locations for supervised consumption sites.

REPORT HIGHLIGHTS

- Supervised consumption services ('Services') have been shown to prevent or reverse overdoses, decrease transmission of infectious diseases and reduce public drug use.
- The Peel Supervised Consumption Site Needs Assessment and Feasibility Study explored the perspectives of people who use drugs, community members and key informants on Services in Peel.
- Opioid-related deaths, hospitalizations and emergency department visits in Peel have increased over the past six years. In 2018, there were 109 opioid-related deaths in Peel.
- There is a need for these Services in the Region of Peel. Eighty-six and one-half per cent of people who used drugs surveyed reported they would consider using these Services if available.
- General community members were divided in their support for these Services indicating a need for outreach to increase awareness, acceptance, and involvement in discussions around locations of these Services in Peel.

SUPERVISED CONSUMPTION SITE NEEDS ASSESSMENT AND FEASIBILITY STUDY RESULTS

DISCUSSION

1. Background

Drug and substance use are significant public health concerns that are associated with health and social issues including death from overdose, transmission of infectious diseases, family and work life disruption, and concerns about neighbourhood safety.

For the first time in four decades the life expectancy in Canada stopped rising, largely due to the opioid crisis. As the number of deaths, injuries, and illnesses due to drug and substance use continues to increase in Ontario, the Ministry of Health, public health units, and community organizations are working to enhance local harm reduction services. Harm reduction acknowledges that people living with addiction may not be in a position to abstain from their substance use, and provides an alternate means to decreasing the harms associated with drug use including overdose and transmission of blood borne illnesses like HIV or hepatitis C.

Several past reports to Council in 2017 and 2018 from the Commissioner of Health Services and the Medical Officer of Health have outlined the approach to Peel's response to the ongoing opioid crisis and expansion of harm reduction services. A report to Council on May 15, 2018 provided evidence for supervised consumption sites as an effective harm reduction measure. Further information on the harm reduction pillar of the opioid strategy may also be found in the accompanying report from the Acting Commissioner of Health Services and the Medical Officer of Health titled "Peel Opioid Strategy Update".

Supervised consumption services allow people who use drugs to bring pre-obtained substances to consume under hygienic conditions with the supervision of trained personnel to prevent or reverse overdoses. Over 120 of these Services have been implemented around the world. Appendix I provides a summary of the evidence on supervised consumption services to date. These Services have been shown to reduce overdose deaths and the incidence of HIV and hepatitis C infections by decreasing risky behaviours such as needle sharing. These Services also reduce public drug use and publicly discarded injection equipment, increase uptake of social and health Services, and have proven to be cost-effective. These Services do not contribute to higher crime activity in the vicinity surrounding a site or promote drug use.

2. Objectives of the Study

The purpose of this study was to explore the perspectives of people who use drugs, other community members and key stakeholders on the acceptability, feasibility, and operational preferences for supervised consumption services. The study findings will inform discussions concerning the need for, and feasibility of such Services in Peel Region. Full results of the study may be found in Appendix II, with a summary of key findings in Appendix III.

The objectives of the Region of Peel Needs Assessment and Feasibility Study for Supervised Consumption Services were to:

- i. Better understand the community of people who use drugs in the Region of Peel, including demographics, drug use practices and perspectives on these Services.
- ii. Document the perspectives of community members and key stakeholders on these Services.

SUPERVISED CONSUMPTION SITE NEEDS ASSESSMENT AND FEASIBILITY STUDY RESULTS

- iii. Analyze available local drug-related health and police data to describe the local context and need for these Services.

3. Findings

The findings from the study, including quantitative drug-related health data, results from the surveys of people who use drugs, community members, and interviews with key informants are captured below.

a) Drug-Related Health Data

Opioid-related morbidity and mortality in Peel has increased in the last six years, with a more rapid increase beginning in 2016. Emergency department visits and hospitalizations have also increased. In 2018, there were 109 opioid-related deaths in Peel. Most opioid-related deaths in Peel were associated with fentanyl.

There has also been an increased demand for harm reduction programs such as needle exchange and naloxone. In 2018, most paramedic calls where naloxone was administered occurred in Brampton and Mississauga, specifically downtown Brampton and Cooksville, Mississauga.

b) Drug Use Behaviours

Most people who use drugs surveyed (77.6 per cent) used drugs daily. While the most common location of drug use was their own home, 85 per cent of respondents had used drugs in a public place in the past six months. If use occurred in a public place, the most common locations were parks, public washrooms and alleys.

Ninety-seven per cent reported using drugs alone in their lifetime. Most opioid-related deaths occurred in the home (69 per cent of deaths from May 2017 to March 2019), and 68 per cent of people who died from overdose in 2018 were alone at the time of death. Sixty-four per cent of people who used drugs had overdosed in their lifetime, with 39.6 per cent experiencing an overdose in the last six months.

Overall, 86.5 per cent of people surveyed who used drugs reported they would consider using these Services if available.

c) Perceived Benefits and Concerns around Supervised Consumption Services

i) Perceived Benefits

Forty-four per cent of general community survey respondents thought these Services would be helpful for Peel. The most commonly reported benefits of these Services were reduced risk of injury and/or death from overdose, connecting users and their families to health and social services, reducing the risk of HIV/hepatitis C transmission, less public drug use, and less used needles in public.

Key informants who were interviewed in the study expected these Services would increase safety for people who use drugs, decrease crime in

SUPERVISED CONSUMPTION SITE NEEDS ASSESSMENT AND FEASIBILITY STUDY RESULTS

neighbourhoods, improve efficiency in the health system through partnerships and system navigation, and decrease the costs of substance use related emergency room visits and hospitalizations.

ii) Perceived Concerns

Sixty-one per cent of general community survey respondents reported having concerns with these services in Peel with the most common concerns being more people who use drugs in the area, more drug trafficking in the area, decreased property values, personal safety concerns and impact on the neighbourhood.

Key informants also expressed concern about stigma and targeting of people who use drugs by other members of the community, potential protestors, and others selling drugs.

iii) Strategies to Mitigate Concerns Around Supervised Consumption Services

The most common strategies to address concerns around these Services identified by members of the general community included evaluating the service to determine what is and is not working and informing the community about the goals of the Services and how they can help the community.

To mitigate concerns around these Services, key informants suggested involving people who use drugs in determining service design and operational preferences in order to increase acceptability and ensure the Services meet their needs. They also emphasized the importance of involving the community to increase understanding and acceptability of these Services. This would also provide a means to manage concerns as they arise.

d) Operational Considerations

i) Location

- Key informants identified location of supervised consumption services as the most prominent consideration for both people who use drugs and for community acceptability. Decisions around location(s) need to be driven by data and determined based on need, including the number of people who use and where they live or where they acquire drugs, and the number and location of overdoses and opioid-related paramedic calls.
- Key informants felt that for people who use drugs, the location chosen should not increase stigma and deter users. For the community, the Services should be placed in the least sensitive area where the service can be provided, and there is minimal impact on the surrounding community.
- People who use drugs identified downtown Brampton as their preferred location (46 per cent), and Cooksville in Mississauga as their second choice for location (31 per cent). This corresponds with the density of paramedic calls where naloxone was administered.

SUPERVISED CONSUMPTION SITE NEEDS ASSESSMENT AND FEASIBILITY STUDY RESULTS

ii) Type of Site

- The majority (76 per cent) of people who use drugs surveyed preferred a stand-alone Service model. Stand-alone models refer to independent facilities that are not integrated with pre-existing health or social services.
- There was support for mobile sites with 38 per cent of community respondents reporting that a mobile site would be the most effective model. Almost 40 per cent of people who use drugs indicated preference for a mobile bus or van. Key informants considered mobile sites to be a better option for less densely populated areas and for hard-to-reach locations.
- Key informants emphasized the importance of inclusive Services for reaching populations who face barriers that make them more vulnerable including women, youth, newcomers and Indigenous users.

4. Recommendations from the Study

- i. The Region of Peel would benefit from supervised consumption services.
- ii. The Region of Peel should consider the following locations for supervised consumption services:
 - a) Downtown Brampton
 - b) Cooksville, Mississauga
 - c) Mobile sites to service less densely populated areas of the Region should be considered based on need and capacity.
- iii. Supervised consumption services should be implemented in consultation with people who use drugs, the general community and other service providers.
- iv. Regular evaluation and monitoring of supervised consumption services should be conducted by the lead agency.

5. Next Steps

Should Council approve the staff recommendations in this Council report, Peel Public Health will work with Moyo Health and Community Services and relevant stakeholders to convene an implementation group to identify a lead agency interested in applying for supervised consumption services in Peel. Moyo Health and Community Services currently delivers harm reduction services locally and have expressed interest in working with partners to establish these Services (see Appendix IV for letter of intent). Members of the Peel Opioid Strategy Steering Group whose mandate is to develop a coordinated response to reducing opioid-related harms also support the need for these Services in Peel (see Appendix V for letter of support).

Through an implementation group that includes people who use drugs and other community members, Peel Public Health and Moyo Health and Community Services will work with relevant stakeholders including health and social services agencies, police, local business organizations, community members, and Regional Councillors, to increase acceptability and awareness of the benefits and purpose of these Services and

SUPERVISED CONSUMPTION SITE NEEDS ASSESSMENT AND FEASIBILITY STUDY RESULTS

create a venue for engaging in open dialogue around operational considerations including location, monitoring and evaluation.

RISK CONSIDERATIONS

Opioid-related harms have been increasing since 2013, with a more pronounced increase since 2016. Supervised consumption services are an effective, life-saving intervention that have been implemented in multiple jurisdictions across Canada and around the world. The risk of not acting may lead to further increases in opioid-related harms, including death from overdose.

Supervised consumption services and the principle of harm reduction can be a polarizing issue. As such, another risk identified was community opposition and dissatisfaction with the location and existence of such Services. As discussed in this report, implementation of these Services will include involvement with the community to increase acceptability, engagement, awareness, and decrease stigma.

FINANCIAL IMPLICATIONS

There are no financial implications from the recommendations to convene an implementation and planning group with other relevant organizations as this work will be done within the overall Council approved 2020 Operating Budget for Public Health. Potential future resource implications related to supervised consumption services will be brought back to Council for consideration.



Cathy Granger, Acting Commissioner of Health Services



Jessica Hopkins, MD MHSc CCFP FRCPC, Medical Officer of Health

Approved for Submission:



N. Polsinelli, Interim Chief Administrative Officer

APPENDICES

SUPERVISED CONSUMPTION SITE NEEDS ASSESSMENT AND FEASIBILITY STUDY RESULTS

Appendix I - Summary of the evidence around Supervised Consumption Services
Appendix II - Peel Supervised Consumption Site Needs Assessment and Feasibility Study
Appendix III - Peel Supervised Consumption Site Study Key Findings
Appendix IV- Moyo Health and Community Services - Letter of Intent
Appendix V - Letter of Support - Peel Opioid Strategy Steering Group

For further information regarding this report, please contact Dr. Jessica Hopkins, Medical Officer of Health.

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Reviewed in workflow by: Financial Support Unit

Summary of the evidence around Supervised Consumption Services

Supervised consumption services are associated with a decrease in opioid-related deaths
An analysis of Vancouver's supervised injection site, Insite, showed that overdose mortality decreased by 35% after the facility was opened. This reduction was most pronounced in the area surrounding the site (Marshall et al, 2011). Research in other countries has shown similar results. Poschadel et al, 2003 showed a significant decrease in drug-related death following opening of a supervised consumption facility in Germany. Studies in Australia have also shown that supervised consumption site use prevented fatal overdoses and led to a decrease in opioid-related Emergency department visits and EMS calls to overdoses (van Beek et al 2004; NCHECR, 2007; Salmon et al, 2010).
Supervised consumption services are associated with a decrease in HCV and HIV infection
Several studies have shown that SCS decrease risky drug use practises such as needle sharing, which can lead to transmission of HIV and Hepatitis C (Kerr et al, 2005). In Vancouver, it was estimated that closing SCS would result in an increase in \$17.6 million in HIV-related healthcare costs (Pinkerton et al, 2010). Similarly, simulation modelling done in Vancouver showed that SCS prevented 57 new cases of Hepatitis C per year (Jozaghi, 2014).
Supervised consumption services do not lead to an increase in initiation of drug use and do not increase drug trafficking and drug related loitering in the vicinity
A study that surveyed over 1000 users of Insite in Vancouver showed that SCS do not lead to initiation of new drug use (Kerr et al, 2007). Of those surveyed, only 1 user reported initiating drug use at an SCS. Another study showed that opening of a SCS did not lead to relapse of drug use in former drug users (Kerr et al, 2006). SCS do not increase drug trafficking and drug-related loitering in the vicinity around the site (Wood et al, 2006; Freeman et al, 2005).
Supervised consumption services are not associated with increased crime
Freeman et al (2005) concluded that SCS did not lead to a significant change in theft, robbery or loitering. In Vancouver, SIS did not result in increased drug trafficking offences and assaults or robbery. There was a significant reduction in vehicle theft or break-ins in the neighbourhood following opening of the SIS (Wood et al, 2006). Another study completed in Sydney, Australia showed a reduction in neighbourhood robbery and property offences following implementation of a supervised injection facility (Fitzgerald et al, 2010).
Supervised consumption services decrease public drug use and drug litter
Wood et al, 2004 showed that SCS decreased public drug use, publicly discarded syringes and other drug litter. A study completed following opening of an SCS in Spain, also showed a significant decrease in publicly discarded syringes (Vecino et al, 2013).
Supervised consumption services increase access to addiction treatment for people who use drugs
Several studies have shown that SCS increase referral to addiction treatment and counselling (Zurhold et al, 2003). In Vancouver, regular SCS was associated with quicker access to detoxification services and opening of a SCS led to a significant increase in uptake of these services (Wood et al 2006; Wood et al 2007).

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Supervised Consumption Site Needs Assessment and Feasibility Study for the Region of Peel

Region of Peel – Public Health

October 2019



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Executive summary

Background

Drug and substance use is a significant public health concern that is associated with health and social issues including death from overdose, spread of infectious diseases, family and work life disruption, and concerns about neighbourhood safety.

As the number of deaths, injuries, and illnesses due to drug and substance use continues to increase in Ontario, the Ministry of Health and many public health units are working to enhance local harm reduction services.

Supervised consumption services (SCS) allow people who use drugs (PWUD) to bring pre-obtained substances to consume under hygienic conditions with the supervision of trained medical personnel to prevent or reverse overdoses. SCS are used by populations at higher risk of harms related to drug use and have been shown to reduce overdose deaths and the incidence of HIV and Hepatitis C infections by decreasing risky behaviours such as needle sharing. SCS also reduce public drug use and publicly discarded injection equipment, increase uptake of social and health services by those at risk, and have proven to be a cost-effective service. SCS do not contribute to higher crime activity in the vicinity surrounding a site or promote drug use.

In Peel, drug and substance use is not concentrated in one geographic area, and there is limited evidence to describe the most effective way to deliver SCS in communities with dispersed drug and substance use, similar to Peel. Current data do not capture useful community level information such as frequency of drug use, most commonly used drugs and injection or drug use practices, indicating a knowledge gap that should be addressed.

Study objectives

The objectives of the Region of Peel Needs Assessment and Feasibility Study for SCS were to better understand the community of PWUD in the Region of Peel, including demographics and drug use practices and document the perspectives of the community, including PWUD and key stakeholders with respect to the need and feasibility of SCS in Peel.

Study methods

The Study used both numbers, stories and opinions. This information was obtained through health and crime statistics available to Peel Public Health, and surveying PWUD, community members, and key informants.

APPENDIX II SUPERVISED CONSUMPTION SITE NEEDS ASSESSMENT AND FEASIBILITY STUDY RESULTS

For academic readers, this was a one-time convergent-parallel mixed methods study incorporating quantitative and qualitative data collected in parallel, analyzed separately, and then merged. The quantitative portion consisted of available health and police information (fatal and non-fatal overdose, blood-borne infections, other drug-related emergency department visits and hospitalizations), as well as new survey data collected through the PWUD and general community surveys. The aim of the quantitative data analysis was to describe the local context and determine the need for SCS.

The qualitative portion included data derived from the free-text questions in the PWUD survey and general community survey, as well as from key informant interviews. The aim of these data were to help inform the Region of Peel's understanding of the concerns and/or interests, feasibility, and need for SCS.

Findings

Drug and substance use in Peel

- Opioid-related morbidity and mortality within Peel has increased in the last 6 years, with a more rapid increase beginning in 2016. Emergency department visits and hospitalizations have also increased.
- There were 109 opioid-related deaths in 2018 in Peel.
- Most opioid-related deaths were associated with fentanyl (72% in 2017).
- Most opioid-related deaths occurred in the home (69% of deaths from May 2017 to March 2019), and 68% of people who died from overdose in 2018 were alone at the time of death.¹⁸
- Most paramedic calls where naloxone was administered occurred in Brampton and Mississauga, specifically Downtown Brampton and Cooksville, Mississauga.
- 12.6% of hepatitis C cases in 2018 reported injection drug use.
- The demand for harm reduction programs such as needle exchange and naloxone are increasing.

Drug use behaviours

- Most people surveyed (77.6%) used drugs daily.
- The most common location of drug use was their own home (64.6%).
- If use occurred in a public place, the most common were parks (45.8%), public washrooms (45.8%) and alleys (45.1%).
- 97% reported using drugs alone in their lifetime.
- Heroin (39.2%), crack/rock cocaine (38.3%) and crystal meth (28.6%) were the most commonly reported drugs used daily.
- 80% of respondents reported reusing needles.
- 64% of respondents had overdosed in their lifetime, with 39.6% experiencing an overdose in the last 6 months.
- 43% of respondents reported seeking out or accessing some type of treatment service in the last six months, with opioid substitution therapy (e.g., methadone or suboxone) being most common.

APPENDIX II**SUPERVISED CONSUMPTION SITE NEEDS ASSESSMENT AND FEASIBILITY STUDY RESULTS**

Thirty-nine per cent of respondents tried but were unable to access treatment programs in Peel in the last six months.

Public perception of drug and substance use

General community survey respondents reported a lack of awareness of the magnitude of drug and substance use leading to morbidity and mortality in Peel and acknowledged not fully understanding what services SCS offer. General Community Survey respondents were divided in their opinions on harm reduction. A common opinion expressed was that illegal drug use is a crime and criminal behaviour should not be supported. Other respondents felt SCS would be a step toward treating drug and substance use as a health issue rather than a criminal issue. There was acknowledgment that drug use is a complex social problem that requires support of the community with a coordinated plan to address the associated harms.

Among key informants there was general agreement that drug use existed throughout the Region of Peel. Respondents emphasized the link between mental health and addictions and the importance of planning treatment and supports accordingly. Key informants also perceived a greater risk of overdose and death with obtaining illegal drugs off the street that may be contaminated. It was felt that people are not calling 911 for overdoses because they are on probation, have outstanding charges and are worried about legal or criminal consequences.

Perceived benefits and concerns around SCS

Potential benefits

- 86.5% of PWUD survey respondents reported they would consider using SCS.
- 44% of general survey respondents thought SCS would be helpful for Peel. The most commonly reported benefits of SCS were reduced risk of injury and/or death from overdose (52%), connecting users and their families to health and social services (49%), reducing the risk of HIV/hepatitis C transmission (48%), less public drug use (45%) and less used needles in public (43%).
- Key informants expect SCS to increase safety for PWUD, decrease crime in neighbourhoods, improve efficiency in the health system through partnerships and system navigation, and decrease costs of substance use, emergency room visits and hospitalizations.

Potential concerns

- 61% of general community survey respondents reported having concerns with SCS in Peel with the most common concerns being more PWUD in the area (52%), more drug trafficking in the area (47%), decreased property values (46%), personal safety concerns (42%) and impact on the neighbourhood (45%).
- Key informants expressed concern about stigma and targeting of PWUD by other members of the community, potential protesters, and other selling drugs.
- Key informants identified the need for supports to prevent increases in crime and community perceptions that SCS are contrary to neighbourhood revitalization.

APPENDIX II SUPERVISED CONSUMPTION SITE NEEDS ASSESSMENT AND FEASIBILITY STUDY RESULTS

Strategies to mitigate concerns around SCS

Among PWUD survey participants, 13.5% reported they would not consider using a SCS or were unsure. When asked what may change their mind about utilizing the service, the most commonly reported factors were access to sterile equipment (41%), safe from crime (23%) and safe from being seen by police (23%).

Sixty-one per cent of general community survey respondents reported having concerns with SCS in Peel. The most common strategies to address concerns as identified by GCS respondents included evaluating the service to determine what is and is not working (55%) and informing the community about the goals of SCS and how they can help the community (42%).

To mitigate concerns around SCS, key informants suggested involving PWUD in determining service design and operational preferences in order to increase acceptability and ensure the services meet their needs. They also emphasized the importance of involving the community and having a way to manage concerns.

SCS operational preferences and services

Location

PWUD survey participants provided their first and second choice locations for SCS in Peel:

- 46% of respondents reported Downtown Brampton as their preferred location.
- 31% of respondents reported Cooksville in Mississauga as their preferred location.

Key informants identified location of an SCS as the most prominent consideration for both PWUD and community acceptability. Decisions around location(s) need to be driven by data and determined based on need, including:

- The number of people who use and where they live or where they acquire drugs.
- Number and location of overdoses and opioid-related EMS calls.

For PWUD, the location chosen should not increase stigma and consequently deter users. For the community, an SCS should be placed in the least sensitive area where the service can be provided, and there is minimal impact on the surrounding community (including smoke from inhalation drug use).

Type of Model

- 76% of PWUD surveyed selected a stand-alone SCS model as their preference. Stand alone models refer to independent facilities that are not integrated with pre-existing health or social services.
- Almost half of general community survey respondents (49%) felt that SCS would best fit in pre-existing health settings such as hospital or public health clinics or close to government buildings.
- Wraparound or integrated models, where multiple services are offered, were suggested by key informants.
- Mobile sites:
 - Key informants considered mobile sites to be a better option for less densely populated areas and for hard-to-reach locations.

APPENDIX II**SUPERVISED CONSUMPTION SITE NEEDS ASSESSMENT AND FEASIBILITY STUDY RESULTS**

- 38% of community respondents also felt that a mobile site would be the most effective model.
- Almost 40% of PWUD (38.6%) indicated preference for a mobile bus or van.

Services in SCS

Community members and key informants suggested that along with traditional harm reduction services there should be access through SCS to withdrawal services and counselling. Other health services could include testing drugs prior to use, testing for infectious diseases (HIV, Hepatitis B and Hepatitis C), flu shots and other basic medical care, such as wound care

Key informants emphasized the importance of inclusive services for reaching populations who face barriers that make them more vulnerable including:

- Women who experience violence and whose partners control their drug use;
- Youth who are more susceptible to harms of drugs, are more likely to have academic and behavioural issues and are at risk of homelessness due to family conflicts; and
- Newcomers who may be prone to social isolation and experience challenges navigating services.

Additionally, from the PWUD survey, 85% of respondents who identified as Indigenous reported access to Indigenous counsellors was important.

Recommendations

1. The Region of Peel would benefit from supervised consumption services (SCS)

Data on opioid-related harms, current harm reduction services and survey data collected from people who use drugs in this study indicate a need for SCS in the Region of Peel to reduce the morbidity and mortality related to opioids. Key informants, who represented leaders from community and governmental organizations, were largely supportive of SCS in the Region of Peel to reduce opioid-related harms.

2. The Region of Peel should consider the following locations for SCS sites:

- a. Downtown Brampton (the area flanked by Bovaird Street (north), Highway 410 (east), Queen Street (south) and Chinguacousy Street (west))
- b. Cooksville, Mississauga (the area flanked by St. Lawrence and Hudson Railroad (north), Cawthra Road (east), Queen Elizabeth Way (QEW) (south) and Mavis Road (west))
- c. Mobile sites to service less densely populated areas of the Region should be considered based on need and capacity.

Data from paramedic responses to overdose calls where naloxone was administered were highest in the areas of Downtown Brampton and Cooksville. Respondents from the survey of people who use drugs also identified these as preferred locations for SCS.

3. SCS should be implemented in consultation with people who use drugs, the general community and other service providers

Acceptability of SCS is dependent on consultation with people who use drugs on the types of services, location and other operational preferences. The general community should be involved in the implementation of SCS so there is a means to address concerns, increase understanding and support for these services.

4. Regular evaluation and monitoring of SCS should be conducted by the lead agency

Efficient and sustainable services require regular evaluation and monitoring to understand what has worked well and identify areas for improvement. This may include issues related to services available at SCS, as well as considerations related to establishing other sites including the possibility of a mobile SCS to provide services to less densely populated areas of the Region.

Next steps

- A lead agency interested in applying for and implementing an SCS should be identified.
- People who use drugs and the general community should be involved in the planning, implementation and evaluation of a potential SCS, with special consideration given to seeking input from women, youth, newcomers and Indigenous people.
- Education and outreach to the general community on the benefits and purpose of SCS should be planned.

Introduction

Drug and substance use

Drug and substance use is a significant public health concern that is associated with several health and social issues including death from overdose, transmission of infectious diseases, family and work life disruption, and concerns about neighbourhood safety.¹⁻³ People who use drugs (PWUD) are a vulnerable population often difficult to reach with traditional public health interventions and primary health care services.^{4,5} PWUD are faced with barriers to equitable health care compared to those with similar socioeconomic status who do not use drugs.⁵

Harm reduction interventions

As the number of deaths, injuries, and illnesses due to drug and substance use continues to increase in Ontario, the Ministry of Health ('Ministry'), many public health units and community organizations are working to enhance local harm reduction services. As defined by the Canadian Centre on Substance Abuse, harm reduction "focuses on those policies, programs and interventions that seek to reduce or minimize the adverse health and social consequences of drug use without requiring an individual to discontinue drug use."⁶ Examples of harm reduction services include overdose prevention sites (OPS), supervised consumption services (SCS) and the newer consumption and treatment service (CTS) model that incorporates harm reduction services with pathways to addiction treatment services, primary care, mental health, housing and other social supports.¹⁹

SCS have become increasingly common world-wide. Similar to supervised injection sites (SIS) and OPS, SCS allow PWUD to bring pre-obtained substances to consume in hygienic conditions under the supervision of trained medical personnel to prevent or reverse overdoses. Drugs may be consumed through injection, oral and intranasal routes of administration, unlike SIS (which only allow for injection). SCS are used by populations at higher risk of harms related to drug use and have been shown to reduce overdose deaths and the incidence of human immunodeficiency virus (HIV) and hepatitis C infections by decreasing risky behaviours such as needle sharing. SCS also reduce public drug use and publicly discarded injection equipment, increase uptake of social and health services by those at risk, and have proven to be a cost-effective service.⁸⁻¹⁰ SCS do not contribute to higher crime activity in the vicinity surrounding a site or promote drug use.⁸⁻¹⁰

In the fall of 2018, the Ontario government began a review of the SCS and OPS service delivery model to enhance connections to primary care, treatment and rehabilitation efforts.¹¹ The review proposed a new harm reduction model to supervised drug and substance use called consumption and treatment services (CTS). CTS will require integrated, wrap-around services for PWUD and include requirements to address community concerns where CTS are implemented. Mandatory services in the CTS model include:¹²

- Supervised consumption and overdose prevention;

APPENDIX II**SUPERVISED CONSUMPTION SITE NEEDS ASSESSMENT AND FEASIBILITY STUDY RESULTS**

- Onsite or access to addiction treatment;
- Onsite or access to primary care, mental health, housing and social supports; and
- Harm reduction services (i.e. education, harm reduction supplies and naloxone).

As possession of controlled substances is illegal in Canada, sites interested in operating a SCS must apply to the federal government to obtain an exemption under section 56.1 of the Controlled Drug and Substances Act. As of June 7th, 2019, Health Canada has approved 44 SCS throughout Canada with sites currently offering services in Alberta (n=8), British Columbia (n=9), Ontario (n=23), and Quebec (n=4). Following this trend, other Canadian cities have submitted applications for additional SCS including two sites in Alberta (Calgary and Medicine Hat), two in British Columbia (Victoria and Vancouver) and five sites in Ontario (Hamilton, London, Ottawa and Kitchener).¹³

Peel context

The Region of Peel is a diverse community of over 1.4 million people, consisting of the town of Caledon, and cities of Mississauga and Brampton. Peel has several harm reduction services for PWUD, including the Peel Works Needle Exchange Program ('needle exchange program') which distributes clean injection and inhalation equipment and naloxone. With the influx of highly potent opioids entering the illicit drug market, current programs and services are not enough to mitigate the harms associated with drug and substance use.

Harms associated with opioid use can be captured through data on emergency department (ED) visits, hospitalizations, overdose deaths and the burden of bloodborne infections such as HIV and hepatitis C. While these rates are lower in Peel compared to Ontario, there has been an increase over the past decade, with a more rapid rise since 2015, specifically for opioid-related morbidity and mortality.¹⁴ Needle exchange program data also suggest an increasing need for sterile drug equipment throughout the region, with a rapid increase in needles distributed and clients seen since 2016.¹⁵

In Peel, drug and substance use is not concentrated in one geographic area. There is limited evidence to describe the most effective way to deliver SCS in smaller cities or communities with dispersed drug and substance use. Currently available data do not capture useful community level information such as frequency of drug use, most commonly used drugs and injection or drug use practices, indicating a knowledge gap that should be addressed.

Objectives

The purpose of this study was to explore the perspectives of PWUD, other community members and key stakeholders on the acceptability, feasibility, and operational preferences for SCS. The study findings will inform discussions concerning the need for, and feasibility of, SCS in Peel Region.

The objectives of the Region of Peel Needs Assessment and Feasibility Study for SCS ('the Study') were to:

1. Better understand the community of PWUD in the Region of Peel, including demographics and drug use practices
2. Document the varied perspectives of the community of PWUD in the region of Peel, including:
 - a. Determination of the feasibility of SCS, including how likely they are to use the services
 - b. Preferences for SCS, including the location(s), features, and associated services
 - c. Supports needed to improve health of PWUD in Peel
3. Document the perspectives of community members and key stakeholders (including PWUD) in the region of Peel, including their:
 - a. Understanding of drug and substance use in the community
 - b. Familiarity of the purpose and evidence behind supervised consumption
 - c. Acceptability of, and preferences for, SCS in the community
 - d. Perceived benefits and potential consequences of SCS for both clients and community members who would not be accessing the services
 - e. Other suggested supports to improve the health of PWUD in Peel
4. Analyze available local drug and substance health data, social service availability, and local police information to help illustrate and describe the local context and need for SCS.

Methods

Study design

The study was a one-time convergent-parallel mixed methods study incorporating quantitative and qualitative data collected in parallel, analyzed separately, and then merged.

The aim of the quantitative data analysis was to illustrate and describe the local context and need for SCS. This included available health and police information (fatal and non-fatal overdose, blood-borne infections, other drug-related ED visits and hospitalizations, drug possession and trafficking), as well as new survey data collected through a survey of PWUD and a survey of the general Peel community.

The qualitative portion included data from free-text questions in the PWUD survey, general community survey and key informant interviews. The aim of this data was to help inform the Region of Peel's understanding of the concerns and/or interests, feasibility and need for SCS.

All instruments used for data collection, including the PWUD survey, general community survey, and key informant interview guide were adapted with permission from Dr. Thomas Kerr's toolkit used in various jurisdictions throughout Canada including British Columbia as well as London, Thunder Bay and Hamilton, Ontario.

This study was approved by the Hamilton Integrated Research Ethics Board (HiREB). The Region of Peel Public Health funded and carried out the study.

Data methods

Drug-related health and crime data

Quantitative data was used to illustrate and describe the local context and need for SCS in Peel, as well as assess the individual and community-level impacts of drug and substance use and overdose. The following information was analyzed from publicly-available crime data, and from health surveillance and health service utilization datasets available to Peel Public Health:

1. Incidence of fatal and non-fatal overdose
2. Blood-borne infections
3. Drug-related emergency department visits and hospitalizations
4. Harm reduction service use
5. Drug-related crime

APPENDIX II**SUPERVISED CONSUMPTION SITE NEEDS ASSESSMENT AND FEASIBILITY STUDY RESULTS****People Who Use Drugs (PWUD) survey**

A survey was conducted with people who self-identified as having used drugs in the past six months. The survey was comprised of seven sections: (1) demographic information, (2) drug use and injection practices, (3) supervised consumption sites, (4) location and service design, (5) overdose prevention sites, (6) experience of overdose, health and HIV/hepatitis C testing and (7) drug treatment, all with both single and multiple measure questions.

Participants were eligible for the PWUD survey if they:

- Were 16 years of age or older;
- Self-identified as using drugs within the last six months;
- Understood the English language; and
- Were able to provide informed consent.

Participants were primarily recruited through peer researchers staffed by Moyo Health and Community Services, formerly the Peel HIV/AIDS Network (PHAN). Peer researchers are often used in research settings where hard-to-reach populations are of interest. The “nothing about us, without us” principle states that interventions should not be decided for a population without the direct participation of members of the community who would use and benefit from the proposed intervention. Because these populations are often marginalized and hard to reach in typical study recruitment practices, we incorporated peer researchers into our recruitment procedure. This allowed for more in-depth knowledge of the concerns and barriers experienced by PWUD.¹⁶

Additional sources of recruitment included:

- Business cards – Distributed by peer researchers to PWUD to book appointments for survey participation;
- Posters – Throughout Peel, posters with study and contact information were placed at libraries, public areas, pharmacies, social service agencies etc., to attract PWUD to participate in the survey; and
- Word of mouth – Through peer researchers in the community and using snowball sampling methods.

Peer researchers invited PWUD to participate in a 45-minute survey. Participants were able to complete the survey on the spot with peer researchers at community locations or schedule an appointment with a peer researcher or research assistant to complete it at a later time. All participants were provided with a \$25 honorarium, regardless of survey completion.

Survey data were entered electronically through mobile tablets directly onto the secure online survey tool (Survey Monkey). Following survey completion, data were extracted from the Survey Monkey platform and exported to secure Region of Peel servers in Microsoft Excel compatible files and analyzed using descriptive statistics with Stata[®] MP 15.

APPENDIX II**SUPERVISED CONSUMPTION SITE NEEDS ASSESSMENT AND FEASIBILITY STUDY RESULTS****General community survey**

The online community survey was made available to community members through multiple channels including:

1. Region of Peel website;
2. Region of Peel social media (i.e. Twitter);
3. Email communications sent to Regional Council members and other Region of Peel staff;
4. Posters and flyers distributed to community partners;
5. Newspaper advertisements.

Participants were eligible to partake in the general community survey if they met the following criteria:

- 16 years of age or older;
- Lived, worked or attended school in the Region of Peel; and
- Had access to the Internet.

All data were entered electronically into Survey Monkey. Data were extracted from Survey Monkey onto secure Region of Peel servers. Qualitative data from the free text portion of the survey were manually analyzed in Microsoft® Excel® version 1902 using thematic extraction by two research members. Differences were resolved by consensus.

Key informant interviews

Key informants were selected by study investigators from five sectors including: (1) health care, (2) social services, (3) government and municipal services, (4) police and emergency services, and (5) the business and community sector. These individuals were identified as notable stakeholders, influencers and decision-makers. Informants were invited to participate in a one-hour interview via a standardized email script sent by the Principal Investigator. Following informed consent, a standardized set of questions adapted from Dr. Thomas Kerr's toolkit were used for each key informant interview. With permission, interviews were voice recorded to ensure correct transcription. All audio files were uploaded to Wordwrap Associates Inc. secure online server for transcription and sent back to the Region of Peel through the same secure server. All transcripts were then thematically analyzed.

Findings

Findings from the study were organized into seven common themes that emerged from data analysis:

1. **Characteristics of study participants**
2. **Drug and substance use in Peel**
3. **Public perception of drug and substance use**
4. **Perceived benefits and concerns around SCS**
5. **Strategies to mitigate concerns around SCS**
6. **SCS services and operational preferences**

Theme 1:

Characteristics of study participants

PWUD survey

Between December 6 and 21, 2018 a total of 150 participants who self-reported using drugs in the past six months completed the PWUD survey component of the Study (see appendix A for full survey results). Among the 150 survey respondents, 97% reported using drugs in the past 30 days.

Table 1 summarizes the demographic information of survey participants. Respondents ranged in age from 18 to 65 years, with a median age of 40 years. Fifty-two per cent of survey respondents identified as male. Eighty-three per cent of respondents were of white ethnicity, which aligns with what has been observed with accidental opioid-related deaths Between May 2017 to December 2018, 71% of accidental opioid-related deaths in Peel were among residents of white ethnicity.¹⁸

Table 1. Demographic information of PWUD Survey respondents in Peel Region

Characteristic (number of responses excluding refusals)	Proportion of Respondents
Street drug usage in the past 30 days (148)	96.6%
Age category (144)	
16-24	4.9%
25-34	19.4%
35-44	38.2%
45-54	22.9%
55-65	14.6%
Gender identity (149)	
Male	51.7%
Female	43.6%
Trans Woman	4.0%
Trans Man	nr
Ethnicity* (148)	
White	83.1%
Indigenous	8.8%
Black	6.8%
Other	12.2%
Places of Residence in last 6 months* (150)	
Own House/Apartment	57.3%
Someone's House/Apartment	42.7%
Street	40.0%
Crack House	39.3%
No Fixed Address	35.3%
Hotel/Motel	34.7%

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Shelter	25.3%
Hospital	19.3%
Jail	16.0%
With Parents	10.7%
Boarding House	8.0%
Rehab	5.3%
Medical Hostel	nr
Transitional Housing	nr
Highest Level of Education Completed (149)	
Primary School	15.4%
High school	61.1%
College or University	23.5%
Personal Gross Annual Income (148)	
Under \$5,000	6.8%
\$5,000 to \$10,000	9.5%
\$10,000 to \$15,000	17.6%
\$15,000 to \$20,000	20.3%
\$20,000 to \$25,000	16.2%
\$25,000 to \$30,000	12.2%
More than \$30,000	15.5%
Sources of Income in past 6 months* (148)	
Regular Job	14.9%
Temporary Work	15.5%
Self-employed	11.5%
Ontario Works (OW)	50.7%
Ontario Disability Support Program (ODSP)	28.4%
Canadian Pension Plan (CPP)	4.7%
Employment Insurance (EI)	nr
GST Rebate	8.1%
Recycling	5.4%
Panhandling	15.5%
Parent/Friend	8.1%
Theft	17.6%
Selling Needles	0
Selling Cigarettes	5.4%
Selling Drugs	21.6%
Other Criminal Activity	14.2%
Sex for Money	9.5%
Stipend	4.7%
Exchanged Goods for Sex in the past 6 months* (105)	
Money	27.6%
Drugs	24.8%
Gifts	15.2%
Shelter	12.4%
Food	7.6%
Haven't exchanged goods for sex	57.1%

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nr = not reportable due to low response (fewer than 5 respondents)

* = respondents could choose more than one answer, per centages can add up to more than 100%

Housing instability was apparent in this population, with 40.0% of respondents reporting living on the street in the previous six months, 25.3% reporting staying in a shelter, and 35.3% with no fixed address. Fifty-seven per cent of respondents had resided in their own home or apartment in the past six months.

Most survey respondents (61.1%) reported completing high school, and another 23.5% attended college or university. Seventy per cent of respondents reported earning less than \$25,000 per year (before taxes and deductions) which is lower than the 2016 median after-tax income of \$35,665 for individuals in Peel, and substantially lower than the 2016 median after-tax income of \$39,318 for individuals in Ontario.¹⁷ In terms of how respondents earn their money, the most commonly reported formal sources in the past six months included Ontario Works (50.7%) and Ontario Disability Support Program (28.4%). Fifteen per cent of respondents reported working a regular job, and 11.5% were self-employed. Informal sources of income included selling drugs (21.6%), theft (17.6%) and panhandling (15.5%). Sex for money was reported by 27.6% of respondents; 83% of those were women.

General community survey

The general community survey was accessible from December 6, 2018 to January 31, 2019 and received 557 eligible responses. Respondents ranged in age from 16 years to 55+, with 43% of our sample belonging to the 55+ age group. The 16 to-24-year-old age group was least represented. Respondents lived, worked or went to school in either Mississauga, Brampton or Caledon, with 41% providing Mississauga postal codes, 32% with Brampton postal codes and 27% with Caledon postal codes. The proportion of respondents from Mississauga and Brampton are comparable to the overall geographic distribution within Peel (52% of the population in Mississauga, 43% in Brampton and 5% in Caledon), with some overrepresentation from Caledon.²⁰

Other notable demographic information included previous use of harm reduction services. Seventy-seven per cent of our sample had never used harm reduction services in their lifetime, with approximately 1% reporting current use of harm reduction services.

Key informant interviews

Key informants were selected from five sectors, including: the healthcare sector, social services, police & emergency services, government & municipal services and the business & community sector.

Examples of organizations within each sector include:

- Healthcare Sector
 - Paramedics
 - Local Health Integration Network Chief Executive Officers
 - Health service directors
- Social Services

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- Executive Directors of shelters
- Community services directors
- Police & Emergency Services
 - Peel Region Police Services
 - Municipal Fire Departments
- Government & Municipal Services
 - Mayor's
 - Municipal Councillors
- Business & Community Sector
 - Chair's of Business Improvement Areas
 - School Board Officials

A total of 24 key informant interviews were completed, with 7 representatives from the healthcare sector, 5 from police & emergency services, and 4 each from social services, government & municipal services and the business & community sector.

Theme 2:

Drug and substance use in Peel

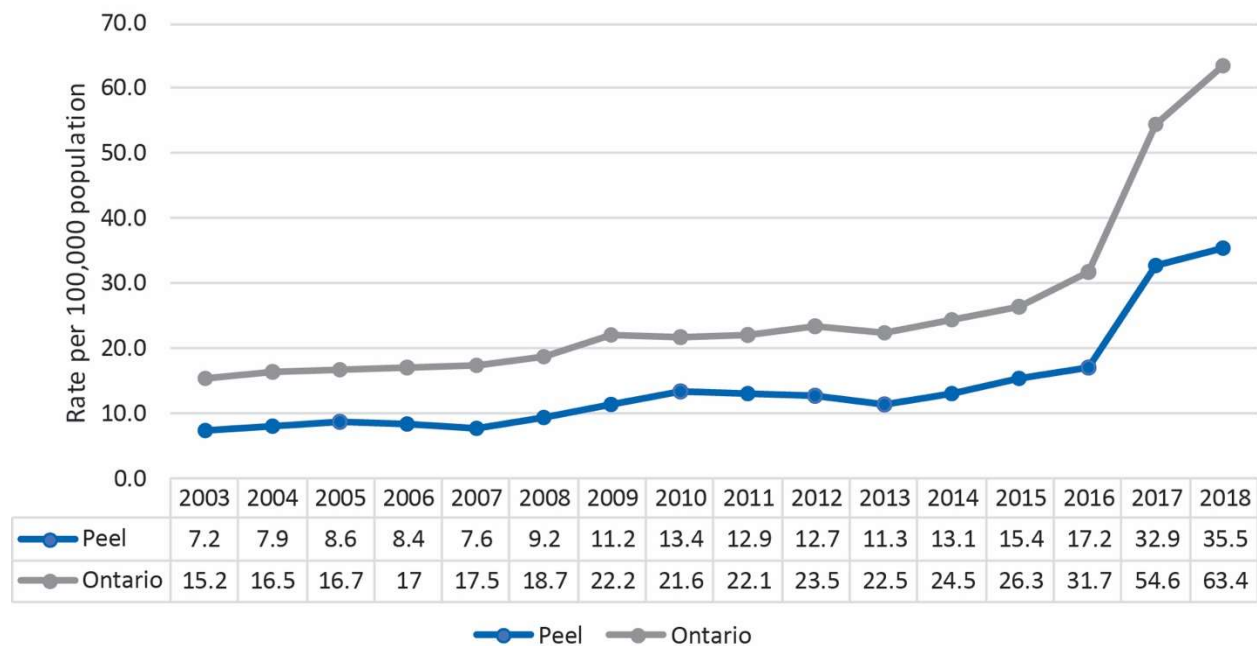
The following quantitative data was derived from datasets available to Peel Public Health to describe the current individual and community-level impacts of drug and substance use in Peel:

1. Morbidity and mortality data associated with opioid overdose;
2. Incidence of bloodborne infections;
3. Harm reduction service demand; and
4. Drug related crime data.

Fatal and non-fatal overdose

Data from the past 16 years suggest that there has been a steady increase in opioid-related morbidity and mortality within Peel, with a more rapid increase beginning in 2016. Since 2003, opioid-related ED visits have increased almost fivefold with a rate of 7.2 per 100,000 population in 2003 (corresponding to 80 visits), to 35.5 per 100,000 in 2018 (547 visits). Although rates are consistently lower in Peel than the province, opioid-related ED visits in Peel have increased at a higher rate than Ontario's (Figure 1).

Figure 1. Rates of opioid-related emergency department visits per 100,000 population, Peel and Ontario, 2003-2018



Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2019. Available from: publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool

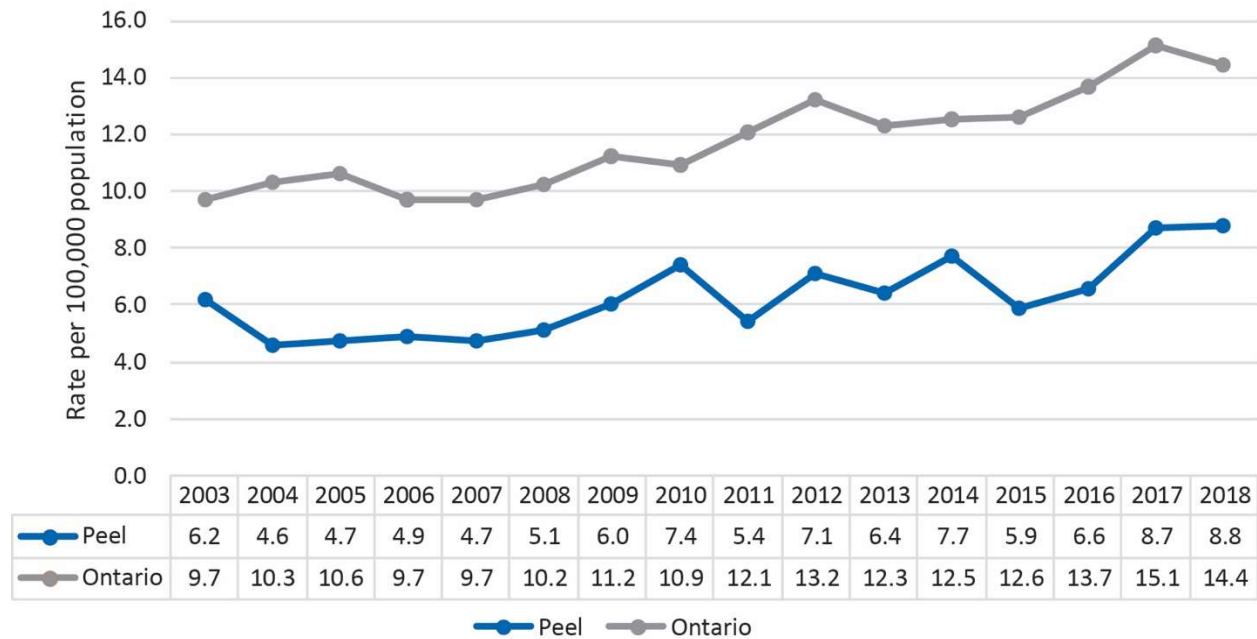
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A similar trend is noted for opioid-related hospitalizations, which has increased by 42% between 2003 and 2018, with a rate of 6.2 per 100,000 population in 2003 (corresponding to 69 hospitalizations) to 8.8 per 100,000 population in 2018 (135 hospitalizations). Opioid-related hospitalization rates in Peel are increasing at an almost equal rate to that of the province (Figure 2).

Figure 2. Rates of opioid-related hospitalizations per 100,000 population, Peel and Ontario, 2003-2018



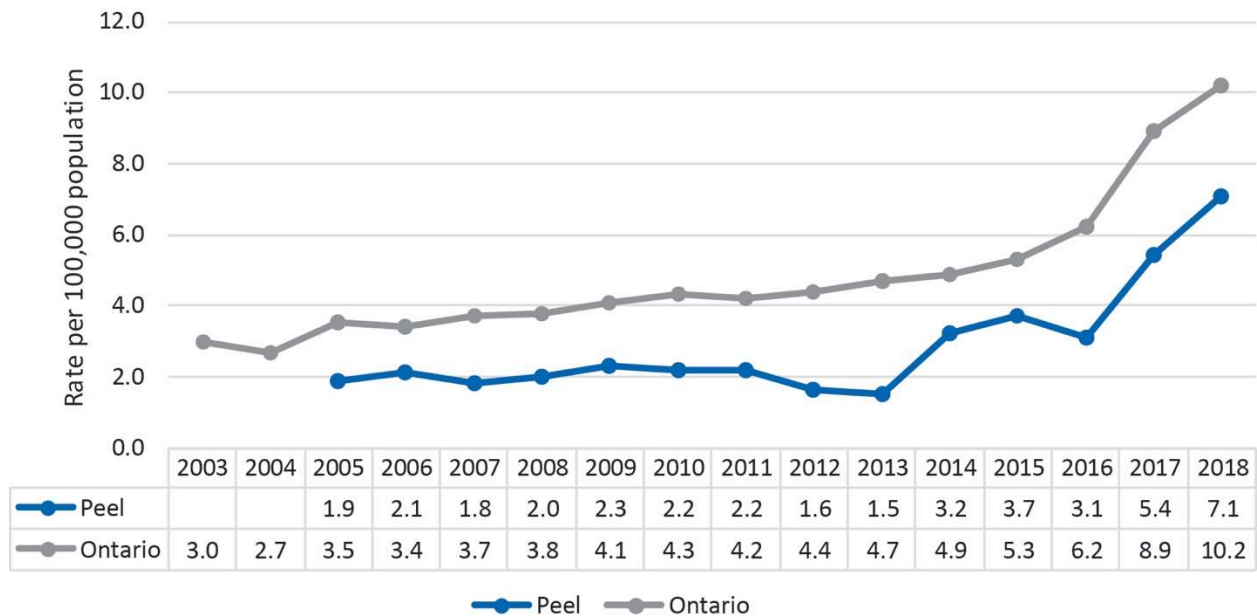
Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2019. Available from: publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool

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In 2018, the preliminary number of opioid-related deaths in Peel was 109, corresponding to a rate of 7.1 per 100,000 population; a 274% increase compared to 2005 when there were 23 deaths at a rate of 1.9 per 100,000 population (Figure 3). Approximately 77% of 81 opioid-related deaths in 2017 were males, with the majority (53%) between the ages of 25 to 44. In Peel, 72% of opioid-related deaths in 2017 were attributed to fentanyl, compared to 64% throughout the province. Recent data obtained from the Office of the Chief Coroner for Ontario indicate that among 200 accidental opioid-related deaths in Peel between May 2017 and March 2019, 69% were at home at time of death.¹⁸ Sixty-eight per cent (n=71) of people who died from opioid overdose in Peel in 2018 were alone at the time of death.¹⁸

Figure 3. Rates of opioid-related deaths per 100,000 population, Peel and Ontario, 2003-2018



Notes: Note: Mortality rates for Peel for 2003 and 2004 are unavailable. Death data for 2018 are considered preliminary and are subject to change.
 Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2019. Available from: publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool

The geographic distribution of opioid-related deaths in Peel is provided in Table 2. The majority of opioid deaths in Peel in 2017 and 2018 occurred in Brampton (n=38 in 2017, n=54 in 2018) and Mississauga (n=42 in 2017, n=53 in 2018). The geographic distribution of paramedic calls where naloxone was administered in Peel is provided in Figure 4, and shows more calls in Brampton and Mississauga in comparison to Caledon. A high density of calls was seen in Brampton within the boundaries of Sandalwood Parkway to the north, Chinguacousy Rd to the west, Steeles Ave to the south and Dixie Rd to the east, and in Mississauga within the boundaries of Burnhamthorpe Rd to the north, Mavis Rd to the west, QEW to the south and Cawthra Rd to the east.

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Table 2: Opioid-Related Deaths by Location of Overdose by Census Subdivision, 2017 and 2018

Census Subdivision	2017		2018	
	Deaths	Rate per 100,000	Deaths	Rate per 100,000
Brampton	38	6.4	54	9.1
Mississauga	42	5.2	53	6.5
Caledon	3	4.5	4	6.0

Source: Office of the Chief Coroner – Data effective Aug 16, 2019

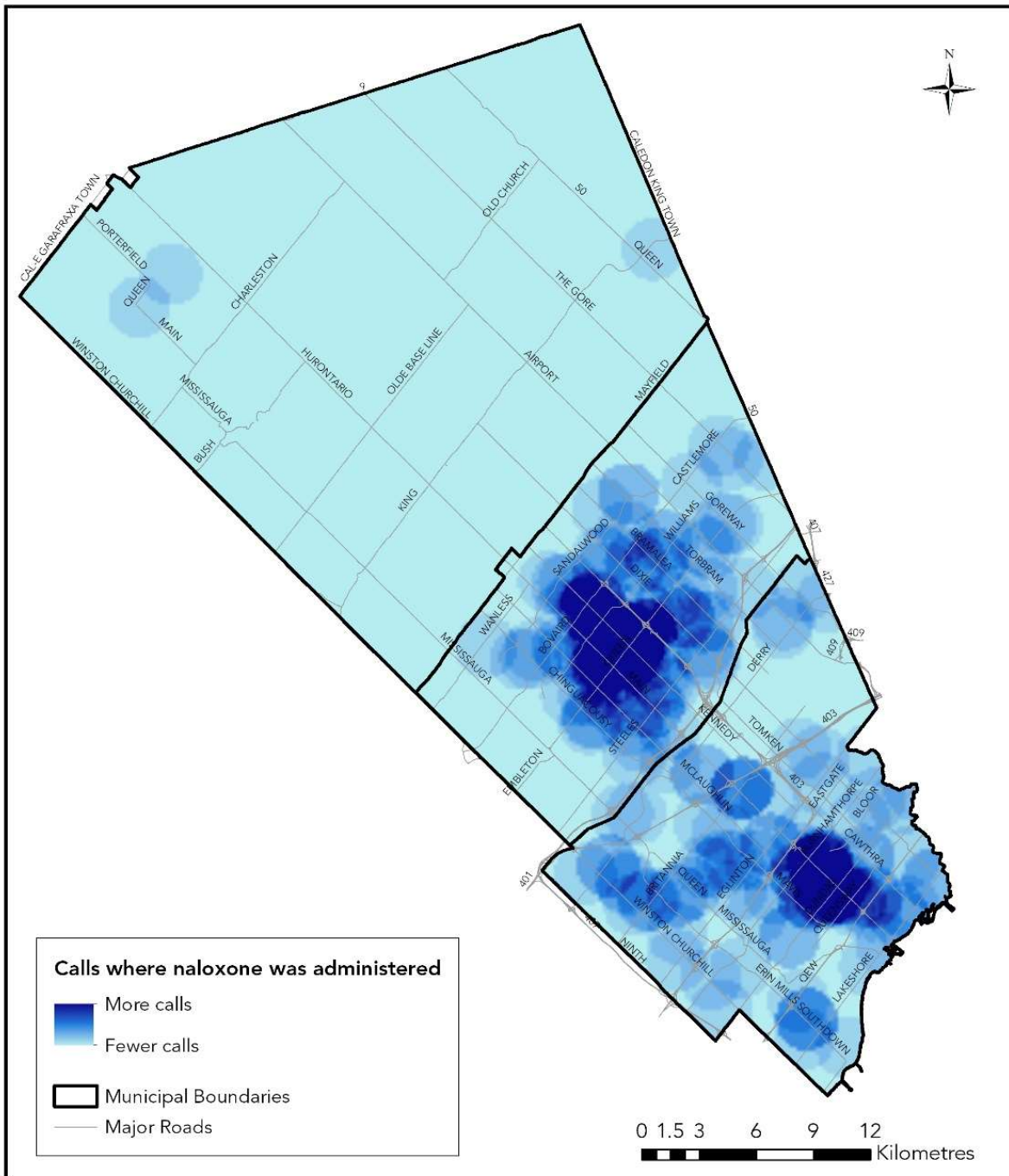
Note: Categorization of cases to census subdivision was prioritized by the postal code of location of incident, followed by location of death and then location of residence. In situations where there was no specific postal code for incident location (i.e., died outdoors), the postal code where the individual died may have been used to categorize the case.

Note: 2018 data is preliminary and there may be small updates to the 2018 totals in some regions.

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Figure 4: Paramedic calls where naloxone was administered in Peel, 2018

Paramedic calls where naloxone was administered:
 Peel Region, January 1, 2018 to December 31, 2018



Prepared by Infection Prevention & Surveillance, Region of Peel - Public Health on 2019-08-28.
 Note: 206 of 212 calls were mapped. 6 calls had a missing postal code or a postal code that could not be geocoded.
 Source: Interdev iMedic, Peel Regional Paramedic Services, 2019-08-28

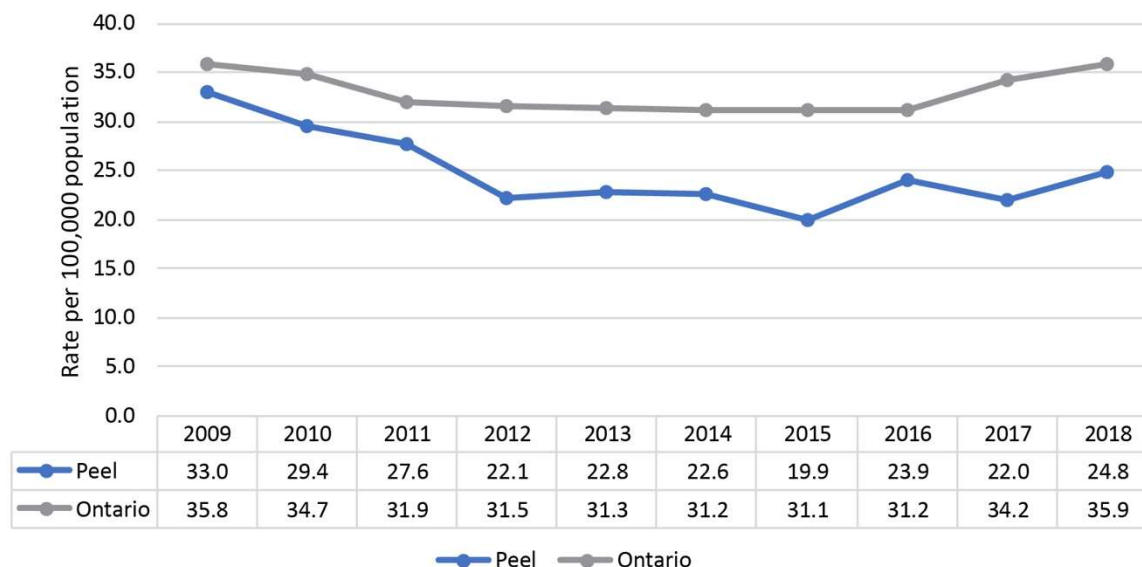
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Bloodborne infections

In 2018, there were 376 newly reported cases of hepatitis C in Peel, with a rate of 24.8 cases per 100,000 population when adjusted for age. This was lower than the provincial age-standardized rate of 35.9 per 100,000 population (Figure 5). Fifty-nine per cent of newly reported hepatitis C cases in Peel in 2018 were male, with the highest reported number of cases attributed to males aged 30 to 34 years old (n=35). Among 269 hepatitis C cases in 2018 who reported at least one risk factor to public health, 12.6% (n=34) reported injection drug use.

Figure 5. Age-standardized rate per 100,000 population of newly reported hepatitis C cases, Peel and Ontario, 2009-2018



Sources: Ontario Ministry of Health. Integrated Public Health Information System (iPHIS), 2009-2018, extracted by Region of Peel – Public Health on 2018/05/09. Population Estimates, 2009-2016, Statistics Canada. IntelliHEALTH Ontario, Ministry of Health. Population Projections, 2017-2018, Ontario Ministry of Finance. IntelliHEALTH Ontario, Ministry of Health.

Rates of new cases of HIV infection have remained relatively stable between 2007 and 2017 in both Peel and Ontario. In Peel, there were 51 new HIV infections in 2017, with an age-standardized rate of 3.4 per 100,000 population. This is lower than provincial rates for new HIV infection (6.0 per 100,000 population in 2017). Only 3% of HIV cases between 2008 and 2017 reported injection drug use. Similar to hepatitis C, HIV has been higher amongst males than females between 2007 and 2017, with 73% of new infections occurring in males.

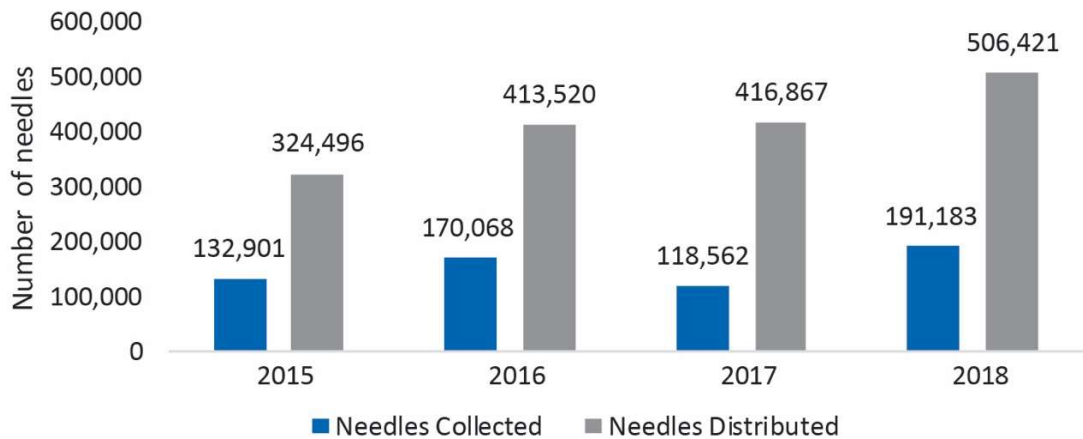
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Harm reduction service use

The Peel Works Needle Exchange Program ('needle exchange program') is a mobile harm reduction service that provides clean injection and inhalation equipment, naloxone kits, and accepts used needles for safe disposal. The number of client interactions, needles and naloxone distributed have been increasing on a yearly basis. Between 2015 and 2018, the needle exchange program has increased needle distribution by 56% with over 500,000 needles distributed in 2018 and a return rate of approximately 40% (Figure 6). Since beginning naloxone distribution in March 2017, the needle exchange program has distributed over 1,700 naloxone kits. Of the 1,376 naloxone kits distributed in 2018, a total of 236 needle exchange program clients (17%) reported administering their previous naloxone kit. Among these clients, 34% had 911 called when naloxone was administered, and 63% did not have 911 called.¹⁵

Figure 6. Number of needles distributed and estimated number of needles collected from Peel Works Needle Exchange Program, Region of Peel, 2015-2018



Note: While the number of needles distributed are exact, the amount of needles collected is estimated.
Source: Peel Public Health. Peel Works Needle Exchange program data. May 30th, 2019.

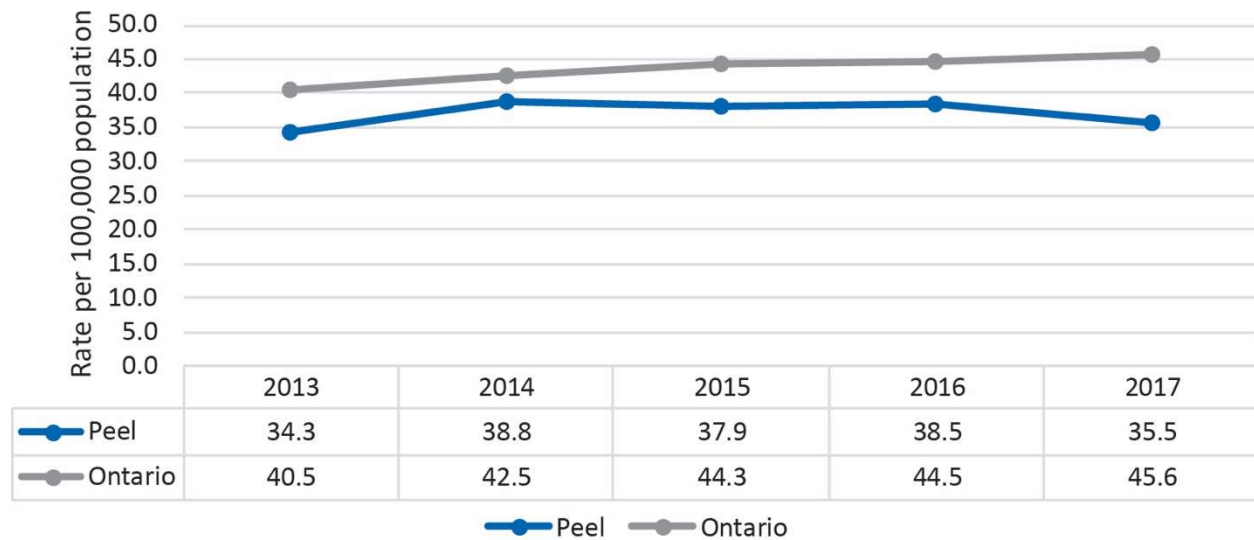
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Police service data

Drug-related incidents, specifically possession and trafficking, production and distribution (excluding cannabis) are shown in Figures 7 and 8. The rate of incidents of drug possession in Peel has been lower than the province's (Figure 7), and has remained relatively stable, with a 3.5% rate increase between 2013 (477 incidents, representing a rate of 34.3 per 100,000 population) and 2017 (535 incidents, representing a rate of 35.5 per 100,000 population). Ontario's rate of drug possession increased 12.5% between 2013 and 2017.

Figure 7. Incident-based rate per 100,000 population of drug possession, Peel and Ontario, 2013-2017



Notes : Includes incidents for possession of cocaine and other Controlled Drugs and Substances Act drugs. The Peel incidents include: Peel Region (Mississauga/Brampton), municipal; Caledon Ontario Provincial Police, municipal; and Caledon, Ontario Provincial Police, rural.

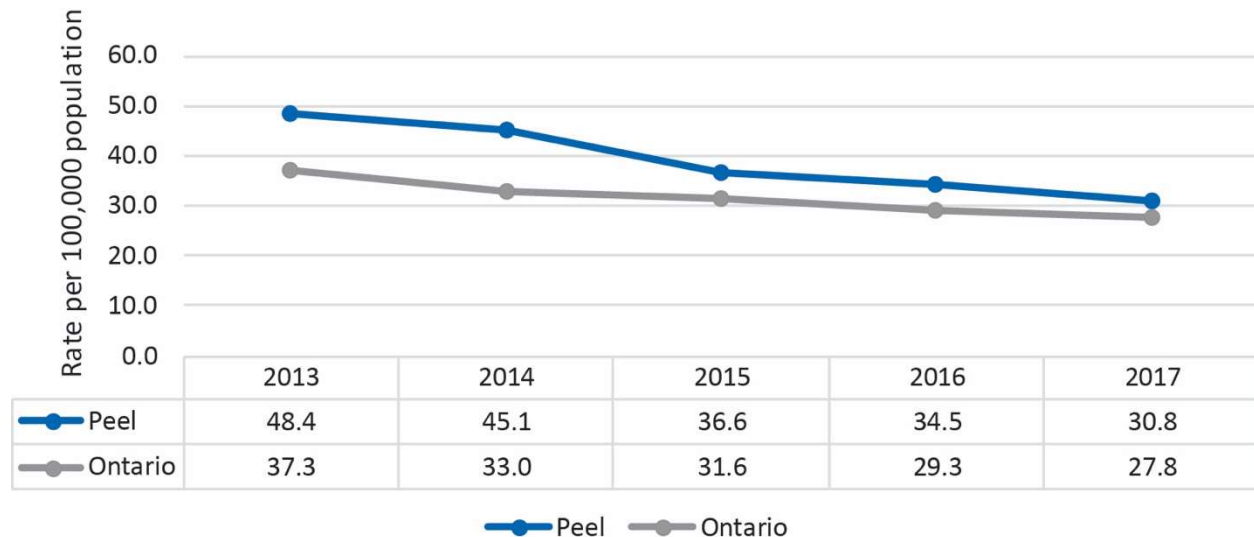
Sources: Statistics Canada. Table 35-10-0180-01 Incident-based crime statistics, by detailed violations, police services in Ontario 150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=3510018001. Population Estimates, 2013-2016, Statistics Canada. IntelliHEALTH Ontario, Ministry of Health. Population Projections, 2017, Ontario Ministry of Finance. IntelliHEALTH Ontario, Ministry of Health.

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Between 2013 and 2017, Peel had higher rates of drug trafficking, production and distribution compared to Ontario (Figure 8). However, there was a decreasing trend of rates in this period for both Peel and Ontario, with Peel seeing a 31.1% decrease from 48.4 incidents of trafficking, production or distribution per 100,000 population in 2013 to 30.8 per 100,000 population in 2017.

Figure 8. Incident-based rate per 100,000 population of drug trafficking, production and distribution, Peel and Ontario, 2013-2017



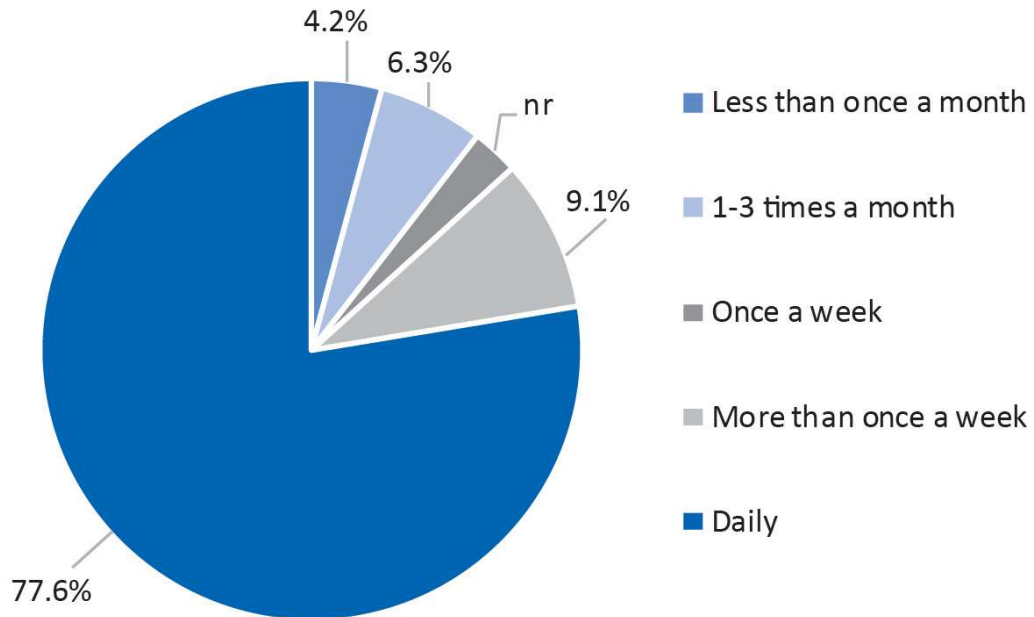
Notes: Includes incidents for trafficking, production or distribution of cocaine and other Controlled Drugs and Substances Act drugs. The Peel incidents include: Peel Region (Mississauga/Brampton), municipal; Caledon Ontario Provincial Police, municipal; and Caledon, Ontario Provincial Police, rural.

Sources: Statistics Canada. Table 35-10-0180-01 Incident-based crime statistics, by detailed violations, police services in Ontario 150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=3510018001. Population Estimates, 2013-2016, Statistics Canada. IntelliHEALTH Ontario, Ministry of Health. Population Projections, 2017, Ontario Ministry of Finance. IntelliHEALTH Ontario, Ministry of Health.

Drug use behaviours

The majority of respondents of the PWUD survey (77.6%, 111 of 143) reported using drugs daily (Figure 9). On average, respondents used five times daily, with a range of one to 20 times per day.

Figure 9. Frequency of drug use in the last six months, Region of Peel PWUD Survey (n=143)



nr = not reportable due to low response (fewer than 5 respondents)

Source: Region of Peel SCS NAFS, Survey for People Who Use Drugs, 2019

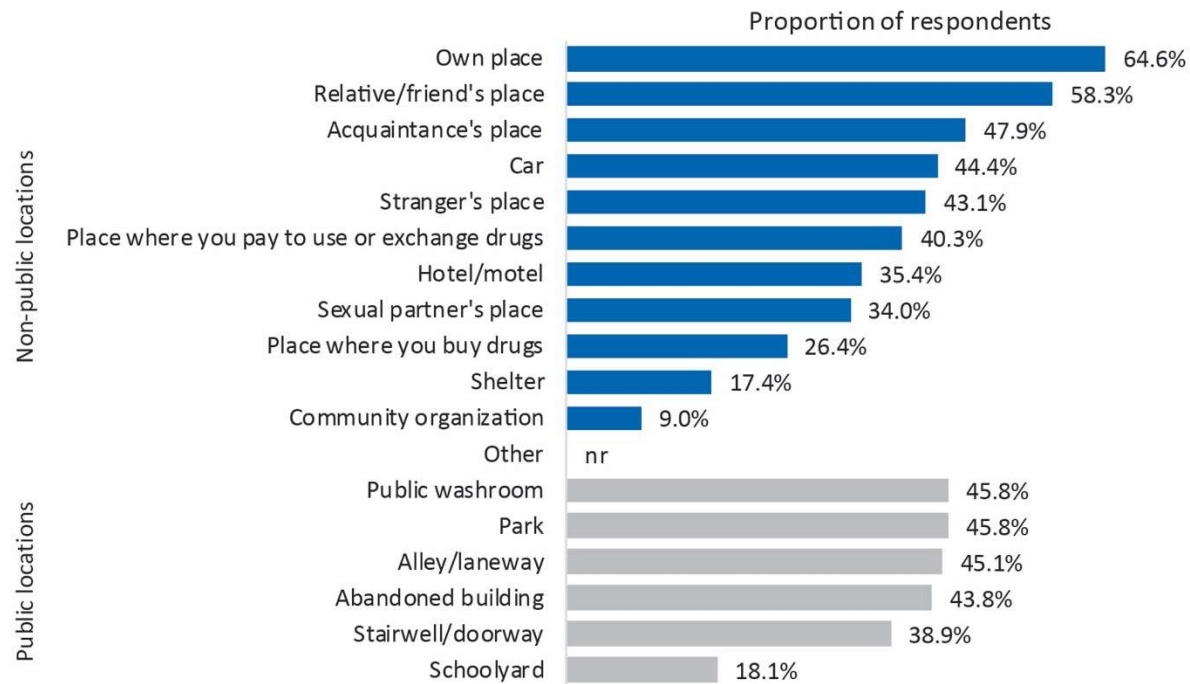
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The most commonly reported location of drug use was at respondents' own homes (64.6%, 93 of 147) (Figure 10). In public settings, the most common places of use were:

- Parks (45.8%, n=66);
- Public washrooms (45.8%, n=66); and
- Alleys (45.1%, n=65).

Figure 10. Places of drug use in the last six months, Region of Peel PWUD Survey (n=144)



nr = not reportable due to low response (fewer than 5 respondents)
Source: Region of Peel SCS NAFS, Survey for People Who Use Drugs, 2019

Eighty-five per cent of respondents (122 of 144) reported using drugs in public at least once in the last six months, with 47.2% of respondents (68 of 144) using in public usually or always. Among the 122 respondents reporting public drug use, the most common reasons for using in public were:

- Convenience to where respondents spend time (54.6%, n=65);
- Homelessness (37.8%, n=45); and
- Having nowhere safe to use near where respondents purchased drugs (33.6%, n=40).

Respondents were also asked about drug use practices, including using alone, injecting drugs and most commonly used drugs. Ninety-seven per cent of respondents (142 of 147) reported using drugs alone in their lifetime, among whom 81 respondents (57.0%) reported using drugs alone usually or always in the last six months.

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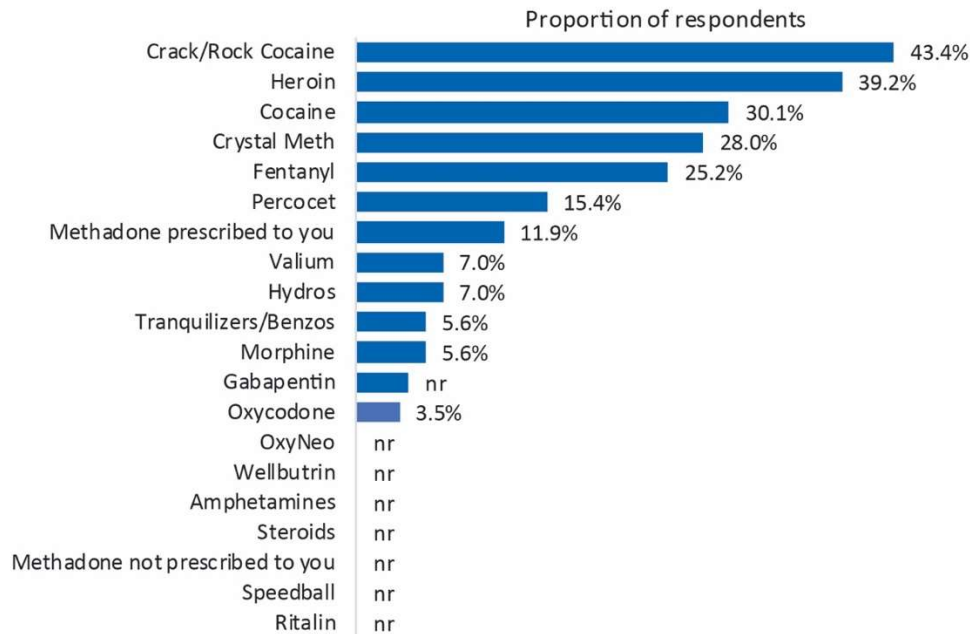
Among the 93 participants who reported injection drug use, half (n=47) required help injecting, citing not being able to find a vein (37.1%, 13 of 35 respondents) and not knowing how to inject (28.6%, 10 of 35 respondents) as the reasons why they needed help. Notably, 70% (105 of 150) of respondents refused to answer when asked how often they reused needles for more than one injection. Among those who did answer (n=45), 80.0% reported reusing needles (either with someone, or on themselves) in the past 6 months, while 20.0% reported never reusing needles.

When asked about which drugs were used most in the last six months, the most commonly reported drugs among 143 respondents were (Figure 11):

- Crack/Rock Cocaine (43.4%, n=62);
- Heroin (39.2%, n=56);
- Cocaine (30.1%, n=43);
- Crystal Meth (28.0%, n=40); and
- Fentanyl (25.2%, n=36)

Heroin (39.2%, 47 of 120 respondents), crack/rock cocaine (38.3%, 49 of 128 respondents) and crystal meth (28.6%, 34 of 119 respondents) were the most commonly reported drugs used daily.

Figure 11. Most used drugs in the last six months, Region of Peel PWUD Survey (n=143)



nr = not reportable due to low response (fewer than 5 respondents)
Source: Region of Peel SCS NAFS, Survey for People Who Use Drugs, 2019

Eighty per cent of respondents (118 of 147) reported they had received drugs cut with another substance. Of 119 respondents who reported receiving tainted drugs or were unsure their drugs were tainted, 41.2% (n=49) were trying to use heroin at the time. The majority of these respondents (n=43) believed their drugs were cut with fentanyl.

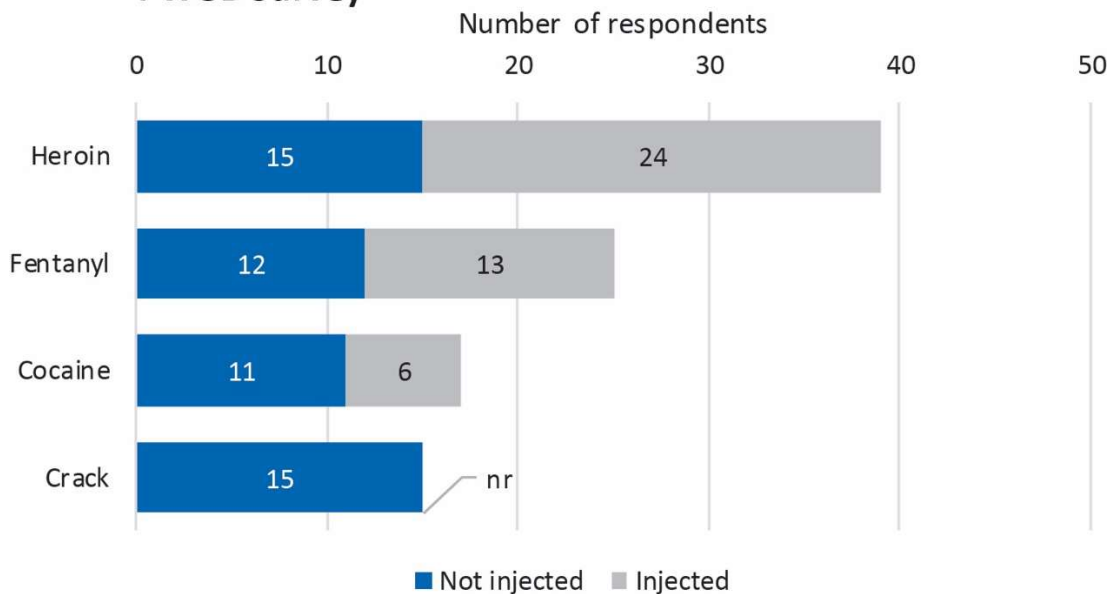
Overdose and access to treatment

Experiences with Overdose

Sixty-four per cent of PWUD survey respondents (91 of 143) had overdosed in their lifetime, with 39.6% (36 of 91) experiencing an overdose in the last six months.

When asked about drugs involved in their last overdose, the most commonly reported drug was heroin (n=39), of whom 24 (61.5%) reported injecting it. Figure 12 depicts which drugs were most commonly involved in overdose.

Figure 12. Most commonly reported drugs involved in respondents' most recent overdose, Region of Peel PWUD Survey



nr = not reportable due to low response (fewer than 5 respondents)
Source: Region of Peel SCS NAFS, Survey for People Who Use Drugs, 2019

Notably, one in eight overdoses (12.5%; 11 of 88) were reported to occur on the street, with another 37.5% of participants (33 of 88) reporting that their overdose occurred in their own home.

Fifty-four per cent of respondents who experienced an overdose (49 of 90) did not have 911 called and 51.2% (43 of 84) were not taken to hospital. Twenty-three per cent (18 of 79) were offered transport to hospital but refused. Forty-six per cent of respondents (38 of 82) were given naloxone at the time of their last overdose. The majority of these 38 respondents reported that naloxone was administered by a community member (e.g., partner, family, friend, stranger). Six (15.8%) were given naloxone by a first responder.

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In the last six months, 71.5% of PWUD survey respondents (98 of 137) reported witnessing an overdose. Nearly 70% of respondents (68.9%; 91 of 132) reported fearing being arrested when they or someone else overdosed.

Treatment

Forty-three per cent (63 of 145) of PWUD survey respondents reported seeking out or accessing some type of treatment service in the last six months, with opioid substitution therapy being most common:

- Methadone maintenance therapy (52.5%, 32 of 61);
- Detox with methadone/suboxone (23.0%, 14 of 61); and
- Detox with other prescription drugs (13.1%, 8 of 61).

Thirty-nine per cent of 143 PWUD respondents tried but were unable to access treatment programs in Peel in the last six months.

Theme 3:

Public perception of drug and substance use

Several themes were extracted from qualitative responses to the General Community Survey and from the key informant interviews around the overall perception of drug and substance use.

Awareness of the magnitude of drug and substance use related health outcomes in Peel

General Community Survey

General community survey respondents reported a lack of awareness of the magnitude of drug and substance use leading to morbidity and mortality in Peel:

“I have no idea about the size of the overdose issue in Peel or if it even is an issue.”
– General Community Survey respondent

Other respondents also reported not fully understanding what is offered at supervised consumption sites:

“I am not aware whether these sites provide clean needles and other services or are simply a place to use drugs under supervision in case of an overdose- so my answers are not well informed”
– General Community Survey respondent

Key Informant Interviews

There was general agreement among key informants that drug use existed throughout the Region of Peel. However, given the geographic size and different populations in the Region, drug use was seen as either stable or increasing in pockets, especially in the more densely populated areas. Problem drug use was perceived to be from illicit or prescription drugs as well as from alcohol and marijuana. Participants noted that drug use could be seen across the socioeconomic spectrum and highlighted the complexity of factors leading to and stemming from drug use.

The following themes arose from key informants when asked about their understanding of drug use in Peel:

- **Overdoses and deaths** – the numbers of people overdosing, dying, or acquiring brain injury from overdoses was brought up often, along with the impact of these on service use, such as police and emergency services, and on families and the community who care for or lose loved ones because of drug use. Impaired driving was also seen to lead to injuries or deaths.
- **Infectious diseases** – key informants demonstrated understanding that PWUD can contract blood-borne infections, such as HIV and hepatitis B and C, from sharing needles and can have injection-related infections, such as skin infections and endocarditis. Blood-borne infections can

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spread to non-drug users through sexual contact and other means such as maternal to fetal transmission. Discarded needles were seen as a health threat to the community.

- **Mental health and addictions** – the link between mental health and addiction, and its importance for planning treatment and supports for PWUD and their families was discussed. These problems were seen as intertwined, with early drug use leading to mental health problems and mental health problems leading to drug use. Mental health and addictions can impact relationships and cause social isolation, worsening these problems.
- **Economic and employment challenges** – key informants acknowledged PWUD face problems finding and maintaining jobs due to workplace policies restricting drug use leading to potential loss of jobs and further economic challenges.
- **Lack of services or stigma within services** – rural areas were perceived as having few services available and long waitlists for services such as youth mental health services or housing. PWUD may be reluctant to access health and social services if they are seen as judgmental or stigmatizing. Lack of services also affects friends and families of PWUD who may be seeking supports for dealing with their loved ones' drug use.
- **Criminalization and other policy-related issues playing a role in harms of drug use** – key informants believed when substances are illegal, there is a risk associated with obtaining drugs off the street that may be contaminated, which can lead to overdoses and deaths. It was felt that people are not calling 911 for overdoses because they are on probation or have outstanding charges and are worried about legal or criminal consequences.
- **Considerations for specific groups** – special considerations were noted for women, youth and newcomers. Key informants identified women drug users who suffer from violence and whose partners control their drug use as especially vulnerable. Youth were seen as more susceptible to harms of drugs, are more likely to have academic and behavioural issues and are at risk of homelessness due to family conflicts. Newcomers were perceived to be more prone to social isolation and may have a harder time navigating services.
- **Existing interventions for addressing drug-related harms in the community-** Many key informants were unfamiliar with specific existing interventions for addressing drug-related harms. However, there was acknowledgement of agencies playing roles in acute responses, such as overdoses, in the prevention and management of drug-related harms, in harm reduction strategies, such as methadone clinics and needle exchange programs, and community health and social services. There was a wide range of knowledge about SCS and OPSs—from not being familiar at all to almost half of respondents being very familiar with SCS, the rationale behind them, and how they functioned. There were specific knowledge gaps identified around services provided at and expectations of SCS.

Harm reduction as a polarizing moral issue

General Community Survey respondents were divided in their opinions on harm reduction. A common opinion expressed was that illegal drug use is a crime and criminal behaviour should not be supported. Respondents believed tax payers should not be held responsible for harms associated with drug use and suggested that people who use drugs should be held responsible for their decisions and the consequences

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that come with drug and substance use. Respondents worried that SCS would enable drug use and not address the root causes of addiction.

“Drug addicts need therapy and not a “safe” place to use drugs”

– General Community Survey respondent

*“I can see how those individuals who use the SCS would be safer
but what I don’t see is how this effectively addresses the problem of opioid use”*

– General Community Survey respondent

Other respondents felt SCS would be a step toward treating drug and substance use as a health issue rather than a criminal issue. There was acknowledgment that drug use is a complex social problem and that it is important to remove criminal consequences to drug use to increase support and treatment for addiction. Respondents felt the issue of drug and substance use required the support of the community with a need for a coordinated plan to address the associated harms.

Approaches to addressing drug use

General community survey respondents provided the following strategies for addressing drug and substance use:

- Treat the underlying causes of drug use and addiction such as mental illness, early childhood trauma and experiences, and loneliness.
- Provide rehabilitation and treatment services
- Reduce supply and distribution of illegal drugs through enforcement
- Reduce stigma by increasing awareness in the community around the complexity of drug use and addiction
- Educate people on the harms of drug and substance use
- Engage key advocates and stakeholders in developing solutions and reducing stigma including social service organizations, religious leaders, first responders including paramedics and police, PWUD and their families.

Theme 4:

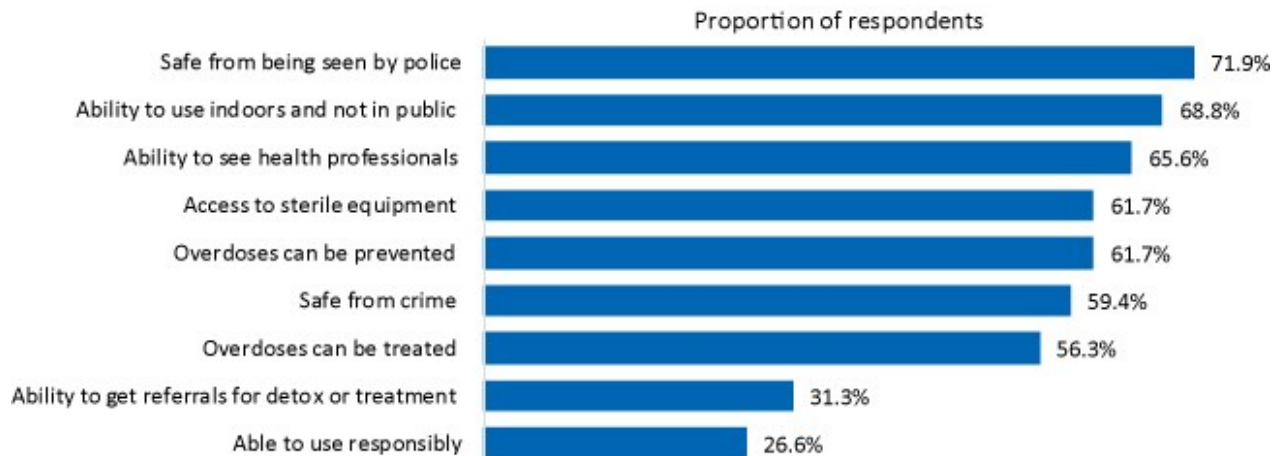
Perceived benefits and concerns around SCS

PWUD Survey

There were many benefits of SCS reported by PWUD (Figure 13). Of those who reported they would or maybe would consider using SCS (n=128) the most common reasons were as follows:

- Safe from being seen by police (71.9%);
- Ability to use indoors and not in public (68.8%);
- Ability to see health professionals (65.6%);
- Access to sterile equipment (61.7%); and
- The prevention of overdoses (61.7%).

Figure 13. Reasons for using a SCS, Region of Peel PWUD Survey (n=128)



Source: Region of Peel SCS NAFS, Survey for People Who Use Drugs, 2019

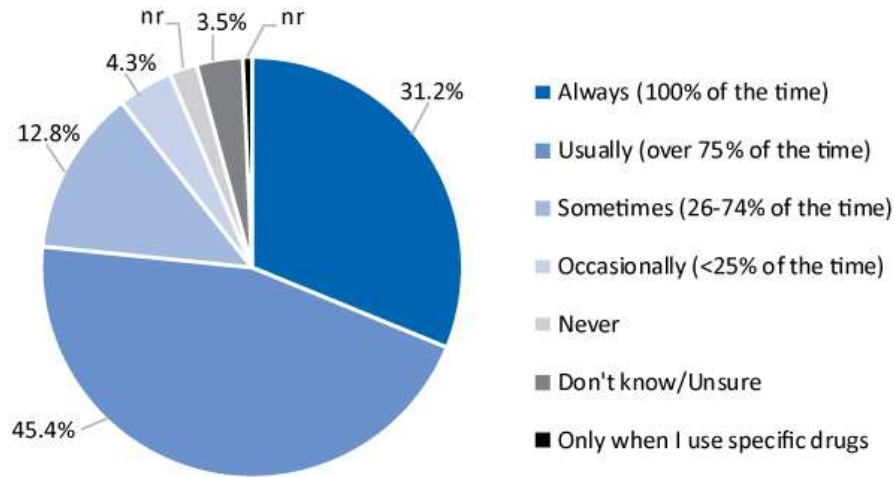
The majority (122 of 141, 86.5%) of PWUD survey respondents reported they would consider using SCS, while 8.4% (n=10) said they would not.

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Respondents were also asked how often they would use SCS if implemented in a convenient location (Figure 14). Seventy-seven per cent of respondents reported they would use SCS over 75% of the time to use drugs.

Figure 14. Frequency of SCS access to use drugs, Region of Peel PWUD Survey (n=141)



nr = not reportable due to low response (fewer than 5 respondents)
Source: Region of Peel SCS NAFS, Survey for People Who Use Drugs, 2019

Although SCS were deemed beneficial by most PWUD survey respondents, 13.5% (19 of 141) reported they would not or were unsure about using SCS. The most commonly reported reasons for not accessing SCS were:

- Not wanting to be seen using SCS (55.6%, n=10);
- Not wanting to be known as a drug user (22.2%, n=4);
- Not knowing enough about SCS (22.2%, n=4); and
- Fearing being caught with drugs by police (16.7%, n=3).

General community survey and key informant interviews

There was mixed support for SCS from respondents of the general community survey. Approximately 44% of respondents thought that SCS would be helpful in Peel, 42% did not think SCS would be helpful, 5% had a neutral opinion, and 9% were unsure. The following were the most commonly reported benefits of SCS:

- Reduced risk of injury and/or death from overdose (52%);
- Connecting users and their families to health and social services (49%);
- Reducing the risk of HIV/hep C transmission (48%);
- Less public drug use (45%); and
- Less used needles in public (43%).

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Qualitative responses from the community survey and key informant interviews addressed several individual, community-level and system-level benefits including, but not limited to:

- Treating drug use and addiction as a health issue, which could decrease stigma and help people get off drugs.
- Demonstrating kindness and providing hope to people living with addiction.
- Showing that Peel residents understand the complexity of drug use and addiction.

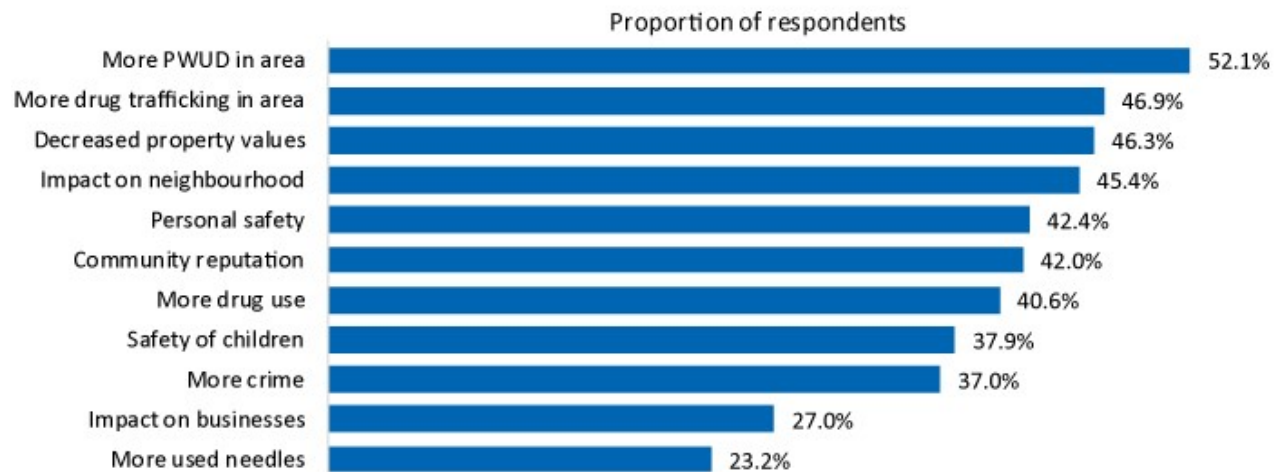
Key informants listed the following additional benefits:

- Increased safety for PWUD by having professionals or peers on-site for supervised consumption, offering those who need it a chance to learn how to inject properly, allowing for testing of drugs prior to use to make sure there are no unexpected substances in the drugs, and informing other drug users and police if there are bad batches of drugs circulating in the community.
- Decreasing crime in neighborhoods by having a safe place to use drugs. Special safety considerations were mentioned by participants for women and youth.
- Helping improve efficiency in the health system by building partnerships and improving system navigation for PWUD by coordinating services.
- Decreasing costs by addressing substance use but also by shifting services to more appropriate use/levels, decreasing number of emergency room and hospital visits and avoiding duplication of services.

Sixty-one per cent of respondents reported having concerns with SCS in Peel (Figure 15), with the most common concerns being:

- More PWUD in the area (52%);
- More drug trafficking in the area (47%);
- Decreased property values (46%);
- Personal safety concerns (42%); and
- Impact on the neighbourhood (45%).

Figure 15. Reported concerns about SCS (n=22), Region of Peel General Community Survey



Source: Region of Peel SCS NAFS, General Community Survey, 2019

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Qualitative responses from the community survey demonstrated the following additional concerns:

- Concern that SCS would normalize, promote and enable drug use.
- Concern around proximity of sites to schools and exposure to children.
- Concern around the financial cost of SCS to taxpayers and the community.
- Resources could be better used for other issues or could be directed toward drug use prevention and treatment efforts.
- Concern around barriers to access SCS for PWUD including increased police presence around SCS and accessibility of location given the geographic dispersion of PWUD throughout the region.

Key informants brought forward the following concerns:

- Concern around stigma and targeting of PWUD by others who know people are using, by potential protesters, or by those selling drugs.
- Concern that if not fully supported and supervised, an SCS could increase crime, such as petty theft, generally, and liability specifically for the landlord.
- Proper supports and resources would be needed if an SCS was set up to prevent staff burnout.
- Perceived risk of legal ramifications as possession is illegal that individuals assisting in drug use (especially if something goes wrong) may be legally responsible.
- Concern about drug users hanging out locally after using drugs and staying in the community or in businesses around the site(s), which could also harm businesses in the area.
- Concerns that if other drugs were used at an SCS, smoke and smells might affect neighbors
- Perceived contradiction that some neighbourhoods are trying to revitalize or improve the community but SCSs and related services could counteract these efforts.
- SCS could attract drug users from surrounding areas, which may heighten other concerns and increase demand for services.
- Concern that SCS may condone and enable drug use.

Theme 5:

Strategies to mitigate concerns around SCS

Among PWUD survey participants, 13.5% reported they would not consider using a SCS or were unsure. When asked what may change their mind about utilizing this service, the following were most commonly reported:

- Access to sterile equipment (41%);
- Safe from crime (23%); and
- Safe from being seen by police (23%).

Sixty-one per cent of general community survey respondents reported having concerns with SCS in Peel. The most common strategies to address concerns as identified by GCS respondents included:

- Evaluating the service to determine what is and is not working (55%).
- Informing the community about the goals of SCS and how they can help the community (42%).

Other mitigation strategies suggested by general community survey respondents in the qualitative responses included the need for community education, clear communication to the public and drug users regarding evidence around SCS.

Key informants discussed the following strategies to mitigate concerns around SCS:

- **Involve PWUD in determining service design and operational preferences** – key informants mentioned the need to involve and consult with PWUD to ensure services meet their needs and that education around harm reduction to PWUD would encourage use of SCS. They also pointed to other examples, such as Vancouver or Toronto to show that PWUD would use an SCS. Participants felt that in order for SCS to be acceptable to PWUD, the sites needed to be inclusive, provide services PWUD needed and valued, the location needed to be convenient and accessible, services needed to be provided without judgement, and users needed to feel safe. Safety included knowing that police were not going to target or arrest them or that other negative consequences would come from using an SCS. Specific considerations for youth and women were mentioned. Youth may not want to access a facility if there are mainly adults using the services.
- **Involve the community to increase acceptability of SCS and encourage communication** – most key informants felt that acceptability by the community would depend on involving the community and having means to address concerns. They felt that communication, education, understanding and engagement could decrease fear and address reasons and evidence for and expectations of SCS. They felt champions or community leaders, such as ward councillors and other elected officials, police, and

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faith institution leaders would need to buy in and help educate the public and act as liaisons between services and the community. Participants felt that seeing the issue of the opioid crisis, deaths and tainted drugs on the news moved public opinion. Several participants felt that if situated and managed properly, the community would support it over time if there was no negative overflow into the community, such as detrimental effects on businesses.

Theme 6:

SCS operational preferences and services

Policies and lead organizations

There are many policies and services that enhance the effectiveness of SCS. All proposed policies in the PWUD survey were deemed either “very acceptable” or “acceptable” by at least 70% of the PWUD survey respondents (see Appendix A for more detailed data). When considering which services were most “unacceptable”, respondents reported the following:

- Having to show government ID to access SCS (17.4% considered it unacceptable);
- Not being permitted to smoke drugs in the SCS (15.6%); and
- Not being permitted to share drugs with other SCS clients (14.2%)

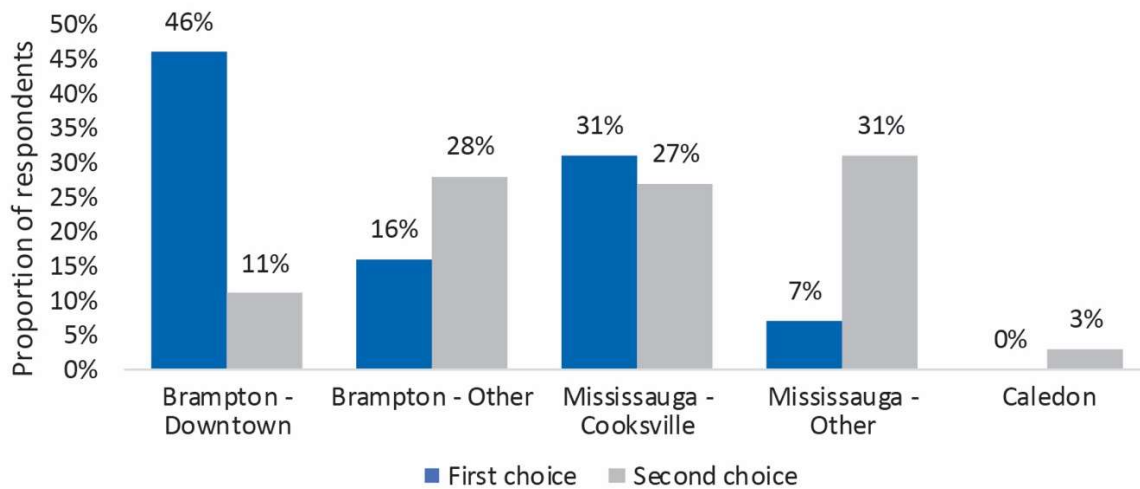
Key informants provided suggestions for who should be involved in setting up and running an SCS. Specifically, participants were divided between having Peel Public Health / the Region of Peel or an existing community-based harm reduction or similar program that already works with PWUD, such as Moyo, leading this initiative. Reasons for a top-down approach include expertise, resources, coordination of services and community acceptability. Reasons for a community-based group to lead include that they are well established in the community, already offer services to PWUD, there is trust, this has been a successful model in other areas (such as HIV or AIDS service organizations), they are low barrier and can be easier to run. However, participants highlighted the need for a collaborative approach.

Locations and Travel Time

PWUD survey participants provided their first and second choice locations for SCS in Peel (Figure 16). For their first choice, 46% of 123 respondents reported that Downtown Brampton (the area flanked by Bovaird Street (north), Highway 410 (east), Queen Street (south) and Chinguacousy Street (west)) would be their preferred location. The second choice for location was in Mississauga (31% of 102 respondents). Specifically, Cooksville (area flanked by St. Lawrence and Hudson Railroad (north), Cawthra Road (east), QEW (south) and Mavis Road (west)) was the most reported choice for an SCS in Mississauga (Figure 17).

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Figure 16. First (n=123) and Second choice (n=102) locations for SCS, Region of Peel PWUD Survey

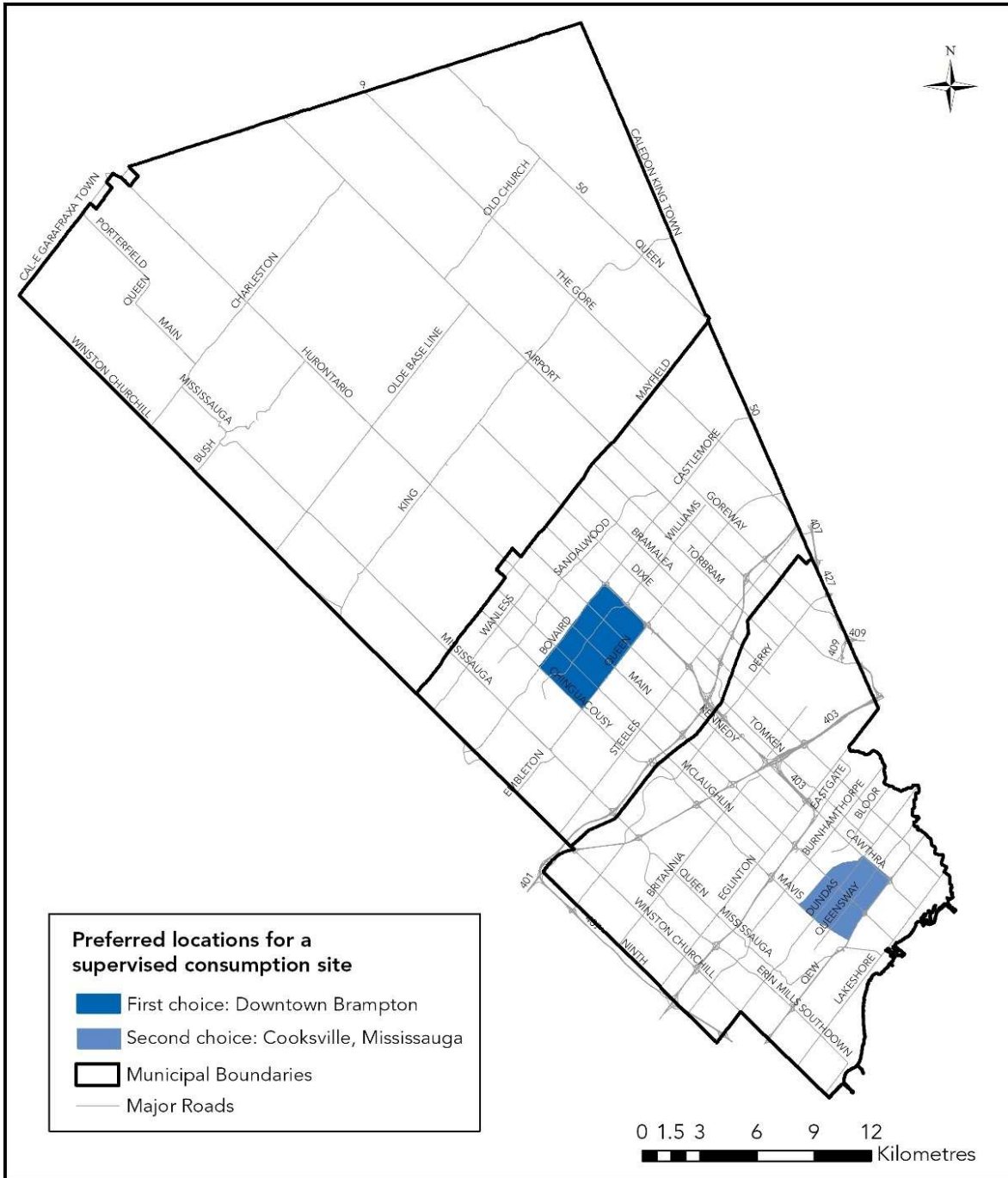


Source: Region of Peel SCS NAFS, Survey for People Who Use Drugs, 2019

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Figure 17: Preferred locations for supervised consumption sites in Peel, 2019

Preferred locations for supervised consumption sites in Peel,
 Survey of People Who Use Drugs, 2019



Source: Region of Peel Supervised Consumption Site Needs Assessment and Feasibility Study, Survey of People Who Use Drugs, 2019

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PWUD survey respondents were asked the longest distance they would be willing to walk to use an SCS, with half (74 of 140, 52.9%) reporting they would walk a maximum of 15 minutes. Eighty-three per cent (n=115) reported they would be willing to take public transit, of whom 42.0% (n=48) reported they would travel a maximum of 15 minutes by bus to access a SCS.

Respondents from the qualitative portion of the general community survey had concerns about potential locations, with many reporting “not in my backyard” (NIMBY). Community members feared their perceived concerns around SCS would be exacerbated with proximity to their homes, and worried about the wellbeing of their children.

Key informants identified location of an SCS as the most prominent consideration for both PWUD and community acceptability. Convenience, including location and hours, was seen as an important factor for PWUD to use an SCS. Key informants felt that while the community may support an SCS in principle, they may not agree with the location. “...location is going to be very important to how well they’re accepted in the community” – Business 3. Close to children, school, shopping centres or in residential areas were sites that would not be considered acceptable by the community.

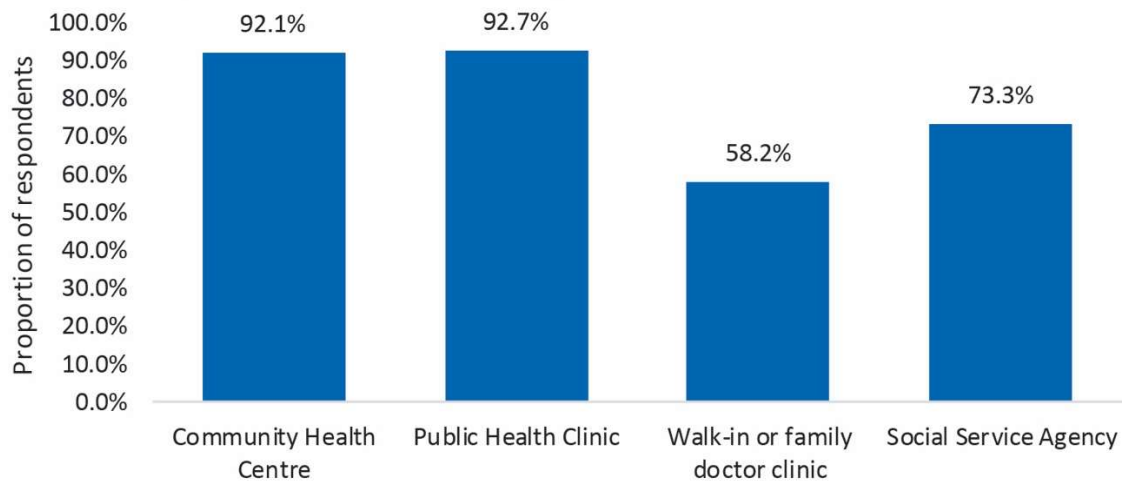
Key informants emphasized that the decision around location(s) needed to be driven by data and determined based on need, including the number of people who use and where they live or where they acquire drugs, current drug use, burden of drug use, number of overdoses, number of EMS calls. For PWUD, the location chosen should not increase stigma and consequently deter users. For the community, an SCS should be placed in the least sensitive area where 1) the service can be provided and 2) there is minimal impact on the surrounding community (including smoke from inhalation drug use).

Participants in the key informant interviews noted their limitations in knowing the number and exact locations for an SCS. They highlighted that Peel is vast and geography may be a challenge especially for accessibility of sites. Some recommended starting with a pilot site and then expand based on need and lessons learned while others stressed placing as many sites as quickly as possible to address the current situation. Several participants suggested having sites in Brampton and Mississauga to start with, and mobile or satellite sites for harder-to-reach locations, such as Caledon. Suggestions for sites included Mississauga around City Centre Square One, Cooksville, Four Corners, Port Credit, the Peel Public Health building at Derry Rd and Hurontario St, Downtown Brampton, Malton.

Operational hours and SCS model

PWUD were asked questions about the type of SCS model they would prefer. Seventy-six per cent (107 of 140) selected a stand-alone model as their preference. Stand-alone models refer to an independent facility that is not integrated with pre-existing health or social services. When asked if they would use a SCS in a specific pre-existing location (e.g., community health centres, public health clinics, walk-in or family doctors’ offices and social service agencies) 93% (114 of 123) of respondents reported they would use an SCS if they were located in a public health clinic, followed by 92% (117 of 127) if it were in a community health centre (Figure 18). General community survey respondents suggested SCS would best fit in pre-existing health settings such as hospital or public health clinics or close to government buildings.

Figure 18. Willingness to use SCS in pre-existing locations, Region of Peel PWUD Survey



Source: Region of Peel SCS NAFS, Survey for People Who Use Drugs, 2019

When asked about useful hours of operation (in intervals of four to eight hours through the day), approximately half of PWUD survey respondents (48.9% of 139) reported having access to SCS between the hours of 8 a.m. and 12 p.m. would be most useful. Many general community respondents suggested a 24 hour, 7 days a week approach. This would allow for SCS access whenever PWUD require using drugs and enhance the evidence-based benefits associated with SCS utilization.

Most general community survey respondents (49%) suggested that an integrated site that offers access to other services would be the best service model. Permanent locations were deemed as more effective, as they would be a standing part of the community and would guide PWUD to treatment services.

There was also some consideration given to the role of mobile sites, specifically to more rural areas of Peel and at large events, with 38% of respondents expressing that a mobile site would be the most effective model. Almost 40% (38.6%) of PWUD surveyed indicated preference for a mobile site.

Key informants highlighted the importance of engaging PWUD to determine need based on times of use and willingness to access the service(s), to identify ways to reduce barriers, to decide on practical aspects of what organizations are able to offer, and model type. For example, if a mobile model is adopted, how will these complement the current needle exchange van timings? If a wraparound or embedded service is available, what other services are included (e.g., shelter)? The most common limitation discussed was availability of resources. It was also mentioned that it would be important to let organizations, such as first responders, know of the days and hours of operation of the SCS so that they could plan their own resources accordingly.

Specific ranges of times were offered but differed based on the target audience or on perceptions of drug use. For example, many key informants stated that people used drugs at any time of the day and may not use on a set schedule but rather when the need arises, and therefore, a 24/7 model was important.

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Others specifically included working drug users who would want to have access during lunchtimes, after work and on the weekends, and these considerations were important to encourage employability. Those who focused on students or youth mentioned after school times, late nights and weekends. It was very clear that respondents felt a regular work day schedule was not appropriate for an SCS. There was disagreement on whether it should be offered 24/7 or whether piloting and starting with a few hours and expanding accordingly were the best ways to start.

Generally, wraparound or integrated models, where multiple services are offered, were suggested. However, key informants also noted that other services did not need to necessarily be on site but have outreach or referral systems in place to make system navigation easier. Case managers were suggested to coordinate services. One participant noted that while an integrated model may be easier, standalone centres may be more easily accessible in the specific geographic areas where they are needed and individuals may feel more comfortable going there and therefore decrease barriers. There was a concern that having many services together would attract drug users from other communities. There was a conflict between having too many services concentrated in one place for bringing in more drug users and for accessibility versus having services available in one location to deal with multiple health and social aspects of drug use. Mobile sites were considered to be better for less densely populated areas and for hard-to-reach locations. Mobile sites were also seen as more flexible and decrease the need for capital infrastructure in these areas. Participants remarked that the structure needs to reflect the needs of the community. Special considerations included separating youth from adult sites. It is important to note that the participants did not define “youth”.

SCS services

PWUD survey participants were asked to rank which services they deemed important to be included in SCS (Figure 19). The most important services were:

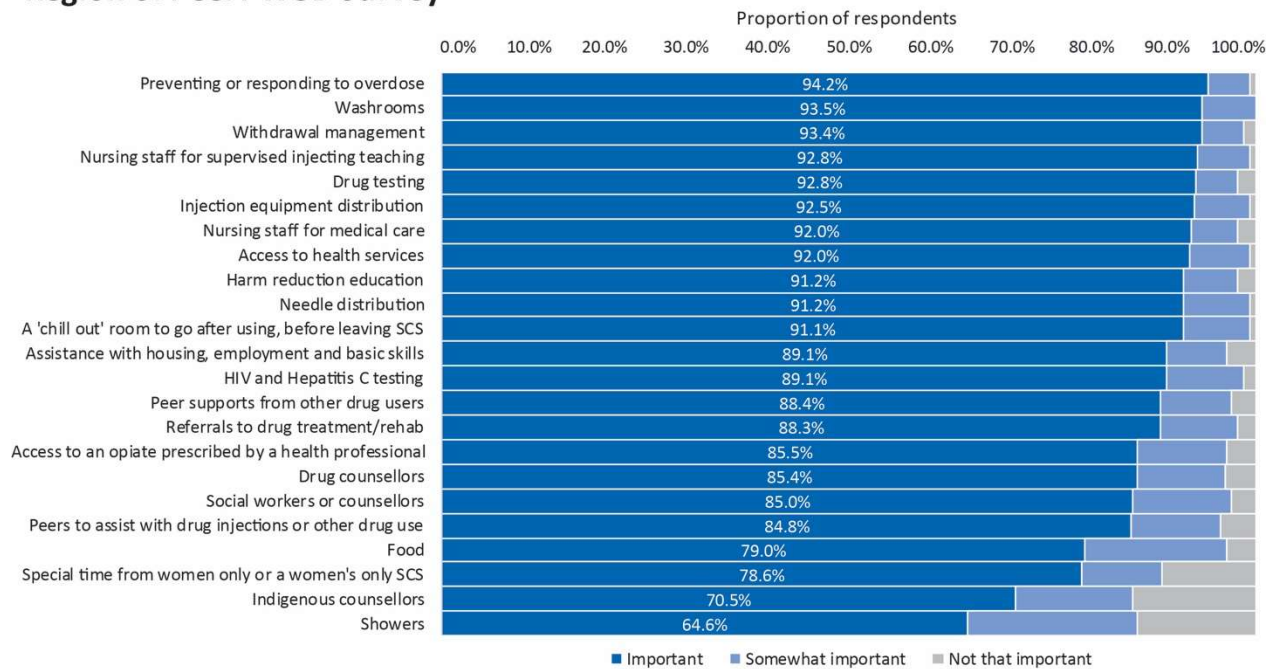
- Preventing/responding to overdose (94.2%);
- Washrooms (93.5%); and
- Withdrawal management (93.4%).

Seventy-four per cent of respondents (100 of 136) reported they would test their drugs prior to use at an SCS usually or always if available.

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Figure 19. Importance of potential services accessible through SCS, Region of Peel PWUD Survey



Source: Region of Peel SCS NAFS, Survey for People Who Use Drugs, 2019

Community members and key informants highlighted SCS services to consider in the qualitative survey responses and interviews. Along with traditional harm reduction services including access to health care and needle exchange, respondents suggested having access to withdrawal services and counselling is imperative to the success of SCS. Other health services could include testing drugs prior to use, testing for infectious diseases (HIV, Hepatitis B and Hepatitis C), flu shots and other basic medical care, such as wound care. Other important services included social workers to help with case management and navigation of services, employment skills training and job search, food and housing, financial and legal services, and health promotion activities. Partnerships to services such as shelters were also important. Participants mentioned opportunities for social connections on-site to reduce isolation and connect with peers, including having meals and art or community action pieces. One participant mentioned the possibility of adding a spiritual component. Even though there were conflicting views on the role of police, a couple of participants mentioned having security at the site in case any problems arose. Lastly, supports for youth and women were highlighted as needing special consideration.

Inclusive services

Participants in key informant interviews noted that drug use could be seen across the socioeconomic spectrum and highlighted the complexity of factors leading to and stemming from drug use. PWUD may be reluctant to access health and social services if they are seen as judgmental or stigmatizing.

Special considerations were noted for women, youth and newcomers. Women drug users who suffer from violence and whose partners control their drug use are especially vulnerable for any of the problems

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described. Women might have specific needs especially around trauma and gender-relevant services, including access to women-led contraceptives, such as female condoms. Youth are more susceptible to harms of drugs, and the involvement of social service agencies could make it more difficult for families to deal with drug use issues. Furthermore, youth are more likely to have academic and behavioural issues and are at risk of homelessness due to family conflicts. Youth may be reluctant to use the same location as adults for drug use. Newcomers are prone to social isolation and may have a harder time navigating services. From the PWUD survey, when stratified by ethnicity, 85% of respondents who identified as Indigenous reported access to Indigenous counsellors was important.

Discussion

Findings from this study support the need for supervised consumption services in the Region of Peel in order to prevent overdoses, reduce the risk of transmission of bloodborne illnesses, decrease public drug use and drug litter, and provide linkages to care for people who use drugs. There has been a marked increase in opioid-related deaths since 2013, as well as hospitalizations and Emergency Department visits in the Region of Peel. Existing harm reduction services in Peel like needle exchange and naloxone distribution have experienced an increase in demand. Of the PWUD surveyed in this study, 64% had experienced an overdose in their lifetime and 97% reported using drugs alone. Eighty per cent reported reusing needles in the past 6 months either on themselves or with others. Eighty-seven per cent of PWUD surveyed reported they would use SCS if available.

The geographic distribution of paramedic calls to overdoses where naloxone was administered tells us there are two areas that experience the highest density of incidents—downtown Brampton and Cooksville in Mississauga. This is also in keeping with preferred locations identified in our survey by people who use drugs for potential SCS in Peel.

This study also highlighted the importance of acceptability of SCS to people who use drugs and the community. Participants from the general community who were surveyed expressed concern that SCS might result in increased drug use and trafficking in the area. There were also concerns around personal safety and the proximity of SCS to schools. Acceptability of SCS to the general community would be dependent on choosing an appropriate location, involving the community and having a way to address concerns. Increased communication, engagement and education around the problem of drug and substance use in Peel should be used to address concerns.

People who use drugs should also be involved in determining operational preferences and the types of services provided at SCS. Special consideration should be given to providing inclusive services for women, youth, newcomers and Indigenous people. Involving people who use drugs in the planning and implementation process will also increase uptake of services and can help build trust.

Concerns from the general community in this study included increased drug use and trafficking in the neighbourhood, issues related to personal safety and negative impacts on the image of the community. These are similar to concerns expressed by the public in other jurisdictions that have implemented SCS.²¹ Other considerations have included worry about increases in petty theft, crime and drug litter. These concerns have not been shown in the evidence to date but warrant consideration as part of the consultation process with the broader community.^{22,23} In fact, the evidence has shown that SCS decrease drug litter and public drug use. Other jurisdictions have included regular evaluation of supervised consumption services in order to assess what works well and identify areas for improvement. Active involvement of the community through advisory boards and establishing a method of meaningfully engaging the community to receive feedback, and provide education and awareness to decrease stigma have also been suggested in other jurisdictions.²⁴

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The strengths of this study include the meaningful involvement of people who use drugs in the study implementation through peer researchers and as participants. These populations are often marginalized and hard to reach through typical study recruitment practices. The use of peer researchers helped with recruitment but also enabled engagement of people with lived experience in the study implementation. We were also able to recruit a large number of participants for the general community survey (n=557) through the use of the Region of Peel newsletter, website and other email communications. A diverse group of key informants from cross-cutting areas such as healthcare and social services, police and emergency services, government and businesses also provided input to the study. A use of quantitative and qualitative methods enabled collection of various types of data and a more in-depth analysis of the complex perspectives, ideas and attitudes around drug use in the Region of Peel.

Study Limitations

PWUD survey

Our population of interest, people who use drugs, are a vulnerable population often hard to reach with typical recruitment strategies. Because of this, other methods of recruitment such as convenience and snowball sampling were used and may have introduced bias. Convenience sampling allowed for peer researchers to recruit PWUD when they encountered them at social service agencies or in the community. Snowball sampling methods allowed peer researchers to ask recruited PWUD to mention our survey to their friends and acquaintances who met the inclusion criteria. These methods of recruitment led to the introduction of sampling bias as all members of the PWUD community did not have an equal chance of being recruited into this survey. For example, those who used drugs but did not attend social service agencies in Peel, specifically in Brampton where Moyo (formerly PHAN) is located, had less of a chance of being recruited. Having peers administer the surveys to PWUD may have introduced social desirability bias and participants may have responded to questions in a way that would be viewed favorably by the interviewer. Some questions resulted in a large proportion of refusals to answer (e.g., whether respondents reuse needles). While it is unclear why certain questions received a greater number of refusals to answer in comparison to others, social desirability bias may be one possible explanation.

Another form of bias that may have been introduced to the PWUD survey is recall bias. This refers to discrepancies between respondents' memory of past experiences or situations and reality. Many questions involved respondents to recall information from their past, therefore leading to potential bias in data (i.e. number of overdoses, most commonly used drugs, etc).

Further, due to the inclusion of a \$25 honorarium for those who participated in the PWUD survey, people may have attempted to complete the survey more than once to receive an extra honorarium. Peer researchers were made aware of this beforehand and were requested to remove surveys that were speculated to have been completed by the same person prior to analysis. Although we do not believe this occurred, it is important to note that it was still possible.

General community survey

Similar to the PWUD survey, recruitment methods may have also introduced bias to the general community survey portion of the study. The survey was advertised through Region of Peel newsletters and newspapers to which individuals must subscribe. As an unanticipated consequence of this recruitment strategy, our sample was over represented by the 55 years and over age group. As such, the demographics of respondents do not represent the distribution seen in Peel and our sample may not be generalizable to the entire Peel population. Additionally, inherent in studies that include surveys is the presence of volunteer bias. There maybe differences between those people who volunteered to participate in the survey compared to those who did not.

Key informant interviews

Those who participated in the key informant interviews were selected because of the leadership roles they held in their respective sectors. Some informants had a wider breadth of knowledge regarding drug and substance use and SCS as part of their day to day work, whereas others recognized their lack of expertise on the issue. Because of this, some questions related to the logistics surrounding operating SCS in Peel received more general responses or were left unanswered. Additionally, there was one informant who did not want their interview to be audio recorded, which meant transcription could not occur, and analysis was completed using real-time notes.

Given the nature of qualitative interviews and the topic, there were times when the interviewer was explaining terms. This may have then shaped responses from participants. The results may have also been affected by response bias where the participants may provide what they believe are desired answers, knowing the interviewers were affiliated with Public Health. Shifting and rephrasing of some questions may have also changed the interpretations of some questions.

Recommendations

1. **The Region of Peel would benefit from supervised consumption services (SCS)**
 - a. Data on opioid-related harms, current harm reduction services and survey data collected from people who use drugs in this study indicate a need for SCS in the Region of Peel to reduce the morbidity and mortality related to opioids. Key informants, who represented leaders from community and governmental organizations, were largely supportive of SCS in the Region of Peel to reduce opioid-related harms.
2. **The Region of Peel should consider the following locations for SCS sites:**
 - a. Downtown Brampton (the area flanked by Bovaird Street (north), Highway 410 (east), Queen Street (south) and Chinguacousy Street (west)).
 - b. Cooksville, Mississauga (the area flanked by St. Lawrence and Hudson Railroad (north), Cawthra Road (east), Queen Elizabeth Way (QEW) (south) and Mavis Road (west)).
 - c. Mobile sites to service less densely populated areas of the Region should be considered based on need and capacity.

Data from paramedic responses to overdose calls where naloxone was administered were highest in the areas of Downtown Brampton and Cooksville. Respondents from the survey of people who use drugs also identified these as preferred locations for SCS.

3. **SCS should be implemented in consultation with people who use drugs, the general community and other service providers**
 - a. Acceptability of SCS is dependent on consultation with people who use drugs on the types of services, location and other operational preferences. The general community should be involved in the implementation of SCS so there is a means to address concerns, increase understanding and support for these services.
4. **Regular evaluation and monitoring of SCS should be conducted by the lead agency**
 - a. Efficient and sustainable services require regular evaluation and monitoring to understand what has worked well and areas for improvement. This may include issues related to available services at SCS, as well as considerations related to establishing other sites including the possibility of a mobile SCS to provide services to less densely populated areas of the Region.

Next steps

- A lead agency interested in applying for and implementing an SCS should be identified.
- People who use drugs and the general community should be involved in the planning, implementation and evaluation of a potential SCS, with special consideration given to seeking input from women, youth, newcomers and Indigenous people.
- Education and outreach to the general community on the benefits and purpose of SCS should be planned.

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Appendix A:

Detailed results of the survey of people who use drugs

Note: Unless otherwise noted, the denominator for the computed proportions represent the total number of respondents for each survey question, excluding refusals and missing responses.

Demographic Information

Characteristic (number of respondents excluding refusals)	Frequency	Proportion of Respondents
Street drug usage in the past 30 days (148)	143	96.6%
Age category (n=144)		
16-24	7	4.9%
25-34	28	19.4%
35-44	55	38.2%
45-54	33	22.9%
55-65	21	14.6%
Gender identity (149)		
Male	77	51.7%
Female	65	43.6%
Trans Woman	6	4.0%
Trans Man	nr	nr
Ethnicity* (148)		
White	123	83.1%
Indigenous	13	8.8%
Black	10	6.8%
Other	18	12.2%
Places of residence in last six months* (150)		
Crack house	59	39.3%
Hospital	29	19.3%
Hotel/motel	52	34.7%
Own house/apartment	86	57.3%
Someone's house/apartment	64	42.7%
No fixed address	53	35.3%
On the street (abandoned buildings, cars, parks)	60	40.0%
Jail	24	16.0%
Rehab	8	5.3%
Boarding house	12	8.0%
Shelter	38	25.3%
With parents	16	10.7%
Medical hostel	nr	nr

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Characteristic (number of respondents excluding refusals)	Frequency	Proportion of Respondents
Transitional housing	nr	nr
Highest level of education completed (149)		
Primary school	23	15.4%
High school	91	61.1%
College or university	35	23.5%
Personal annual income (148)		
Under \$5,000	10	6.8%
\$5,000 to \$10,000	14	9.5%
\$10,000 to \$15,000	26	17.6%
\$15,000 to \$20,000	30	20.3%
\$20,000 to \$25,000	24	16.2%
\$25,000 to \$30,000	18	12.2%
More than \$30,000	23	15.5%
Unsure	nr	nr
Sources of income in the past six months* (148)		
Regular job	22	14.9%
Temporary work	23	15.5%
Self-employed	17	11.5%
Ontario Works (OW)	75	50.7%
Ontario Disability Support Program (ODSP)	42	28.4%
Canadian Pension Plan (CPP)	7	4.7%
Employment Insurance (EI)	nr	nr
GST rebate	12	8.1%
Recycling	8	5.4%
Panhandling	23	15.5%
Parent/friend	12	8.1%
Theft	26	17.6%
Selling needles	0	0
Selling cigarettes	8	5.4%
Selling drugs	32	21.6%
Other criminal activity	21	14.2%
Sex for money	14	9.5%
Stipend	7	4.7%
Exchanged goods for sex in the past six months* (105)		
Money	29	27.6%
Drugs	26	24.8%
Gifts	16	15.2%
Shelter	13	12.4%
Food	8	7.6%
Haven't exchanged goods for sex	60	57.1%

nr = not reportable due to low response (fewer than 5 respondents)

* = respondents could choose more than one answer, proportions can add up to more than 100%

† = respondents who were not applicable to respond were removed from the denominator

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Drug Use & Injection Practices

Question (number of respondents excluding refusals)	Count	Proportion of Respondents
Frequency of drug use in the last six months (143)		
Less than once a month	6	4.2%
1-3 times a month	9	6.3%
Once a week	nr	nr
More than once a week	13	9.1%
Daily	111	77.6%
Number of times of drug use per day (134)		
Median	5 times / day	
Range	1-20 times / day	
Places of drug use in the last six months* (144)		
Sexual partner's place	49	34.0%
Own place	93	64.6%
Relative/friends	84	58.3%
Acquaintance	69	47.9%
Strangers	62	43.1%
Place where you pay to use or exchange drugs	58	40.3%
Car	64	44.4%
Hotel/motel	51	35.4%
Place where you buy drugs	38	26.4%
Shelter	25	17.4%
Community organization	13	9.0%
Abandoned building	63	43.8%
Alley/laneway	65	45.1%
Park	66	45.8%
School yard	26	18.1%
Stairwell/doorway	56	38.9%
Public washroom	65	45.8%
Other	nr	nr
Frequency of public drug use in the last six months (144)		
Always (100% of the time)	16	11.1%
Usually (over 75% of the time)	52	36.1%
Sometimes (26-74% of the time)	22	15.3%
Occasionally (<25% of the time)	32	22.2%
Never	22	15.3%
Reasons for public drug use*† (119)		
Convenient to where I use	65	54.6%
Nowhere safe to use close to purchase	40	33.6%
Homeless	45	37.8%
Sex worker	7	5.9%
Hiding drug use from roommate	27	22.7%
Too far from my home	38	31.9%
Need assistance	nr	nr
Guest fees	nr	nr

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Question (number of respondents excluding refusals)	Count	Proportion of Respondents
Prefer to use outside	17	14.3%
Dealing	23	19.3%
Need to use as soon as possible	36	30.3%
Have ever used alone (147)		
Yes	142	96.6%
No	5	3.4%
Frequency of using alone in the last six months† (139)		
Always (100% of the time)	16	11.5%
Usually (over 75% of the time)	65	46.8%
Sometimes (26-74% of the time)	36	25.9%
Occasionally (<25% of the time)	20	14.4%
Never	nr	nr
Frequency of needing help to inject drugs in the last 6 months (139)		
Always (100% of the time)	10	7.2%
Usually (over 75% of the time)	16	11.5%
Sometimes (26-74% of the time)	12	8.6%
Occasionally (<25% of the time)	9	6.5%
Never	46	33.1%
I do not inject drugs	46	33.1%
Reasons for needing help while injecting*† (35)		
Unsure how to inject myself	10	28.6%
Do not like injecting myself	nr	nr
Can't find my vein on my own	13	37.1%
Need help preparing drugs	nr	nr
Prefer someone else to inject me	8	22.9%
My partner prefers injecting me	nr	nr
Unsafe to do alone	nr	nr
Willingness to learn how to inject† (44)		
Yes	30	68.2%
No	8	18.2%
Maybe	6	13.6%
Frequency of reusing needles for more than one injection in the last six months† (45)		
Always (100% of the time)	5	11.1%
Usually (over 75% of the time)	16	35.6%
Sometimes (26-74% of the time)	10	22.2%
Occasionally (<25% of the time)	5	11.1%
Never	9	20.0%
Most used drugs in the last six months* (143)		
Heroin	56	39.2%
Crystal Meth	40	28.0%

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Question (number of respondents excluding refusals)	Count	Proportion of Respondents
Cocaine	43	30.1%
Crack/rock cocaine	62	43.4%
Speedball	nr	nr
Methadone prescribed to you	17	11.9%
Methadone not prescribed to you	nr	nr
Morphine	8	5.6%
Hyrdos	10	7.0%
Percocet	22	15.4%
Oxycodone	5	3.5%
Oxyneo	nr	nr
Fentanyl	36	25.2%
Wellbutrin	nr	nr
Ritalin	nr	nr
Tranquilizers/Benzos	8	5.6%
Amphetamines	nr	nr
Steroids	nr	nr
Valium	10	7.0%
Gabapentin	6	4.2%
Other	9	6.3%
Ever received drugs cut with another substance (147)		
Yes	118	80.3%
No	13	8.8%
Unsure	16	10.9%
Drugs respondents were trying to use the last time they were contaminated† (119)		
Heroin	49	41.2%
Crystal Meth	6	5.0%
Cocaine	21	17.6%
Crack/rock cocaine	23	19.3%
Percocet	nr	nr
Fentanyl	16	13.4%
Other	nr	nr

nr = not reportable due to low response (fewer than 5 respondents)

* = respondents could choose more than one answer, proportions can add up to more than 100%

† = respondents who were not applicable to respond were removed from the denominator

7.3-77

APPENDIX II SUPERVISED CONSUMPTION SITE NEEDS ASSESSMENT AND FEASIBILITY STUDY RESULTS

Frequency of use of specific drugs in the last 6 months

Drug	Number of respondents	Less than once a month	1-3 times a month	Once a week	More than once a week	Daily	Never
Heroin	120	10 (8.3%)	nr	nr	9 (7.5%)	47 (39.2%)	46 (38.3%)
Crystal Meth	119	10 (8.4%)	7 (5.9%)	nr	7 (5.9%)	34 (28.6%)	58 (48.7%)
Crack/rock cocaine	128	7 (5.5%)	16 (12.5%)	6 (4.7%)	16 (12.5%)	49 (38.3%)	34 (26.6%)
Speedball (stimulant mixed with opioids)	146	nr	nr	5 (3.4%)	10 (6.8%)	5 (3.4%)	82 (56.2%)
Methadone prescribed to you	111	nr	nr	nr	nr	32 (28.8%)	72 (64.9%)
Methadone not prescribed to you	103	nr	nr	nr	nr	nr	94 (91.3%)
Morphine	105	7 (6.7%)	7 (6.7%)	nr	nr	5 (4.8%)	81 (77.1%)
Hydros (HydroMorph, Contin or Dilaudid)	107	7 (6.5%)	11 (10.3%)	nr	nr	7 (6.5%)	76 (71%)
Percocet	109	6 (5.5%)	13 (11.9%)	nr	7 (6.4%)	11 (10.1%)	69 (63.3%)
Generic Oxycodone	104	5 (4.8%)	5 (4.8%)	nr	5 (4.8%)	nr	82 (78.8%)
Oxy Neo	104	nr	5 (4.8%)	nr	nr	nr	87 (83.7%)
Fentanyl	108	nr	nr	7 (6.5%)	7 (6.5%)	26 (24.1%)	63 (58.3%)
Wellbutrin	107	nr	nr	nr	nr	6 (5.6%)	92 (86%)
Ritalin or Biphentin	104	6 (5.8%)	nr	nr	nr	nr	88 (84.6%)
Tranquilizers or Benzos	105	nr	nr	nr	nr	11 (10.5%)	83 (79%)
Amphetamines	105	nr	nr	nr	nr	nr	89 (84.8%)
Steroids	103	nr	0 (0%)	nr	nr	nr	96 (93.2%)
Valium	105	nr	nr	nr	nr	9 (8.6%)	86 (81.9%)
Gabapentin	104	nr	nr	nr	nr	8 (7.7%)	88 (84.6%)

**APPENDIX II
SUPERVISED CONSUMPTION SITE NEEDS ASSESSMENT AND FEASIBILITY STUDY RESULTS**

Supervised Consumption Services

Question (number of respondents excluding refusals)	Count	Proportion of Respondents
Respondents who have heard of SCS (143)		
Yes	115	80.4%
No	28	19.6%
Respondents who would consider using SCS in Peel (141)		
Yes	122	86.5%
No	10	8.4%
Maybe	9	7.1%
Reasons for using SCS among those who answered Yes or Maybe*† (128)		
Access to sterile equipment	79	61.7%
Safe from crime	76	59.4%
Ability to use indoors and not in public	88	68.8%
Safe from being seen by police	94	70.7%
Ability to see health professionals	84	65.6%
Ability to get referrals for detox or treatment services	40	31.3%
Overdoses can be prevented	79	61.7%
Overdoses can be treated	72	56.3%
Able to use responsibly	34	26.6%
Reasons for not using SCS among those who answered No or Maybe*† (18)		
Do not want to be seen	10	55.6%
Do not want people to know I am a drug user	nr	22.7%
Afraid my name will not remain confidential	nr	nr
Would rather use with friends	nr	nr
Always use alone	nr	nr
Inconvenient	nr	nr
Fear being caught by police	nr	nr
Concerned about police presence	nr	nr
Do not trust SCS	0	0
Can get clean equipment elsewhere	0	0
I have a place to use already	nr	nr
Too many rules/restrictions	nr	nr
Avoid other people who would use SCS	0	0
Too much of a hurry	nr	nr
I don't know enough about SCS	nr	nr
Reasons that would make you change your mind about not using SCS among those who answered No or Maybe*† (22)		
Access to sterile equipment	7	38.9%
Safe from crime	5	27.8%
Ability to use indoors and not in public	nr	nr
Safe from being seen by police	5	27.8%
Ability to see health professionals	nr	nr
Ability to get referrals to detox or treatment services	nr	nr

APPENDIX II

SUPERVISED CONSUMPTION SITE NEEDS ASSESSMENT AND FEASIBILITY STUDY RESULTS

Overdoses can be prevented	nr	nr
Overdoses can be treated	nr	nr
Able to use responsibly	nr	nr

Acceptability of SCS policies

Policy	Number of respondents	Acceptable	Neutral	Unacceptable
Drug use is supervised by trained staff member who can respond to overdoses	138	134 (97.1%)	nr	0 (0%)
30 minute time limit for drug use	138	111 (80.4%)	16 (11.6%)	11 (8%)
Have to register each time you use it	136	106 (77.9%)	18 (13.2%)	12 (8.8%)
Required to show government ID	115	81 (70.4%)	14 (12.2%)	20 (17.4%)
Required to show client number	134	112 (83.6%)	17 (12.7%)	5 (3.7%)
Video surveillance cameras on site to protect users	130	96 (73.8%)	21 (16.2%)	13 (10%)
Not allowed to smoke crack/crystal meth/tobacco/vape	128	97 (75.8%)	11 (8.6%)	20 (15.6%)
May be allowed to assist in the preparation of drugs for peers	134	108 (80.6%)	16 (11.9%)	10 (7.5%)
May be allowed to assist other peers with their drug use	136	112 (82.4%)	13 (9.6%)	11 (8.1%)
Not allowed to share drugs	134	101 (75.4%)	14 (10.4%)	19 (14.2%)
May have to sit and wait until space is available for you to use	135	104 (77%)	19 (14.1%)	12 (8.9%)
Have to hang around for 10 to 15 minutes after injecting so that your health can be monitored	131	114 (87%)	12 (9.2%)	5 (3.8%)

Importance of SCS services

Service	Number of respondents	Important	Somewhat important	Not that important
Nursing staff for medical care	138	127 (92%)	8 (5.8%)	nr
Nursing staff for supervised injecting teaching	139	129 (92.8%)	9 (6.5%)	nr
Washrooms	139	130 (93.5%)	9 (6.5%)	0 (0%)
Showers	130	84 (64.6%)	27 (20.8%)	19 (14.6%)
Social workers or counsellors	133	113 (85%)	16 (12%)	nr
Drug counsellors	137	117 (85.4%)	15 (10.9%)	5 (3.6%)
Indigenous counsellors	132	93 (70.5%)	19 (14.4%)	20 (15.2%)

7.3-80

APPENDIX II

SUPERVISED CONSUMPTION SITE NEEDS ASSESSMENT AND FEASIBILITY STUDY RESULTS

Service	Number of respondents	Important	Somewhat important	Not that important
Food (including take away)	138	109 (79%)	24 (17.4%)	5 (3.6%)
Peer supports from other drug users	138	122 (88.4%)	12 (8.7%)	nr
Peers to assist with drug injections or other drug use	138	117 (84.8%)	15 (10.9%)	6 (4.3%)
Access to an opiate (methadone or buprenorphine) prescribed by a health professional	138	118 (85.5%)	15 (10.9%)	5 (3.6%)
Needle distribution	136	124 (91.2%)	11 (8.1%)	nr
Injection equipment distribution	134	124 (92.5%)	9 (6.7%)	nr
HIV and Hepatitis C testing	137	122 (89.1%)	13 (9.5%)	nr
Withdrawal management	137	128 (93.4%)	7 (5.1%)	nr
Special time from women only or a women's only SCS	131	103 (78.6%)	13 (9.9%)	15 (11.5%)
Referrals to drug treatment, rehab, and other services when you're ready to use them	137	121 (88.3%)	13 (9.5%)	nr
A 'chill out' room to go after using, before leaving SCS	135	123 (91.1%)	11 (8.1%)	nr
Preventing or responding to overdose	137	129 (94.2%)	7 (5.1%)	nr
Access to health services	137	126 (92%)	10 (7.3%)	nr
Assistance with housing, employment and basic skills	138	123 (89.1%)	10 (7.2%)	5 (3.6%)
Harm reduction education	137	125 (91.2%)	9 (6.6%)	nr
Drug testing	138	128 (92.8%)	7 (5.1%)	nr

SCS Location and Service Design

Question (number of respondents excluding refusals)	Count	Proportion of Respondents
Willing to use an SCS if located in a community health centre (127)		
Yes	117	92.1%
No	10	7.9%
Willing to use an SCS if located in a public health clinic (123)		
Yes	114	92.7%
No	9	7.3%
Willing to use an SCS if located in a walk-in or family doctor clinic (122)		
Yes	71	58.2%
No	51	41.8%
Willing to use an SCS if located in a social service agency (120)		
Yes	88	73.3%

7.3-81

APPENDIX II

SUPERVISED CONSUMPTION SITE NEEDS ASSESSMENT AND FEASIBILITY STUDY RESULTS

Question (number of respondents excluding refusals)	Count	Proportion of Respondents
No	32	26.7%
Longest time respondent is willing to walk to reach SCS (140)		
5-15 minutes	74	52.9%
15-25 minutes	46	32.9%
25-35 minutes	14	10.0%
35 minutes+	6	4.3%
Willing to take public transit to reach SCS (139)		
Yes	115	82.7%
No	24	17.3%
Longest time respondent is willing to travel on public transit to reach SCS† (112)		
5-15 minutes	47	42.0%
15-25 minutes	34	30.4%
25-35 minutes	20	17.9%
35 minutes+	11	9.8%
Frequency of SCS use if established in convenient location (141)		
Always	44	31.2%
Usually	64	45.4%
Sometimes	18	12.8%
Occasionally	6	4.3%
Never	nr	nr
Don't know/Unsure	5	3.5%
Only when I use specific drugs	nr	nr
Most useful hours of operation (139)		
8am-12pm	68	48.9%
12pm-4pm	25	18.0%
4pm-8pm	12	8.6%
8pm-12am	18	12.9%
12am-8am	16	11.5%
Frequency of drug checking if available prior to injecting drugs (136)		
Always	63	46.3%
Usually	37	27.2%
Sometimes	17	12.5%
Occasionally	nr	nr
Never	6	4.4%
Don't know/Unsure	9	6.6%
Preferences for type of SCS model* (140)		
Stand-alone	107	76.4%
Integrated	85	60.7%
Mobile	54	38.6%
Don't know/Unsure	11	7.9%
Number of SCS needed in Peel (127)		
Median	5	
Range	1-50	

**APPENDIX II
SUPERVISED CONSUMPTION SITE NEEDS ASSESSMENT AND FEASIBILITY STUDY RESULTS**

Experience of overdose

Question (number of respondents excluding refusals)	Count	Proportion of Respondents
Number of respondents ever experiencing an overdose (143)		
Yes	91	63.6%
No	52	36.4%
Number of respondents experiencing an overdose in the last six months† (91)		
Yes	36	39.6%
No	55	60.4%
Number of overdoses amongst respondents who have ever experienced an overdose† (86)		
Median	3	
Range	1-147	
Drugs involved in most recent overdose*† (91)	Involved in overdose [Injected]	
Cocaine		17 [6]
Crack		15 [nr]
Hydros		nr [nr]
Heroin		39 [24]
Methadone		nr [nr]
Suboxone		6 [nr]
Morphine		nr [nr]
Percocet		nr [0]
Wellbutrin		0 [0]
Oxycodone		nr [nr]
Fentanyl		25 [13]
Ritalin		nr [0]
Benzodiazepines or Tranquilizers		nr [0]
Speed		nr [0]
Amphetamines		nr [nr]
Crystal meth		nr [nr]
Valium		nr [nr]
Gabapentin		nr [0]
Alcohol		6 [0]
Pot		nr [0]
Other injection drugs		0 [0]
Other non-injection drugs		nr [0]
Unknown		nr [0]
Number of respondents who had people with them during last overdose† (91)		
Yes	70	77.8%
No	15	16.7%
Don't know/unsure	5	5.6%
Type of location where respondents last overdosed† (88)		
My place	33	37.5%
Partner's place	5	5.7%

7.3-83

APPENDIX II

SUPERVISED CONSUMPTION SITE NEEDS ASSESSMENT AND FEASIBILITY STUDY RESULTS

Question (number of respondents excluding refusals)	Count	Proportion of Respondents
Friend's place	17	19.3%
Relative's place	nr	nr
Dealer's place	nr	nr
Street	11	12.5%
Public washroom	nr	nr
Shelter	6	6.8%
Abandoned building	0	0
Jail	0	0
Social services	0	0
Other	5	5.7%
Don't know/unsure	nr	nr
Number of respondents who were assisted by other people during most recent overdose† (88)		
Yes	62	70.5%
No	20	22.7%
Don't know/unsure	6	6.8%
Number of respondents who had an ambulance called during most recent overdose† (90)		
Yes	35	38.9%
No	49	54.4%
Don't know/unsure	6	6.7%
Number of respondents who were taken to hospital† (84)		
Yes	35	41.7%
No	43	51.2%
Unknown	6	7.1%
Number of respondents who refused transport to hospital† (79)		
Yes – refused transport	18	22.8%
No – accepted transport	33	41.8%
Don't know/unsure	28	35.4%
Number of respondents who were given naloxone† (82)		
Yes	38	46.3%
No	30	36.6%
Don't know/unsure	14	17.1%
Who administered naloxone to respondent† (38)		
Boyfriend/girlfriend/partner	11	28.9%
Stranger	7	18.4%
Casual sex partner	nr	nr
Close friend	10	26.3%
Casual friend	nr	nr
Date (sex worker)	nr	nr
Family member	nr	nr
Ambulance or hospital employee	6	15.8%
Don't know/unsure	nr	nr
Number of respondents who witnessed an overdose in the last six months (137)		

7.3-84

APPENDIX II

SUPERVISED CONSUMPTION SITE NEEDS ASSESSMENT AND FEASIBILITY STUDY RESULTS

Question (number of respondents excluding refusals)	Count	Proportion of Respondents
Yes	98	71.5%
No	39	28.5%
Number of respondents concerned of being arrested when they or someone else overdosed (132)		
Yes	91	68.9%
No	33	25.0%
Not applicable	8	6.1%

Drug Treatment

Question (number of respondents excluding refusals)	Count	Proportion of Respondents
Number of respondents whom have ever been in a drug treatment or detox program (144)		
Yes	94	65.3%
No	50	34.7%
Number of respondents who have sought out or been in a drug treatment or detox program in the last six months (145)		
Yes	63	43.4%
No	82	56.6%
Types of treatment programs respondents have been in, in the last six months*† (61)		
Detox with methadone/suboxone	14	23.0%
Detox with other prescribed drugs	8	13.1%
Detox without drugs	9	14.8%
Methadone maintenance program	32	52.5%
Out-patient counselling	11	18.0%
Self-help group for drug use	nr	nr
Drug treatment with cultural programming	nr	nr
Residential treatment	nr	nr
Drug court	nr	nr
Healing lodge	0	0
Addictions case management	nr	nr
Managed alcohol program	nr	nr
Other	nr	nr
Number of respondents who tried but were unable to access treatment programs in the last six months (143)		
Yes	55	38.5%
No	88	61.5%

nr = not reportable due to low response (fewer than 5 respondents)

7.3-85

APPENDIX II

SUPERVISED CONSUMPTION SITE NEEDS ASSESSMENT AND FEASIBILITY STUDY RESULTS

* = respondents could choose more than one answer, proportions can add up to more than 100%

† = respondents who were not applicable to respond were removed from the denominator

Peel Supervised Consumption Site Study Findings

What are supervised consumption services?

Supervised consumption services allow people who use drugs to bring pre-obtained substances to consume under the supervision of trained personnel.

These **life-saving services** can:

- prevent or reverse overdoses;
- reduce the risk of bloodborne infections like HIV and Hepatitis C; and
- facilitate access to health services and treatment

Peel Public Health led a study in partnership with Moyo Health and Community Services and the Canadian Mental Health Association-Peel Dufferin to assess the need for and feasibility of supervised consumption services in the Region of Peel.



Key findings from the study:

There is a Need for Supervised Consumption Services in Peel.

Opioid related harms and **deaths have increased markedly since 2013.**

109 people died in Peel in 2018 due to overdose

2018
2017
2016
2015
2014
2013

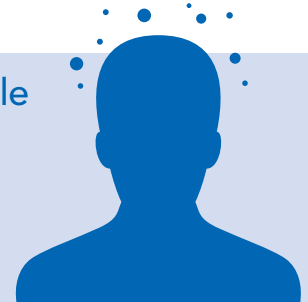
Findings from the Survey of people who use drugs showed:

97% of respondents reported **using alone**

64% of respondents had **overdosed** in their lifetime

85% of respondents reported **using drugs in public** at least once in the last 6 months

68% of people who died from opioid overdose in Peel in 2018 were **alone at the time of death**



People who use drugs would use **Supervised consumption services** if available.



Findings from the Survey of people who use drugs showed:

87% of respondents would use **supervised consumption sites**

76% of respondents preferred to get services at a **consistent location**

Respondents ranked **access to other services** like counseling, health services and assistance with housing and employment as **important**.

Services should be **inclusive** and consider the needs of women, youth, newcomers and Indigenous users.

Peel Supervised Consumption Site Study Findings



Establishing a location(s) for SCS should be driven by local data and need, along with community consultation

Community consultation to increase acceptability should occur.

The **most common concerns** reported by respondents to the general community survey around having supervised consumption services in Peel were:

More people who use drugs in the area

52%

More drug trafficking in the area

47%

Decreased property values

46%

Impact on the neighbourhood

45%

Personal safety concerns

42%

The **most commonly reported benefits** of supervised consumption services by general community survey respondents were:

- Reduced risk of injury and/or death from overdose (**52%**);
- Connecting users and their families to health and social services (**49%**);
- Reducing the risk of HIV and Hepatitis C transmission (**48%**);
- Less public drug use (**45%**); and
- Less used needles in public (**43%**).



Next Steps



- 1** A lead agency interested in applying for and implementing an SCS should be identified.
- 2** People who use drugs and the general community should be involved in the planning, implementation and evaluation of a potential SCS, with special consideration given to seeking input from women, youth, newcomers and Indigenous people.
- 3** Education and outreach to the general community on the benefits and purpose of SCS should be planned.



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September 20, 2019

RE: Introduction and Integration of a Consumption and Treatment Site in Peel region

To Whom It May Concern,

Peel is in the midst of an Opioid crisis fueled by the tainting of the drug supply with fentanyl and other substances resulting in 109 deaths between May 2017 and June 2018, up from 46 deaths in 2016.

- Moyo Health & Community Services (Moyo) remains committed to working with our communities to reduce drug related harms including overdose, HIV and Hep C transmission. Moyo has always been a leader in overdose prevention activities and other evidence-based initiatives. We remain committed to working with communities to address this devastating health crisis.
- Evidence shows that Safe Consumption Sites are one tool that is having great success in reducing overdose deaths by the people who use them. At this time, Moyo wishes to state our intention to pursue the establishment and integration of Consumption and Treatment Services (CTS) in collaboration with the Peel Public Health and other relevant community partners and stakeholders. We will take the lead on the hiring, staffing, and the management of day to day operations of the site(s) as required, while working with community partners to provide other relevant services and referral sources consistent with provincial CTS requirements.

We will work with our partners to secure a federal exemption, provincial funding, and a location(s) which meets the needs of the community in which these services will reside.

Moyo looks forward to working with communities and service providers to bring this evidence based and life-saving intervention into this Region.

If you have any questions please do not hesitate to email me at boardchair@moyohcs.ca.

Sincerely,

A handwritten signature in black ink, appearing to read "Racquel Bremmer".

Racquel Bremmer
Board Co-Chair

Peel Opioid Strategy Steering Group

Letter of Support for Supervised Consumption
Services in the Region of Peel

October 31, 2019

Dear Regional Council,

Re: Support for Supervised Consumption Services in the Region of Peel

The Peel Opioid Strategy Steering Group is writing in support of the findings of the Supervised Consumption Services Needs and Feasibility Study which was led by Peel Public Health with assistance from Moyo Health and Community Services and the Canadian Mental Health Association. The study indicates a need for Supervised Consumption Services (SCS) in the Region of Peel.

The Peel Opioid Strategy Steering Group was established in 2018, in response to the increase in opioid related harms and deaths in Peel. It is comprised of organizations that have a mandate or role in the provision of services and programs related to substance use prevention, harm reduction, treatment, and law enforcement, as well as people with lived experience of substance use. We are committed to working together to address this challenging public health issue through a coordinated response.

The harms associated with opioid use have been increasing in the Region of Peel, with 109 documented opioid-related deaths in 2018. We have also seen an increase in opioid-related emergency room visits and hospitalizations in the past three years. Harm reduction measures including needle exchange, overdose prevention and naloxone distribution have been rolled out in our community. Supervised Consumption Services would complement these measures and help save lives.

Supervised Consumption Services are an important harm reduction intervention that have been shown to decrease deaths from opioid overdose and reduce the spread of bloodborne illnesses such as HIV and Hepatitis C by promoting safer drug-related behaviours. These services also provide important linkages to care and treatment for people living with addiction. The study led by Peel Public Health showed that 64% of people who use drugs surveyed reported experiencing an overdose in their lifetime. The majority of people who use drugs (87%) would use SCS if available and indicated support for these services in Peel.

The Supervised Consumption Services Needs and Feasibility Study conducted by Peel Public Health demonstrates a need for these life saving services among people who use drugs in the Region. The Peel Opioid Strategy Steering Group urges Council to endorse the findings of the study.

Sincerely,

Members of the Peel Opioid Strategy Steering Group

Canadian Mental Health Association- Peel Dufferin
Elizabeth Fry Society of Peel Halton
John Howard Society Peel Halton Dufferin
Mississauga Halton LHIN, Mental Health and Addictions within Regional Programs
Moyo Health and Community Services
Peel Addiction Assessment and Referral Centre
Peel Drug Users Advisory Panel

Peel Opioid Strategy Steering Group

**Letter of Support for Supervised Consumption
Services in the Region of Peel**

Punjabi Community Health Services
Region of Peel- Paramedic Services
Region of Peel- Public Health
Sheridan College
Wellfort Community Health Centre

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**ITEMS RELATED TO
HUMAN SERVICES**

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THE REGIONAL MUNICIPALITY OF PEEL
STRATEGIC HOUSING AND HOMELESSNESS COMMITTEE
MINUTES

SHHC - 5/2019

The Region of Peel Strategic Housing and Homelessness Committee met on November 21, 2019 at 9:33 a.m., in the Regional Council Chambers, 5th Floor, Regional Administrative Headquarters, 10 Peel Centre Drive, Suite A, Brampton, ON.

Members Present: G. Carlson; G.S. Dhillon*; A. Groves; N. Iannicca*; M. Medeiros; C. Parrish*; P. Vicente

Members Absent: Nil

Also Present: N. Polsinelli, Interim Chief Administrative Officer; J. Hastings, Acting Commissioner of Human Services; S. VanOfwegen, Commissioner of Finance and Chief Financial Officer; C. Granger, Acting Commissioner of Health Services; A. Farr, Commissioner of Public Works; P. Caza, Acting Regional Solicitor; N. Jamal, Acting Chief Planner; A. Baird, Director, Housing Services; K. Lockyer, Regional Clerk and Director of Legal Services; H. West, Legislative Specialist; A. Dhindsa, Legislative Assistant; S. MacGregor, Legislative Assistant

Chaired by Councillor A. Groves

1. DECLARATIONS OF CONFLICTS OF INTEREST -Nil

2. APPROVAL OF AGENDA

RECOMMENDATION SHHC-13-2019

That the agenda for the November 21, 2019 Strategic Housing and Homelessness Committee meeting, be approved.

3. DELEGATIONS – Nil

- 3.1. **Ian Hanney, Policy Analyst, Peel Alliance to End Homelessness**, Providing an Overview of Peel Alliance to End Homelessness (PAEH)

Received

* See text for arrivals

♦ See text for departures

Ian Hanney, Policy Analyst, Peel Alliance to End Homelessness (PAEH) reintroduced PAEH which is a collaboration of agencies and stakeholders who work to prevent and end homelessness in Peel region. Members of the agencies and stakeholders have provided in kind time and resources to reach shared goals. PAEH was formed when local champions participated in the National 20,000 Homes Campaign organized by the Canadian Alliance to End Homelessness. The campaign collected data from the most vulnerable citizens and an enumeration was presented in 2016; another enumeration was completed in 2018 and one will be completed in 2020. Ian Hanney stated that since 2016, PAEH has expanded its membership and duties. He highlighted that PAEH is the community advisory board through the federal homelessness funding program known as the Reaching Home Strategy; leads the Built for Zero team (completing data driven tests for change for those that are most vulnerable) and will build the Coordinated Access system with the Region of Peel.

Councillor Parrish arrived at 9:37 a.m.

Regional Chair Iannicca arrived at 9:40 a.m.

3.2. **William Graham, Volunteer, The Royal Canadian Legion, Knights of Columbus and The Society of St. Vincent dePaul, Providing Suggestions on Working Toward Homelessness Solutions**

Received

William Graham, Volunteer, The Royal Canadian Legion, Knights of Columbus and The Society of St. Vincent DePaul provided suggestions on ways that the public can change attitudes and views of the homeless noting that they are human beings, many of whom have great life experience but are down on their luck. He stated that there are 900 homeless people in the Region of Peel and 230,000 across Canada each year and he provided reasons for why they may be homeless. William Graham noted that support systems are required for individuals after they are housed to ensure their success for staying housed. He suggested that members of the public change their assumptions and treat homeless people with civility, respect, love, and justice. He provided an opportunity for local businesses, in an act of kindness, to post a sticker on a window or door that 'Homeless are Welcome'.

Members of the Strategic Housing and Homelessness Committee thanked William Graham for his delegation. Regional Chair Iannicca requested that he delegate at an upcoming Regional Council meeting.

Councillor Groves requested that Human Services staff work with William Graham to help raise public awareness regarding his campaign.

- 3.3 **Mark Alfano, Founder, CITIZENX**, Providing Suggestions on How to Anticipate New Challenges to Affordable Housing Emergencies

Withdrawn

4. **REPORTS**

4.1. **Housing and Homelessness Service Transformation: Shifting to a Needs-Based Approach**

Presentation by Grace Caron, Program Director and Joyce Nielsen, Program Manager, Service Transformation, Human Services

Received

Grace Caron, Program Director, Service Transformation, provided an overview of the transformation of the current chronological housing or centralized wait list approach to shifting to a needs based approach. She stated that the way housing services are delivered today does not align with the demands and the changing needs of the community and as a result, there is a growing impact on the shelter system. She explained that a key principle of Housing First is to deliver services prioritized based on need with a focus on securing permanent Housing as quickly as possible. She noted that only 17 per cent of Peel's rent supplements are funded by the provincial government which allows opportunities to utilize Regional contributions to implement a needs-based approach, as provincial legislation currently requires a chronological approach. A needs-based approach will have all clients participate in a needs assessment to categorize low, medium or high needs.

Joyce Nielsen, Program Manager, Service Transformation, stated that the Government of Canada's Renewed Homelessness Strategy mandates implementation of a Coordinated Access System by March 31, 2022. She indicated that the Region of Peel's proposed model will navigate the right services to individual needs noting it was developed in partnership with PAEH and was co-designed with community partners while utilizing best practices from other jurisdictions.

Grace Caron stated that staff will report back to the Committee in early 2020 with implementation of the housing needs assessment, Coordinated Access, as well as a comprehensive policy and funding framework.

Councillor Dhillon arrived at 10:10 a.m.

In response to concerns raised by Councillor Parrish regarding the lack of proper housing and the services that are provided through homeless shelters, Grace Caron responded that a concrete policy framework and recommendations will be brought forward in 2020 to change from the current model to a needs based approach. The needs based approach will use the

current funding envelope, but takes an approach on how to use those funds differently to divert people from shelters. Councillor Parrish asked that the new needs based approach be communicated in a simplified way so that all members of the public and media will understand.

Aileen Baird, Director, Housing Services, added that 'housing' is usually thought of as creating supply and the provision of capital dollars. She noted that a solid capital plan has been put before Council and that staff are working on a funding strategy; however, another component of the Peel Housing & Homelessness Plan is managing the demands to achieve greater outcomes, such as the transformation to a needs based approach.

In response to a question raised by Councillor Medeiros regarding needs assessment and metrics, Grace Caron stated that the right modeling and forecasting will be required to understand the impact of the proposed recommendations, which will guide the metrics. Individual responses will be created to determine the provision of what will be offered to ensure long term successes which will allow clients to move out of the system and become independent.

In response to questions raised by Councillor Medeiros regarding staff training and activities of the transformation, Grace Caron stated that in addition to training and internal process changes there is a small project team working with staff and community partners such as PAEH. The group is streamlining internal processes which will be a multi-year initiative and will continue to evolve and adjust over time. Councillor Medeiros asked that Members of Council be provided with an information sheet so that communication is consistent. Aileen Baird, Director, Housing Services confirmed that an information sheet will be sent to Members of Council.

Councillor Groves stated that she had provided a brochure from the Region of York to Peel Regional staff, regarding a program for 'empty-nesters' to house individuals in their unused rooms. Aileen Baird responded that staff will be reporting back in 2020 regarding optimizing existing stock with nine different options, one of which is a 'host' program, as described by Councillor Groves.

4.2. Housing and Homelessness Service Transformation: Implementing a Coordinated Access System

RECOMMENDATION SHHC-14-2019

That the Commissioner of Human Services be delegated authority to approve the use of the Community Capacity and Innovation funding allocated to The Regional Municipality of Peel under an amendment to the Reaching Home transfer payment agreement with the Minister of Employment and Social Development Canada (the "Minister"), in the amount of \$623,250, for the federal funding period of 2019 through to 2024, or as may be extended by the Minister, for service provision by community agencies in accordance with federal funding obligations;

And further, that the Director of Housing Services be delegated authority to execute agreements and other related documents to conduct Community Capacity and Innovation activities, on business terms satisfactory to the Commissioner of Human Services and on legal terms satisfactory to the Regional Solicitor for the federal funding period of 2019 through to 2024 or as may be extended by the Minister;

And further, that the 2019 Homelessness Support gross expenditures and revenues be increased by \$60,000 as a result of the additional federal funding;

And further, that \$181,780 in gross expenditures and revenues be included for consideration in the 2020 Homelessness Support operating budget.

5. COMMUNICATIONS - Nil

6. IN CAMERA MATTERS - Nil

7. OTHER BUSINESS - Nil

8. NEXT MEETING

The next meeting of the Strategic Housing and Homelessness Committee is scheduled for Thursday, February 6, 2020 at 9:30 a.m., Regional Administrative Headquarters, Council Chamber, 5th floor, 10 Peel Centre Drive, Suite A, Brampton, ON.

Please forward regrets to Helena West, Committee Clerk, (905) 791-7800, extension 4697 or at Helena.west@peelregion.ca.

9. ADJOURNMENT

The meeting adjourned at 10:48 a.m.

November 5, 2019

Sent via e-mail

Kathryn Lockyer
 Director of Clerks & Regional Clerk
 Region of Peel
 10 Peel Centre Drive, Suite A & B
 Brampton, ON L6T 4B9

United Way Greater Toronto
 26 Wellington Street East
 12th floor
 Toronto, ON M5E 1S2

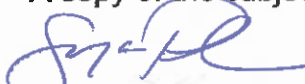
Doug Kwan and Arshed Bhatti
 Peel Poverty Reduction Committee

Re: Review of 2018-2028 Peel Poverty Reduction Strategy and Alignment of City Programs and Strategies (RM 46/2019)

The following recommendation of the Committee of Council Meeting of October 16, 2019 was approved by Council on October 23, 2019:

- CW423-2019
1. That the report from M. Majeed, Policy Planner, Planning and Development Services, dated August 26, 2019, to the Committee of Council Meeting of October 16, 2019, re: **Review of 2018-2028 Peel Poverty Reduction Strategy and Alignment of City Programs and Strategies (RM 46/2019)** be received; and
 2. That a copy of this report be provided to the Peel Poverty Reduction Committee, the Region of Peel and the United Way Greater Toronto.

A copy of the subject report is attached.



Sonya Pacheco
 Legislative Coordinator
 City Clerk's Office
 Tel: 905-874-2178 / Fax: 905-874-2119
sonya.pacheco@brampton.ca

RECEIVED

NOV 12 2019

**Region of Peel
 Clerks Dept.**

(CW – 8.2.1)

cc: R. Forward, Commissioner, Planning and Development Services
 B. Bjerke, Director, Policy Planning, Planning and Development Services
 M. Majeed, Policy Planner, Planning and Development Services

REFERRAL TO _____
 RECOMMENDED _____
 DIRECTION REQUIRED _____
 RECEIPT RECOMMENDED _____



Report
Committee of Council
 The Corporation of the City of Brampton
2019-10-16

Date: 2019-08-26

Subject: Information Report
 Review of 2018-2028 Peel Poverty Reduction Strategy and Alignment of City Programs and Strategies

Contact: Malik Majeed, Policy Planner, Planning and Development Services,
 (905) 874-2076, malik.majeed@brampton.ca

Recommendations:

1. That the report from Malik Majeed, Policy Planner, Planning and Development Services, dated August 26, 2019, to the Committee of Council Meeting of October 16, 2019, re: **Information Report – Review of 2018-2028 Peel Poverty Reduction Strategy and Alignment of City Programs and Strategies (File BAX PPRS19)**, be received; and
2. That a copy of this report be provided to the Peel Poverty Reduction Committee, the Region of Peel and the United Way Greater Toronto.

- **Overview: The 2018-2028 Peel Poverty Reduction Strategy is a comprehensive multi-year plan to mitigate and reduce the impact of poverty on residents in Brampton, Caledon and Mississauga.**
- **Arising from a delegation of the Peel Poverty Reduction Committee to Committee of Council on April 17, 2019, Council resolution CW165-2019 (RM 46/2019) directed staff to review the 2018-2028 Peel Poverty Reduction Strategy and identify links to existing Brampton strategies and implementation alignments, including reference to Council resolution C080-2019 with respect to gun violence in the City.**
- **The Brampton 2040 Vision *Action #5-1: Social Development* recommends adopting a Brampton-made social development framework for partnerships and to implement target to diminish poverty through a local civic agency –.**
- **This report addresses the above-noted Council direction and has identified several existing programs and strategies undertaken by the City itself, or in partnership with other agencies, that align with and support the priority areas of the 2018-2028 Peel Poverty Reduction Strategy.**

Background:

The 2018-2028 Peel Poverty Reduction Strategy (PPRS) is a comprehensive multi-year plan developed by the Peel Poverty Reduction Committee to mitigate and reduce the impact of poverty on residents in Brampton, Caledon and Mississauga (see Appendix 1). The Strategy builds on the work of the first ever Peel Poverty Reduction Strategy created in 2012, which focused on Economic Opportunities, Income Security, Affordable and Accessible Transportation, Food Security, and Affordable and Accessible Housing. As a result of the collective efforts arising from the first PPRS, programs and initiatives such as the Affordable Transit Program, Peel Food Charter, Peel Community Benefits Network, and Peel Living Wage initiative were created.

The Peel Poverty Reduction Committee is co-chaired by the United Way Greater Toronto and the Region of Peel. The Committee primarily consists of representation from community groups and organizations, regional and municipal governments, the education and health care systems and local residents. The Committee engages and collaborates with its partners in order to make progress towards achieving its strategic actions. Over the course of the Strategy, the Committee has developed strong relationships with partners across numerous sectors including, but not limited to:

- All levels of government
- Boards of Trade
- Community residents
- Community groups and organizations
- Education
- Labour
- Food
- Health
- Housing
- Justice
- Transportation

Current Situation:

The refreshed 2018-2028 Peel Poverty Reduction Strategy (PPRS) focuses on the following three priority areas:

i) **Income Security:**

Equitable and inclusive access to income that results in adequate income security for Peel residents.

ii) **Economic Opportunity**

- Stable, non-precarious employment opportunities; and,
- Reduced systemic barriers including inequitable access to stable non-precarious employment and high quality education for marginalised and equity seeking groups.

iii) **Well-being and Social Inclusion**

Equitable and inclusive access to essential supports and services that meet the needs of Peel residents and their human rights.

The Strategy also includes goals, outcomes and strategic actions to be accomplished and tracked over 10 years (see Appendix 1). The Peel Poverty Reduction Committee will identify key indicators associated with the strategy that will be measured over time and reported regularly.

Arising from a request of the Peel Poverty Reduction Committee that delegated to Committee of Council on April 17, 2019, Council directed staff to review the 2018-2028 Peel Poverty Reduction Strategy and identify links to existing Brampton strategies and implementation alignments, including reference to Council resolution C080-2019 with respect to gun violence in the City.

Staff has reviewed the 2018-2028 PPRS and identified the following existing programs and strategies undertaken by the City that are aligned with one or more of the above-noted priority areas of the PPRS. Several of these programs are undertaken in collaboration with other agencies, such as the Region of Peel and the school boards as well as with community organizations:

<p>Priority Areas of the 2018-2028 Peel Poverty Reduction Strategy (PPRS)</p>	<p>Existing and Planned Programs of City Department/Division that are Aligned with the PPRS</p>
<p>Economic Opportunity</p>	<p><u>Economic Development & Brampton Entrepreneur Centre</u></p> <ol style="list-style-type: none"> <li data-bbox="394 485 1414 579">1) <i>Continuous Collaboration with Local Employment Agencies</i> Collaborate closely with local employment agencies (eg. Access) and promote their offerings to the segments of the population that need them most. <li data-bbox="394 579 1430 810">2) <i>High School Co-op Placement</i> Create and nurture relationships between high schools and public/private organizations, so that high school co-op teachers in Brampton can help their students find meaningful job placements. This helps the students to gain valuable work experience, apply their knowledge, develop soft skills and build a network that will become invaluable once they graduate. The EDO also employs one high school co-op student. <li data-bbox="394 810 1414 968">3) <i>Cross Border Angels</i> A group of 20-30 angel investors from a number of different industries that meets monthly to listen to pitches from Peel's most promising start-ups. In the past year, the EDO has created dozens of entrepreneur-investor relations that has resulted in over \$150K worth of deal-flow. <li data-bbox="394 968 1422 1167">4) <i>Skills for Change Advisory Council</i> A skills training agency that creates programs in response to shifting immigration and workplace trends aimed at helping new immigrants find/create gainful employment. EDO staff serve on the Advisory Council to share knowledge, collaborate on upcoming programming, and understand the impact of changing labour conditions on Peel's workforce. <li data-bbox="394 1167 1406 1388">5) <i>Summer Company</i> Summer Company is a key component of the Ontario government's young entrepreneurs programs, which aims to encourage more young people to turn their talents into creative and innovative businesses. Through the Brampton Entrepreneur Centre, Summer Company provides hands-on business training and mentoring, together with awards of up to \$3,000 to help enterprising students start up and run their own summer business. <li data-bbox="394 1388 1414 1556">6) <i>Business Advising in the Brampton Entrepreneur Centre</i> The business advising team in the Brampton Entrepreneur Centre meets daily with aspiring or rising entrepreneurs and small business owners to guide them on their journeys. Many of their clients are youth, racialized individuals, or those making a leap from the corporate world. <li data-bbox="394 1556 1414 1755">7) <i>Small Business Accelerator Program</i> A 12-week training and mentorship program that walks aspiring entrepreneurs and existing business owners through all the basics of developing a business plan to the complications of penetrating an international market. At its conclusion, program participants are eligible to pitch for a \$5,000 grant to kick off a new venture or expand an existing business.

	<p>8) <i>Future Programs</i> EDO is working with community partners to explore effective methods of engaging with underserved groups, such as seniors, and newcomers. An example of such an engagement could be pursuing opportunities to engage retired talent and executives, and implement a program to facilitate knowledge transfer to younger generations.</p>
Well-being and Social Inclusion	<p><u>Brampton Transit</u> 1) <i>Peel Affordable Transit Program</i> Brampton Transit continues to participate in and promote the Peel Affordable Transit Program (ATP) that was launched in partnership with the Region in May 2018. The ATP provides affordable, accessible and connected transportation. Through the ATP, qualified applicants (and their spouses and dependents) who meet the Region's low-income eligibility requirements will be able to purchase an adult monthly PRESTO pass at a 50% discount.</p>
	<p>2) <i>\$15 Monthly Transit Pass for Brampton Senior Residents</i> The implementation of the \$15 monthly pass for Brampton senior residents was approved during the March 20, 2019 Committee of Council meeting. On July 5, 2019, City Council officially announced that the new pass would be effective September 1, 2019. This new reduced monthly seniors pass for Brampton residents provides a deeper discount at \$15 per month when compared to the reduced ATP pass at \$26 per month.</p> <p>City Council provided further direction to staff to report back on providing free transit for Brampton senior residents beginning in 2020, as part of the 2020 budget process.</p>
	<p>3) <i>Future Programs – Short-term (1-3 years)</i> As part of the ATP, provide riders with information about how to use transit, what's coming up, etc.</p>
	<p>4) <i>Future Programs – Long-term (8 – 10 years)</i></p> <p><i>Brampton 2040 Vision</i> Action Item #4 titled Transportation and Connectivity in the Brampton 2040 Vision, recommends further study and consideration of the notion of providing free transit fares for all by 2040 or earlier.</p> <p>The Region of Peel could consider increasing funding of the ATP to provide increased capacity based on existing Low Income Cut-off (LICO) requirement and expand the current LICO threshold to a sliding scale to increase program participation.</p> <p>As well, Region of Peel, Brampton Transit, and MiWay expect to:</p> <ul style="list-style-type: none"> - Continue advertising the ATP and work with the City to consider opportunities to secure potential sponsorship for low-income transit fares provided by the Region. - Reduce the percentage of low income earner's salaries spent on a monthly bus pass by providing deeper ATP subsidy discounts to eligible low-income residents.
Economic Opportunity	<p><u>Recreation Division</u> 1) <i>Youth Employment</i></p> <ul style="list-style-type: none"> • The City's Recreation Division employs 1,500-2,000 part-time staff, and a

	<p>majority of them are students. During the summer months Recreation Division employs over 500 students in a variety of jobs.</p> <ul style="list-style-type: none"> • Summer job challenge: Work with partners (Region of Peel, School Boards etc.) to provide opportunities for marginalized and equity-seeking groups.
<p>Well-being and Social Inclusion</p>	<p>2) <i>Future Programs - Short-term (1-3 years)</i> Apply poverty reduction lens in part-time hiring process: targeted employment approach/intentional employment in order to recruit part-time staff and volunteers from low income/at-risk communities.</p>
	<p>3) <i>Increased Access to Recreation Programming by Minimizing Economic Barriers:</i></p> <ul style="list-style-type: none"> • Increased the number of clients that are supported through Active Assist subsidy program by approximately 1,500 from 2017 to 2018. • Free Jumpstart programming for children and youth • Play in the Parks Free Program • Free after-school programs arranged in collaboration with School Boards • Free 2:1 integration support for children with disabilities to help them participate in recreation programs • Try it free program - Rock Wall • Low fee neighbourhood camps
	<p>4) <i>Recreation Active Living Community Grants Program</i> Supported new/additional community organizations that provide free or low-cost options for physical health through the Recreation Active Living Community Grants Program.</p>
	<p>5) <i>Volunteer Engagement</i> Increased volunteer engagement to enable 1600 active volunteers, comprised mainly of youth and seniors, to positively engage with recreation and the community. Hired part-time employees from the City of Brampton volunteer pool.</p>
	<p>6) <i>Increased access to community spaces and recreational amenities through renovations, new buildings and usage agreements.</i></p> <ul style="list-style-type: none"> • Flower City Senior's Centre – upgraded and expanded cafeteria and community space • Opened Gore Meadows outdoor rink and pool • Joint use agreement with Peel District School Board for Jean Augustine High school's multipurpose field and score board • Creditview/Sandalwood Park • Constructed rock wall at Ken Giles Recreation Centre
	<p>7) <i>Free BEST YOU Community Outreach (Physical, Social and Emotional) Workshops for Kids in schools and recreation facilities.</i></p>
	<p>8) <i>Collaborative Programs</i></p> <ul style="list-style-type: none"> • Free Diabetes Prevention Education Program: Family Adventures in Health initiative with William Osler Health System in select community centres. • Free Cardiac Transitional Rehabilitation Program: Osler provides a transitional exercise program at Chinguacousy Wellness Centre (CWC) to its cardiac patients. Recreation Division offers Osler the in-kind use of multi-purpose room space, as well as special one-time, three-month fitness memberships to each cardiac patient participating in the Program, which will allow their use of CWC exercise facilities under supervision of Osler's trained staff. • Free Exercise and Fall Prevention Classes with Central West Local Health Integration Network: In-kind space in select community centres allocated to

	<p>free programming for seniors including Exercise and Fall Prevention Classes and specialty programming for those with Stroke and Chronic Obstructive Pulmonary Disease.</p> <ul style="list-style-type: none"> Free Youth Programs: Lease agreement with Boys and Girls Club of Peel whereby the City allocates in-kind space in select facilities to deliver programming to Brampton Youth. <p>9) <i>Future Programs - Short-term (1-3 years)</i></p> <ul style="list-style-type: none"> Increase awareness of Active Assist subsidy program City wide promotion of free recreation programs Targeted program initiatives and leadership training for youth Reduce social isolation in seniors by incorporating seniors' programming in neighbourhoods throughout the City Explore corporate sponsored free recreation programs
<p>Income Security</p>	<p><u>Brampton Library</u></p> <p>1) <i>Access to Digital Resources</i> Brampton Library offers barrier-free access to its digital resources, including computers and Wi-Fi. Residents that need to communicate with the government for services, create resumes, access job listings, and apply for jobs may do so at all of the library branches. No library card is required to access these resources.</p> <p>2) <i>Library Settlement Partnership</i> The Library Settlement Partnership program in conjunction with the Newcomer Information Centre offers free programs to Brampton newcomers that cover topics including finances, investing, job search strategies, and where to find low-cost and free resources in Brampton.</p> <p>With respect to financial literacy, the Library partners with Royal Bank of Canada to provide monthly workshops for newcomers. Depending on the month, newcomers learn about how to manage their money, including spending habits, savings, debt management, and how to create a budget. They also learn about the basics of credit reporting and other money matters.</p> <p>3) <i>Entrepreneurs Connect at the Library</i> Brampton Library partners with Brampton Entrepreneur Centre, Economic Development & Culture Division of the City and Meridian Credit Union, and offers programs with respect to starting a small business, financing for entrepreneurs, and taxation tips, as well as brainstorming sessions with the local entrepreneur community.</p>
<p>Economic Opportunity</p>	<p>4) <i>Free Online Resources</i> The free online resources at Brampton Library include courses that help residents to improve existing skills and obtain new skills in order to achieve better employment opportunities. The free eLearning program helps residents to navigate the available online resources.</p> <p>5) <i>Digital Literacy Programs</i> Brampton Library offers a variety of digital literacy programs, including Computer Basics and 3D Printing that enable residents to increase their literacy in key areas that will allow for increased job prospects.</p> <p>6) <i>Teen Volunteer Program</i> The teen volunteer program allows teens to obtain the hours they need to graduate, as well as develop professional skills required to succeed in the workplace.</p>

Well-being and Social Inclusion	<p>7) <i>Barrier-free Library Space</i> Brampton Library offers barrier-free space for all to enjoy. There are no time limits to being in the space, as long as the branch is open, and all seven branches of the Brampton Library are now open seven days a week. No card is required to use the library spaces. The Visiting Library Service provides library materials to members of the community that are unable to visit one of our branches.</p>
	<p>8) <i>Age-friendly Library Programs</i> Brampton Library's free programs engage residents of all ages. The Library has an extensive range of children's programs that help to ensure children are ready to succeed in school. The teen volunteer program allows teens to have the experience of developing programs of interest to other teens. Adult programs cover multiple areas of literacy, and encourage social connection.</p>
	<p>9) <i>Resources for Accessing Shelter and Food</i> Documented resources are available in the library for accessing services in the Brampton area, including shelter and food.</p>
	<p>10) <i>Community Health</i> Brampton Library partners with organizations such as Supporting Our Community's Health (SOCH), a South Asian community organization, to offer programs such as Mental Health in the South Asian Community.</p>
	<p>11) <i>Future Programs</i> Brampton Library will be opening an 8th branch in 2019, which will expand its ability to offer services and resources to the community. It will expand the After Hours Program that offers free space to students for studying after the branches are closed. Brampton Library continually reviews and expands the collection of offerings to the community, ensuring that the needs of residents at all ages and stages are met.</p>

In addition to the above-noted programs, the City of Brampton Age-friendly Strategy, the Draft Youth Engagement Strategy and the Affordable Housing Strategy align with the Well-being and Social Inclusion focus area of the PPRS as follows:

City of Brampton Age-friendly Strategy and Action Plan

The City of Brampton Age-friendly Strategy and Action Plan (AFSAP) that was endorsed by City Council in June, 2019 includes the following goals:

- 1) Include residents of all ages, abilities and cultural backgrounds in City initiatives and events.
- 2) Provide affordable and accessible housing, along with a range of housing types and tenures.
- 3) Effectively communicate information using a variety of methods.
- 4) Assess and improve routes, connections and transit stops as the City grows.
- 5) Youth will be recognized and supported in the community through opportunities for social interaction, civic engagement, volunteering and employment.
- 6) Inter-generational opportunities will be created in the community, such as programs or events for youth and seniors to share knowledge.
- 7) Develop vibrant Community/Social Hubs with a variety of activities, events,

- volunteer and employment opportunities for social participation by all ages.
- 8) Design complete and compact neighbourhoods, parks, and streets that create opportunities for social interaction and interconnectivity of neighbourhoods to a variety of uses.

The AFSAP includes 50 Action Items identified under short-term (1-2 years), medium-term (3-5 years) and long-term (5+ years) actions.

Draft Youth Engagement Strategy

A Draft Youth Engagement Strategy presented to City Council in June 2019, identified affordable housing, mental health, and climate change as focus areas, and the following as guiding principles, all of which align with the focus areas of the PPRS:

- Be a youth ally;
- Stay relevant;
- Prioritize marginalized youth; and,
- Use youth communication methods.

Following further validation and update, the Youth Engagement Strategy is expected to be implemented beginning winter 2020.

Housing Brampton - Affordable Housing Strategy

With its work plan endorsed by City Council in 2017, *Housing Brampton* will serve as a road map to increase the supply of rental and affordable ownership units for Brampton residents. The Region of Peel is the local housing authority that provides affordable rental units, while the City is responsible for land use planning.

The City will be working with residents, builders and developers, community stakeholders, and other levels of government to develop a strategy that responds to the current and future housing needs of Brampton residents.

As part of *Housing Brampton*:

- A Housing Needs Assessment was completed in June 2018.
- A Seniors' Housing Study was endorsed by Council in January 2019, and includes case studies, a methodology for identifying suitable sites throughout the City suitable for seniors housing developments, and key recommendations to promote diverse housing options for residents.
- An Affordable Housing Advisory Committee, made up of stakeholders, developers and various levels of government, has been formed to support the development and implementation of *Housing Brampton*.
- A review of the City's policies with respect to rental housing and student housing will be undertaken.
- Staff are looking into the development of an inclusionary zoning (IZ) program, which would allow the City to require a portion of any new development to be dedicated as affordable housing units.

- Additional benchmarking will be undertaken relating to the development of affordable housing tools and incentives which will be brought forward for Council's consideration by the end of 2019.

Official Plan Review

The Official Plan Review that is underway will include updated policies in order to implement the Brampton 2040 Vision and the latest Provincial plans and present a contemporary Official Plan that will address community interests and fulfil its primary role of directing the physical development of the City and accounting for land use, economic, environmental and other considerations. The new Official Plan is expected to include policies that align with the focus areas of the PPRS from a land use perspective.

Council Resolution C080-2019 with respect to Gun Violence in Brampton

On March 27, 2019, Interim Police Chief Chris McCord, Peel Regional Police, delegated to City Council and provided information with respect to the Peel Regional Police Gun Amnesty Program as well as other measures, programs and partnerships that are in place to address gun violence.

Council recognized that the underlying causes that contribute to the violence, including poverty, oppression, social exclusion and neglect, also need to be at the forefront of any strategy that is developed to address gun violence.

In summary, resolution C080-2019 passed by City Council on March 27, 2019 states that the City, in close collaboration with the Region of Peel, Peel Regional Police and service agencies, work on substantive programs in Brampton that address the root causes of gun and gang violence in the City, which will include, but not limited to, youth programs and employment opportunities, mental health and addictions support, and affordable housing. City staff is required to bring those proposed programs, which are not redundant to what is existing in the City or Region, for Council consideration including any cost implications.

Staff note that the above-noted existing and planned programs and strategies with respect to youth programs, employment opportunities and affordable housing that are addressed in this report also address the root causes of gun violence, and will be further enhanced as part of new programs in the short to intermediate terms.

Corporate Implications:

Financial Implications:

There are no financial implications associated with this report.

Other Implications:

There are no other implications associated with this report.

Term of Council Priorities:

This report addresses the Term of Council Priorities of “Brampton is a City of Opportunities” that seeks to spread job opportunities throughout the City, “Brampton is a Mosaic”, that embeds diversity and equity in everything we do and “Brampton is a healthy and safe City” that ensures safety and well-being of our citizens.

Living the Mosaic – 2040 Vision:

This report is consistent with Vision 5 – Social Matters and Housing of the 2040 Vision. In particular, the 2040 Vision has identified inequities in Brampton with respect to housing, job opportunities, precarious employment, education, child care availability/affordability and racism.

Conclusion:

This report has identified several existing and planned City programs as well as aspirational plans in the Brampton 2040 Vision that align with the 2018-2028 Peel Poverty Reduction Strategy and contribute to the achievement of the goals identified in the PPRS and the City's 2040 Vision.

Staff will take steps to implement the future programs identified as part of this report that will further enhance the City's ability to support poverty reduction in the City.

Approved by:

Approved by:

Bob Bjerke, MCIP, RPP
Director Policy Planning

Richard Forward, MBA,
M.Sc., P.Eng
Commissioner of Planning
and Development Services

Attachments:

Attachment 1: 2018-2028 Peel Poverty Reduction Strategy

Report authored by: Malik Majeed, MCIP, RPP, Policy Planner

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**ITEMS RELATED TO
PLANNING AND GROWTH
MANAGEMENT**

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DATE: December 2, 2019

REPORT TITLE: **PEEL 2041 REGIONAL OFFICIAL PLAN REVIEW – CONSULTATION ON PROPOSED ENVIRONMENTAL, AGRICULTURAL AND RURAL SYSTEM POLICIES**

FROM: Andrew Farr, Acting Commissioner of Public Works

RECOMMENDATION

That public consultations be initiated on proposed revisions to the Regional Official Plan policies related to Climate Change, Water Resources, Wildland Fire Hazards, Agricultural System, Rural System and Provincial Greenbelt Plans policies;

And further, that a copy of the draft Regional Official Plan policies be forwarded to the Ministry of Municipal Affairs and Housing, City of Brampton, Town of Caledon, City of Mississauga, all other municipalities adjacent to the Region of Peel, and to the appropriate agencies for their review and comment.

REPORT HIGHLIGHTS

- The Regional Official Plan is required to be reviewed periodically. On November 21, 2013, the Growth Management Committee of Council endorsed a work program known as Peel 2041 Regional Official Plan Review. Further additions and changes to the work program were brought forward to Council between 2015 and 2019.
- This process is undertaken as a Municipal Comprehensive Review to ensure conformity to provincial plans, policies and legislation, and to address emerging planning issues affecting the Region of Peel (such as climate change), while ensuring the goals of the Regional Official Plan are met.
- This Report recommends proceeding with the next steps of informal public consultation on Regional Official Plan draft policies for the environment themed focus areas that will update climate change, water resources, wildland fire hazards, agriculture system, rural system, Greenbelt Plan, Oak Ridges Moraine Conservation Plan and Niagara Escarpment Plan policies and related mapping.
- A total of 11 discussion papers have been developed which provide background information on the rationale for the proposed policy amendments.
- Initial consultation on the discussion papers, draft policies and mapping has occurred with internal departments, local municipal staff, provincial staff, stakeholders, conservation authorities, and the development industry.
- Draft policies will be available in accordance with the current Peel 2041 and Municipal Comprehensive Review work plan.
- Draft policies for other policy focus areas such as growth management, settlement expansion, and transportation will be provided in subsequent consultation stages as work progresses.

PEEL 2041 REGIONAL OFFICIAL PLAN REVIEW – CONSULTATION ON PROPOSED ENVIRONMENTAL, AGRICULTURAL AND RURAL SYSTEM POLICIES

- New direction from the Province allows municipalities to implement a Municipal Comprehensive Review through staged Official Plan Amendments. Opportunities will be considered for phasing amendments where work is sufficiently advanced and to address strategic priorities that support community building.

DISCUSSION

1. PURPOSE

The purpose of this report is to request Regional Council's direction to initiate the next stage of informal public consultation on proposed revisions to the Regional Official Plan, in accordance with the Peel 2041 Regional Official Plan and Municipal Comprehensive Review work plan discussed at Regional Council on September 26, 2019 (see Appendix I).

Further consultation on the Regional Official Plan Review is planned to occur in four steps:

- Three informal public consultations on draft policies grouped by focus area theme:
 - First Informal Consultation– Environment Related Focus Areas
 - Second Informal Consultation – Growth Management Related Focus Areas
 - Third Informal Consultation – Settlement Boundary Expansion and Remaining Focus Areas; and
- A final formal statutory public consultation on a recommended draft Regional Official Plan Amendment under the *Planning Act* (open houses and public meeting) consolidating the proposed revisions developed in the first three stages of informal consultations.

The informal public consultation focused on environment related policies is planned to be held in March 2020, in order to obtain public feedback on draft policies. The consultation will also provide an update on all elements of the Peel 2041 work plan, and share supporting studies. This informal public consultation will address draft official plan policies and related mapping updates to the Regional Official Plan for the following areas:

- Agricultural and Rural Systems
- Climate Change
- Provincial Greenbelt Plans Conformity, specifically:
 - Greenbelt Plan
 - Oak Ridges Moraine Conservation Plan
 - Niagara Escarpment Plan
- Water Resources
- Wildland Fire Hazards

Notices will be released online (website and social media) and in newsprint regarding the consultations for the environment related set of policies. The public can participate in this first stage of informal consultation by attending one or more open houses to be held in each of the local municipalities, by submitting comments online through the project website, and through community engagement events attended by staff. Consultation and engagement with local municipal staff, Indigenous communities, key stakeholders and public agencies will continue throughout the process. A variety of public friendly digital and published materials have been prepared to summarize and explain the proposed technical work and policy directions contained in the materials attached to this report.

PEEL 2041 REGIONAL OFFICIAL PLAN REVIEW – CONSULTATION ON PROPOSED ENVIRONMENTAL, AGRICULTURAL AND RURAL SYSTEM POLICIES

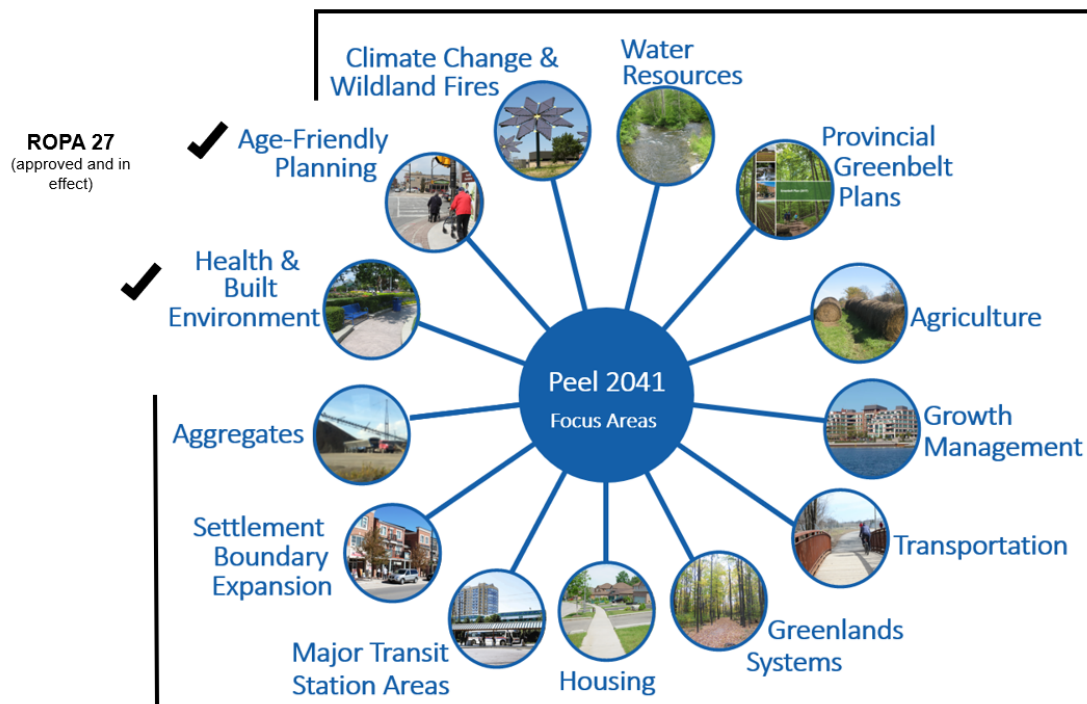
Comments and questions can continue to be submitted throughout the Peel 2041 process. A summary of comments and responses will be available following the consultations. Updates on studies and policies based on consultations will be brought back to Council to inform staff’s final recommended amendment in Q4 2021.

2. BACKGROUND

The Regional Official Plan provides a long-term strategic policy framework for guiding growth and development in Peel, while protecting the environment, managing resources, and outlining a regional structure that supports complete communities.

The Regional Official Plan is reviewed every five years to align with provincial plans, legislation and policies, and to address emerging planning issues affecting the Region. The Region is currently undertaking a legislated official plan and Municipal Comprehensive Review of the Plan as required under section 26 of the *Planning Act*. This work is proceeding consistent with the Growth Plan, 2019, as a single Regional Official Plan Amendment, at this time. The Peel 2041 Regional Official Plan Review (Peel 2041) process will address policy reviews in 13 focus areas as shown in Figure 1.

Figure 1: Regional Official Plan Review Focus Areas



The draft policies in this stage of consultation will ensure the policy framework for the environment and resources in the Regional Official Plan is effective and will contribute to achieving a sustainable, resilient community that is able to respond to the challenges of a changing climate and growing Region. Policy direction ensures that resources are protected and decisions regarding growth and infrastructure are informed by watershed planning and consider

PEEL 2041 REGIONAL OFFICIAL PLAN REVIEW – CONSULTATION ON PROPOSED ENVIRONMENTAL, AGRICULTURAL AND RURAL SYSTEM POLICIES

climate change implications and the need for coordination of environmental initiatives with Regional partners. The draft policy directions align with the Region’s Strategic vision of a Community for Life, climate change priorities of the Peel Climate Change Partnership and recently approved Region of Peel Climate Change Master Plan.

As the Region is going through this consultation process, coordination is being undertaken with the local municipalities which are also in the process of updating their official plans.

3. PROVINCIAL POLICY CONTEXT

The Peel 2041 process addresses a number of legislative and policy initiatives that have been introduced by the Province since the last review of the Regional Official Plan was completed in 2012.

Provincial policy and plans form a framework against which municipal policy must be assessed and to which they must conform. Recent provincial policy and plans relevant to the environment, agriculture and rural policies in the Region of Peel include:

- Provincial Policy Statement (2014) - (undergoing review)
- Growth Plan (2019)
- Greenbelt Plan (2017)
- Oak Ridges Moraine Conservation Plan (2017)
- Niagara Escarpment Plan (2017)
- Lake Simcoe Protection Plan (2009)
- Source Water Protection Plans approved under the Clean Water Act (2006)

Policies in the Regional Official Plan must therefore be reviewed and updated to conform with the above listed provincial policy and plans.

In a correspondence dated November 12, 2019 sent by the Minister of Municipal Affairs and Housing, municipalities have been informed that they now have the choice of phasing their municipal comprehensive review through several Regional Official Plan amendments or achieving conformity as part of one single new official plan or plan amendment. As the Region continues its consultation process, staff will consider opportunities for phasing amendments where work is sufficiently advanced and to address strategic priorities that support community building, including opportunities to begin formal statutory consultation as part of the next phases of consultation discussed in this report. An update to Council is planned for January 2020 on potential refinements to the official plan and municipal comprehensive review process as a result of this new provincial direction.

4. CONSULTATION ON PROPOSED ENVIRONMENT, AGRICULTURE AND RURAL SYSTEM POLICIES

a) Discussion Papers

Discussion papers have been prepared to provide detailed technical background information, outline provincial policy requirements and set out the rationale for policy options which have been proposed.

10.1-5

PEEL 2041 REGIONAL OFFICIAL PLAN REVIEW – CONSULTATION ON PROPOSED ENVIRONMENTAL, AGRICULTURAL AND RURAL SYSTEM POLICIES

Discussion papers being provided in this round of consultation include the following:

- Agriculture and Rural Systems
- Climate Change
- Provincial Greenbelt plans specifically
 - Greenbelt Plan
 - Oak Ridges Moraine Conservation Plan
 - Niagara Escarpment Plan
- Water Resources
- Wildland Fire Hazards

b) Draft Policies for Informal Public Consultation

In conjunction with the discussion papers, draft policy amendments have been prepared in consultation with the local municipalities through the Planning Technical Advisory Committee (TAC) group, representing Regional and local municipal planning policy staff, and stakeholders including the conservation authorities, provincial staff and building industry representatives. The public and stakeholder consultations discussed in this report will allow for further input before final policies are recommended. The Official Plan Review must conclude by Q4 2021 to have an updated Official Plan by July 1, 2022.

The proposed amendments to the Regional Official Plan along with the accompanying discussion papers and mapping can be found on the Region's website at www.peelregion.ca/officialplan/review/env.

Copies of the discussion papers and draft policies have also been placed in the Office of the Regional Clerk for viewing.

Environment theme focus areas communication summaries are provided in Appendix II. Summaries of each environmental policy theme and key amendments being proposed are provided in Appendix III.

A list of discussion papers and technical studies, schedules and figures prepared to inform and support the policy review is included in Appendix IV.

RISK CONSIDERATIONS

Early consultation on draft policies and mapping provides opportunities for public input and supports timely implementation of the Peel 2041 work plan, in order to meet the Provincial deadline of July 1, 2022. There would be a risk in not proceeding with the next stage of public consultation and achieving the planned Peel 2041 work plan timelines and Provincially-mandated conformity date of July 1, 2022.

PEEL 2041 REGIONAL OFFICIAL PLAN REVIEW – CONSULTATION ON PROPOSED ENVIRONMENTAL, AGRICULTURAL AND RURAL SYSTEM POLICIES

NEXT STEPS

This report outlines the planned next steps of public consultations on the draft Regional Official Plan policies including further circulation of draft policies to the Cities of Mississauga and Brampton and the Town of Caledon, adjacent municipalities, Indigenous communities, the conservation authorities, the agricultural community and the building industry for their review and comments.

Following informal consultations, Regional staff will report back to Regional Council on a draft Regional Official Plan Amendment and seek Council's permission to hold a formal statutory public meeting and open house.



Andrew Farr, Acting Commissioner of Public Works

Approved for Submission:



N. Polsinelli, Interim Chief Administrative Officer

APPENDICES

- Appendix I - Peel 2041 Work Plan and Consultation Schedule
- Appendix II - Environment Theme Focus Areas Communication Summaries
- Appendix III - Summaries of the Peel 2041 Environmental Theme Focus Areas
- Appendix IV - List of Discussion Papers, Technical Studies, Schedules and Figures

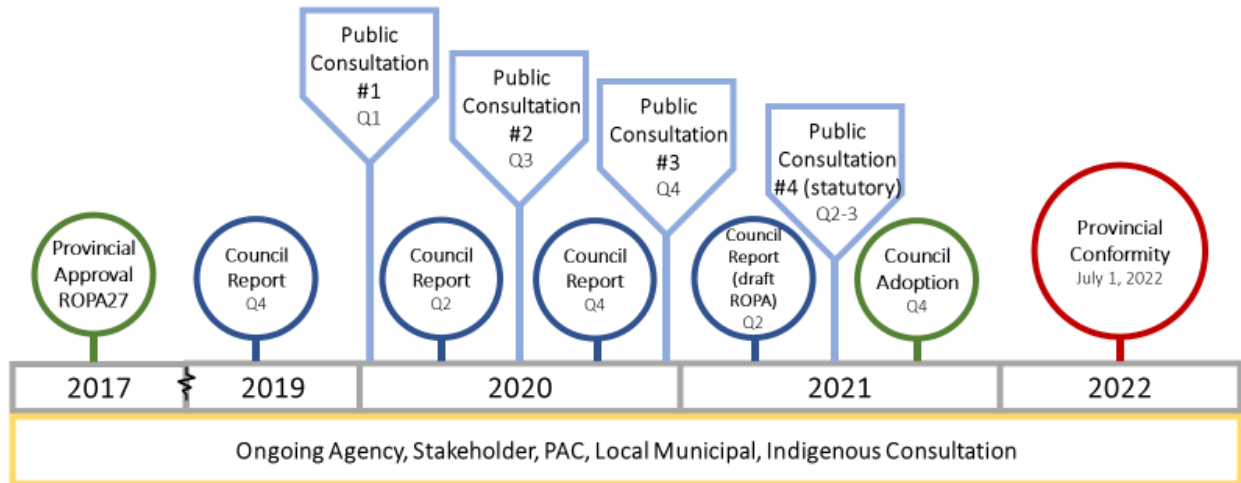
For further information regarding this report, please contact Adrian Smith Director Regional Planning and Growth Management and Chief Planner ext.4625 Adrian.Smith @peelregion.ca.

Authored By: Learie Miller

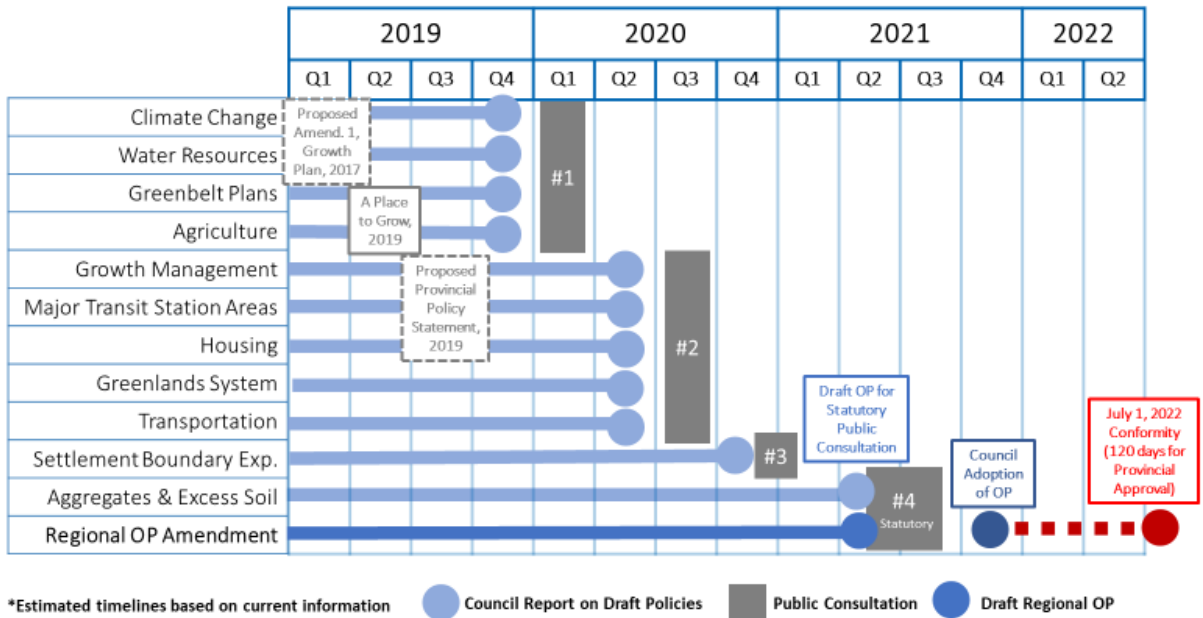
**PEEL 2041 REGIONAL OFFICIAL PLAN REVIEW – CONSULTATION ON PROPOSED ENVIRONMENTAL, AGRICULTURAL AND RURAL SYSTEM POLICIES
APPENDIX I**

PEEL 2041 WORK PLAN AND CONSULTATION SCHEDULE

Peel 2041: 4 Stage Process



Peel 2041 Work Plan: Single Amendment MCR Timing



Note: Based on correspondence from the Minister dated November 12, 2019, opportunities to begin formal statutory consultations sooner will be considered that would allow for a phased conformity approach.

Agriculture & Rural Systems



What are agriculture and rural systems?

The rural system includes rural settlement areas, prime agricultural areas and rural lands, important natural heritage and water resources, as well as other natural resources such as mineral aggregates.

What is the Region doing?

- Protecting Prime Agriculture Areas for long-term use for agriculture
- Fostering access to healthy locally grown food
- Reducing and recovering food and organic waste
- Enhancing economic viability and environmental sustainability of the Agricultural System
- Protecting the character and natural environment of rural Peel
- Permitting a wider range of agriculture, agriculture-related and on-farm diversified uses

Why are agriculture and rural system policies important?

- Agriculture makes a significant contribution to Peel's economy and plays a vital role in maintaining the character of the rural community
- Access to healthy, affordable food contributes to public health
- Reducing food and organic waste has important environmental and economic benefits
- Rural greenlands, surface and ground water and other natural resources sustain Peel's quality of life and a healthy natural environment

Regional Official Plan policies will ...

- Implement Provincial policy direction incorporating policies that protect Prime Agricultural Areas and supporting agriculture and the Agricultural System
- Provide a policy framework/policy direction for more detailed planning and implementation by the local municipalities
- Enhance support for urban agriculture



How can I stay involved?

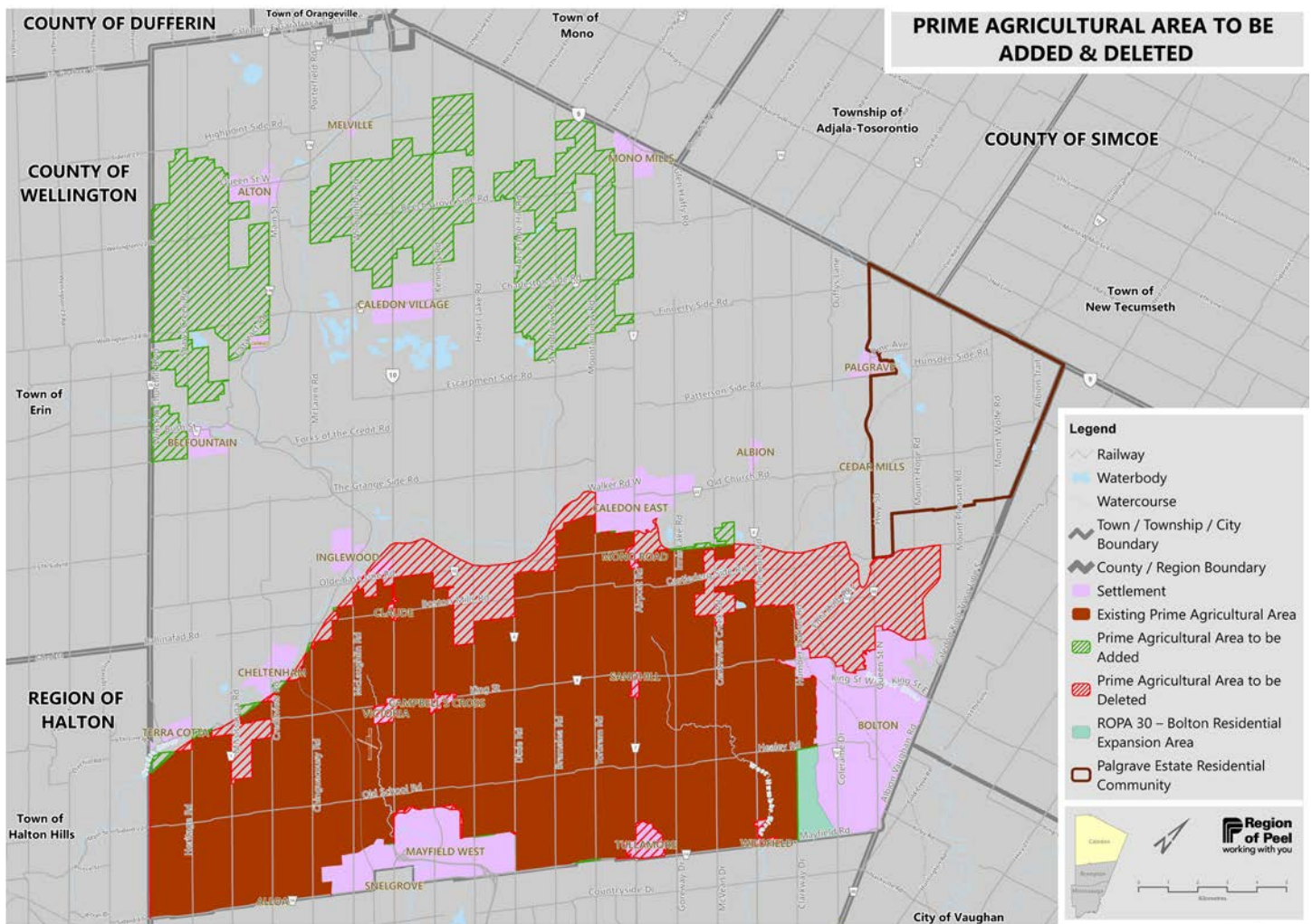
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Agriculture & Rural Systems



How are agriculture & rural system policies formed?

Provincial requirements drive policy development for agriculture and rural systems. The Region undertakes a number of technical studies to guide policy development.



Changes are being made to Prime Agriculture Area mapping in accordance with provincial requirements.



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Climate Change



What is climate change?

Climate change can be defined as any change in climate over time, due to natural changes or as a result of human activity.

What is the Region doing?

- Increasing intensification and density through mixed-use and transit supportive development
- Reducing greenhouse gas (GHG) emissions and other pollutants through sustainable and active transportation
- Protecting, restoring and enhancing Peel's natural systems and water resources
- Promoting energy efficiency and conservation, including green development standards
- Identifying and protecting Prime Agricultural Lands

Why are climate change policies important?

- Rising GHG emissions and changing weather patterns will have a significant impact on human and natural systems
- Peel Region is expected to be impacted by rising temperatures, more extreme heat days, increased frequency and intensity of storms, and higher risks of flooding
- This will affect existing ecosystems, infrastructure, the built environment, human health, agriculture and the local economy

Regional Official Plan policies will...

- Implement provincial policy direction to reduce GHG emissions and prepare for the impacts of a changing climate
- Recognize that land-use planning can play a significant role in how the Region can mitigate and adapt to climate change
- Incorporate climate change policies into the Regional Official Plan to help develop sustainable, resilient communities



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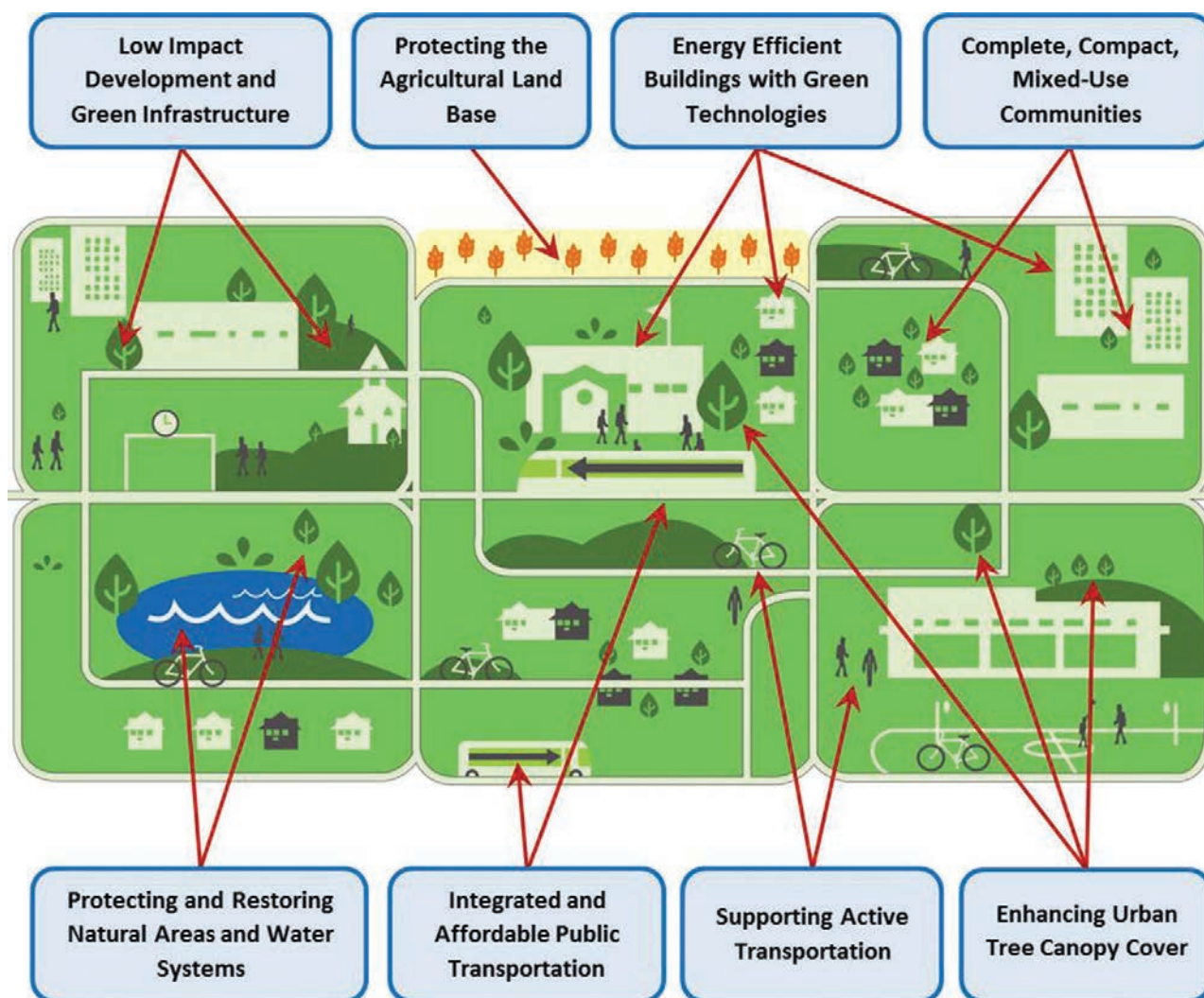
Climate Change



How are climate change policies formed?

Regional studies on municipal risks and Provincial policy requirements related to climate change provide a framework to add or strengthen existing policies in the Regional Official Plan to enhance the Region's ability to address the predicted impacts of climate change.

The integration of key land use planning policies will assist the Region in reducing GHG emissions and achieve a healthy and sustainable community, which are essential to building resilience to the impacts of climate change.



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Water Resources



What are water resources?

Water resources are features and areas such as rivers, streams, ponds, wetlands, and lakes. The Credit River, Humber River, Etobicoke Creek and their tributaries form the major watersheds in Peel.

What is the Region doing?

- Identifying and protecting a system of water resource features and areas
- Protecting drinking water sources from incompatible land uses
- Providing direction for integrating watershed planning and growth management
- Requiring stormwater master plans
- Ensuring appropriate studies are undertaken so that ground and surface water quantity and quality is protected, improved or restored

Why are water resource policies important?

- Sustain the Region's social, economic and environmental well-being
- Ensure clean drinking water for residents
- Maintain healthy aquatic and land-based ecosystems
- Protect water resources from the impacts of growth and development

Regional Official Plan policies will...

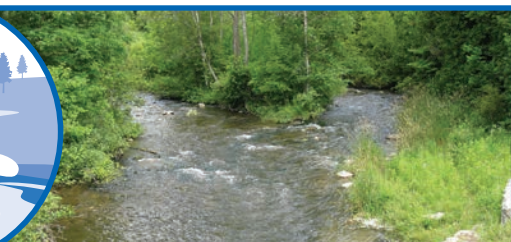
- Implement the Provincial policy direction by managing growth in a manner which protects and enhances water resources
- Provide direction to the local municipalities to identify, protect and enhance water resources features and areas
- Protect sources of drinking water from land uses that may have negative impacts



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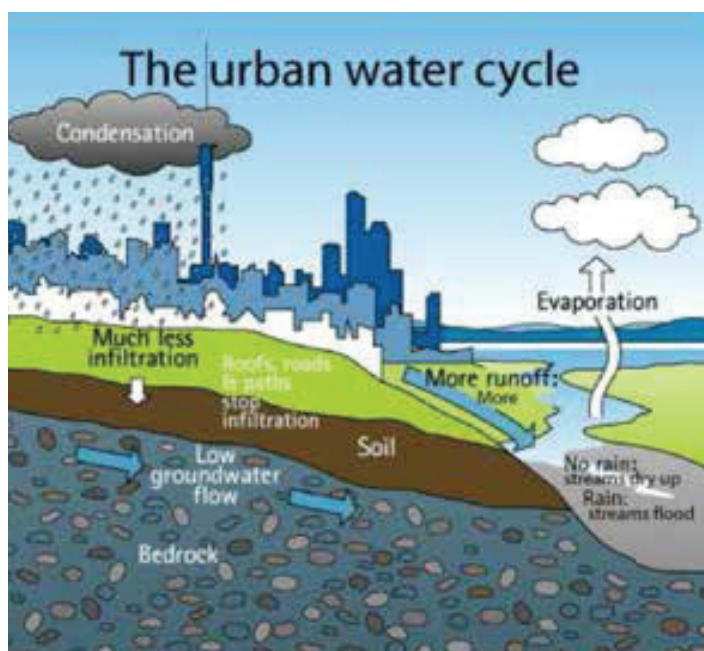
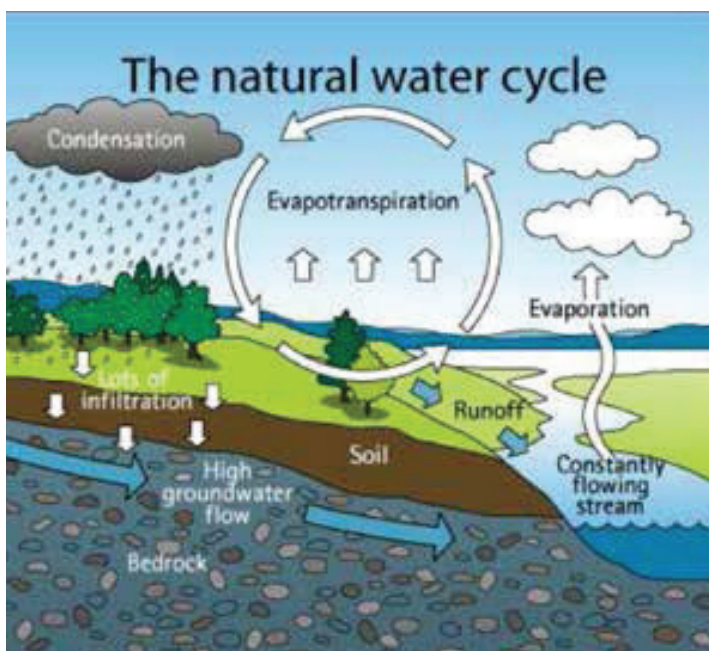
Water Resources



How are water resource policies formed?

Provincial requirements direct the Region’s policy development for water resources. Also, the Region undertakes a number of technical studies and consults with stakeholders to guide policy development.

New mapping will be introduced that identifies various features and areas related to water resources in accordance with Provincial requirements.



Resource: The Water Cycle | SSWM



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Provincial Greenbelt Plans



What are the provincial greenbelt plans?

The Greenbelt Plan, Oak Ridges Moraine Conservation Plan and Niagara Escarpment Plan were introduced to minimize the encroachment of urban development and ensure the protection of the agricultural lands as well as the natural environment surrounding the Greater Golden Horseshoe.

What is the Region doing?

- Supporting agricultural systems planning to strengthening the agricultural sector
- Supporting natural heritage and water resource systems planning
- Integrating infrastructure and land use planning, including stormwater management
- Recognizing the role of the natural environment in mitigating climate change
- Revising and introducing new mapping to reflect updates to the provincial plans

Why are provincial greenbelt plans important?

- The Greater Golden Horseshoe contains some of the most ecologically and hydrologically significant natural environments and scenic landscapes, including the Oak Ridges Moraine and the Niagara Escarpment
- These areas provide Peel and the surrounding area with drinking water, habitat for many species of animals and plants, recreational opportunities, and fertile soil for productive farmland

Regional Official Plan policies will...

- Conform and implement the Provincial policy direction within the three Provincial Greenbelt Plans
- Provide direction to the local municipalities to protect agricultural lands, enhance natural features and areas, preserve cultural heritage and support recreation



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Provincial Greenbelt Plans

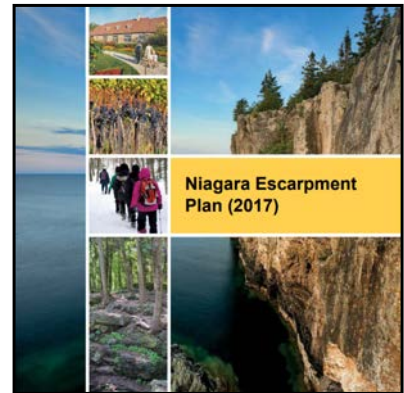


How are provincial greenbelt plan policies formed?

In 2017, all three of the Provincial Greenbelt Plans were updated and are being reviewed to ensure continued Regional Official Plan conformity.

A Place to Grow, together with the Greenbelt Plan, Oak Ridges Moraine Conservation Plan, and the Niagara Escarpment Plan, are Provincial land use plans which provide detailed and geographically-specific policies, including Peel Region, to meet certain objectives, such as managing growth, and protecting agricultural lands and the natural environment.

Changes to Provincial Greenbelt Plans mapping is being updated in accordance with the updated Provincial plans.



Provincial Greenbelt Plans

Provincial Land Use Plans



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Wildland Fire



What are wildland fires?

Wildland fires are fires that burn in treed or forested areas. In a natural ecosystem, wildland fires can be a necessary aspect of natural regeneration and ecosystem health. Wildland fire hazards are created when development encroaches in areas containing hazardous forest types for wildland fire.

What is the Region doing?

- Requiring new development to be located, landscaped and designed in a way that prevents or minimizes wildland fires and fire risk
- Reviewing, updating and adding to existing policies that implement environmentally-appropriate mitigation measures for wildland fire hazards
- Introducing policies and mapping to ensure wildland fire mitigation measures are required

Why are wildland fire policies important?

- Wildland fires are a potential cause of harm to humans and property damage
- Land use planning can assist in preventing wildland fire threats
- Land use planning decisions contribute to reducing the loss of life or injury or property damage due to wildland fire

Regional Official Plan policies will...

- Direct the local municipalities to avoid locating development near hazardous forest type or implement mitigation solutions to protect persons and property
- Require the local official plans to provide detailed direction that implements these protective measures
- Propose new mapping that identifies potential locations of hazardous forest types for wildland fire in accordance with Provincial requirements



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**PEEL 2041 REGIONAL OFFICIAL PLAN REVIEW – CONSULTATION ON PROPOSED ENVIRONMENTAL, AGRICULTURAL AND RURAL SYSTEM POLICIES
APPENDIX III**

SUMMARIES OF THE PEEL 2041 ENVIRONMENT THEME FOCUS AREAS

The following summaries are intended to provide a brief introduction to the more detailed information contained in each of the discussion papers. Discussion papers, draft policies and mapping are included in the background material for each of the focus areas to support draft changes to the Regional Official Plan. This theme of the Regional Official Plan Review emphasises the importance of the Region's environment, significant landscapes, and agricultural resources to ensure they are protected and managed effectively. It also identifies the key draft policies and mapping, where appropriate, that are needed by the Region to attain conformity to Provincial policies and plans including those that have recently come into effect.

The draft policies in this stage of consultation are proposed to ensure the policy framework for the environment and resources in the Regional Official Plan is effective and will contribute to achieving a sustainable, resilient community that is able to respond to the challenges of a changing climate and growing Region.

a) Agricultural and Rural Systems

The Agricultural and Rural System in Peel is important to the Region's economy, its environmental health and sustainability and its quality of life. Agriculture plays a significant role in Peel's economy, in maintaining rural character, and in protecting water resources and ecosystems.

The 2014 Provincial Policy Statement strengthened provincial policy support for agriculture and rural areas. The Provincial Policy Statement was updated with revised definitions and policy that clarified and expanded permissions for agricultural, agriculture-related and on-farm diversified uses. These changes provide greater flexibility for farm business to establish and evolve. The updates to the provincial land use plans in 2017 and 2019 provided additional support, incorporating an Agricultural System approach as the framework for provincial policy recognizing the need to identify and protect agricultural lands as well as support the economic viability of the agricultural sector. In 2018 the province released agricultural land base mapping for the Greater Golden Horseshoe, implementing the Agricultural System approach and identifying prime agricultural areas along with implementation procedures to enable refinement of the agricultural mapping by municipalities.

Through a careful review, staff has refined the provincial prime agricultural area mapping drawing on the Land Evaluation and Area Review (LEAR) study prepared jointly by the Town of Caledon and Region of Peel. This review and the resulting mapping are documented in the staff discussion paper on *Agricultural Mapping Refinement*. The *Agricultural and Rural Systems Discussion Paper* reviews the provincial, Regional and municipal policy context and proposes changes to Regional policies and mapping to achieve consistency with provincial policies and conformity with provincial plans. The discussion paper also addresses urban agriculture and conformity with *Ontario's Food and Organic Waste Policy Statement (2018)*. The *Urban Agriculture Discussion Paper* prepared by Peel Region Public Health examines urban agriculture in greater detail.

Based on this work it is proposed that the official plan be amended to:

- Update the policy framework to be consistent with provincial policies;

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SUMMARIES OF THE PEEL 2041 ENVIRONMENT THEME FOCUS AREAS

- Incorporate the agricultural system approach protecting agricultural land and supporting agriculture and the agri-food network;
- Update definitions and permissions for agricultural, agriculture-related and on-farm diversified uses to support the farming sector;
- Include agricultural impact assessment requirements to minimize and mitigate impacts to agricultural operations and lands when non-agricultural uses are proposed adjacent to agricultural areas;
- Update references and clarify policy requirements for minimum distance separation setbacks for livestock facilities;
- Enhance support for urban agriculture and access to healthy and local food; and
- Include policies addressing food and organic waste.

Mapping revisions for the Agricultural and Rural System are proposed to:

- Update the Prime Agricultural Area mapping shown on Schedule B to the Region of Peel Official Plan; and
- Provide direction for the mapping of rural lands in local municipal official plans.

b) Climate Change

The Region is expected to experience hotter drier summers, warmer wetter winters, and more frequent and extreme weather events. These projected changes will impact existing ecosystems, infrastructure, the built environment, human health, agriculture and the local economy. As Peel's population continues to grow, exposure to the risks and vulnerabilities to a changing climate will be intensified.

As a consequence, background on the impacts, risks and vulnerabilities, current legislation, and proposed policy options to mitigate and adapt to a changing climate through land-use planning have been prepared and documented in the Climate Change Discussion Paper, which is available on the Region of Peel's Peel 2041 website. The proposed amendments to the Official Plan include:

- Adding a new climate change section that provides direction for collaborative climate change planning to reduce greenhouse gas emissions, reduce vulnerability, and increase resilience to adapt the Region to a changing climate.
- Embedding climate change policies throughout the Regional Official Plan in the theme areas of growth management, transportation, energy, waste, urban heat island, water resources, natural hazards, natural heritage and agriculture.
- Providing direction for local municipalities to develop model policies and guidance to implement sustainability requirements through local official plan policies and tools.

The Council approved Region of Peel Climate Change Master Plan (CCMP) sets out a number of actions and activities to achieve five climate change outcomes over the next decade (2020 – 2030), including reduced corporate greenhouse gas emissions and becoming more prepared for extreme weather and rising temperatures. The adoption and implementation of land use policies by municipalities, enabling climate resilience, is one of the key actions in the CCMP. The Region has been working in collaboration with local municipal staff to develop the draft

**PEEL 2041 REGIONAL OFFICIAL PLAN REVIEW – CONSULTATION ON PROPOSED ENVIRONMENTAL, AGRICULTURAL AND RURAL SYSTEM POLICIES
APPENDIX III**

SUMMARIES OF THE PEEL 2041 ENVIRONMENT THEME FOCUS AREAS

policies for the Regional Official Plan to address climate change and will continue to engage staff, stakeholders and the public on the draft policies as the process moves forward. The Peel Climate Change Partnership, with Secretariat support from the Region's Office of Climate Change and Energy Management, can be leveraged to increase the coordination of policy review.

c) Provincial Greenbelt Plans

The Greater Golden Horseshoe contains many of Canada's most ecologically and hydrologically significant natural environments and scenic landscapes, including the Oak Ridges Moraine and the Niagara Escarpment, which provide drinking water, habitat for many species of animals and plants, recreational opportunities, and fertile soil for productive farmland.

The Greenbelt Plan, Oak Ridges Moraine Conservation Plan and Niagara Escarpment Plan were introduced to minimize the encroachment of urban development and ensure the protection of the agricultural land base, as well as the significant landscapes, ecological and hydrological features and functions within the Greater Golden Horseshoe.

In 2017, all three of the provincial Greenbelt plans were updated and Regional staff have reviewed and proposed policy options to ensure conformity outlined in three discussion papers. The Region of Peel is proposing to amend the Official Plan, in order to:

i) Greenbelt Plan

- Support agricultural systems planning including the recognition of the agricultural land base and agri-food network to strengthen the agricultural sector;
- Clarify permissions for agricultural, agriculture-related and on-farm diversified uses;
- Support natural heritage and water resource systems planning;
- Align policies related to Settlement Areas and Infrastructure with the Growth Plan; and
- Introduce the Urban River Valley (URV) designation and policies along with mapping and the revised boundary for the Greenbelt Plan Area to include the URV designation.

ii) Oak Ridges Moraine Conservation Plan

- Recognize the role of the Oak Ridges Moraine in mitigating climate change;
- Support agricultural systems planning, including providing more flexibility and permitting a broader range of agriculture and on-farm diversified uses;
- Integrate infrastructure and land use planning, including stormwater management; and,
- Provide direction to incorporate the management of excess soil and fill.

iii) Niagara Escarpment Plan

- Update existing policies to include policy direction related to environmental protection, development, and promotion of tourism and recreation within the Escarpment area; and,
- Recognize the Niagara Escarpment Parks and Open Space System; and
- Insert mapping of the Niagara Escarpment Plan land use designations in the Regional Official Plan.

**PEEL 2041 REGIONAL OFFICIAL PLAN REVIEW – CONSULTATION ON PROPOSED ENVIRONMENTAL, AGRICULTURAL AND RURAL SYSTEM POLICIES
APPENDIX III**

SUMMARIES OF THE PEEL 2041 ENVIRONMENT THEME FOCUS AREAS

The following mapping revisions in the Regional Official Plan are proposed to conform to the Provincial Greenbelt plans:

Greenbelt Plan

- Revisions to Schedule D3 Greenbelt Plan Area Land Use Designations to identify new Urban River Valley designations and update the Greenbelt Area boundary.

Oak Ridge Moraine Conservation Plan

- Revisions to Figure 13 to update the identification of wellhead protection area mapping in accordance with the Clean Water Act and approved Drinking Water Source Protection Plans; and
- Minor housekeeping revisions to the following schedules and figures to update mapping with a new format:
 - Schedule D1 Oak Ridges Moraine Conservation Plan Area Land Use Designations
 - Schedule D2 Vulnerability Areas in Peel for the Oak Ridges Moraine Conservation Plan Area
 - Figure 12 Landform Conservation Areas in Peel for the Oak Ridges Moraine Conservation Plan Area
 - Figure 14 Oak Ridges Moraine Conservation Plan Area Partial Service Areas

Niagara Escarpment Plan

- Adding a new Schedule to the Regional Official Plan to identify the Niagara Escarpment Plan Area Land Use Designations.

d) Water Resources

Water resources in Peel are comprised of interrelated systems, features and areas such as aquifers, groundwater recharge and discharge areas, rivers, streams, ponds, wetlands, lakes, and stormwater. Groundwater and surface water are important regional resources that supply drinking water and play a vital role in maintaining a healthy natural environment. The Region recognizes the need to protect its water resources through a policy framework that integrates growth management planning with natural resources management.

In addition to the revised PPS and Growth Plan, there are a number of complementary provincial regulatory and policy requirements that are relevant to the review of water resources policies in the Regional Official Plan including the Great Lakes Protection Act and Plan, Ontario Water Resources Act (water quality and quantity control), Lake Simcoe Protection Act and Plan, and the Clean Water Act (Source Protection Plans).

As a result of this background research and initial consultations, revisions to the Regional Official Plan are proposed in order to:

- Update the existing official plan policy framework to be consistent with provincial policies and current best practices;
- Include policies that reflect a systems approach to managing water resources;

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SUMMARIES OF THE PEEL 2041 ENVIRONMENT THEME FOCUS AREAS

- Update policies for watershed and sub-watershed planning;
- Add new policies for stormwater planning and management;
- Add new policies to protect drinking water sources in accordance with the Clean Water Act and approved Drinking Water Source Protection Plans;
- Add new policies to protect Lake Simcoe to conform with the Lake Simcoe Protection Plan;
- Add new official plan schedules that identify a water resource system, source water protection vulnerable areas and the Lake Simcoe Watershed Boundary in order to support the policies; and
- Provide direction to the local municipalities and conservation authorities in order to ensure the policies are integrated into local official plans and are implemented.

The following mapping revisions are proposed to:

- Identify water resource system features and areas on a new schedule (wetlands, watercourses and waterbodies);
- Identify drinking water source protection plan area boundaries on a new schedule to identify where applicable source protection plan policies apply;
- Identify vulnerable source protection areas on a new schedule including new and revised mapping of wellhead protection areas, issue contributing areas, intake protection zones, highly vulnerable aquifers and significant groundwater recharge areas in accordance with the Clean Water Act and approved Drinking Water Source Protection Plans;
- Identify the Lake Simcoe Protection Act Watershed Boundary on a new schedule; and
- Revise Figure 2 Selected Areas of Provincial Interest to identify the Greenbelt Area boundary, Greenbelt Plan Protected Countryside, Niagara Escarpment Plan Area boundary, Oak Ridges Moraine Plan Area boundary, new Urban River Valley designations and the Lake Simcoe Protection Act Watershed Boundary.

e) Wildland Fire

Wildland fires are fires that burn in treed or forested areas. In a natural ecosystem, wildland fire can be a necessary aspect of natural regeneration and ecosystem health. However, in proximity to development, wildland fire has the potential to cause property damage and impact public health and safety of individuals and communities.

The Province, through the Provincial Policy Statement, 2014 requires that development be generally directed outside of lands that are at risk of wildland fires due to the presence of hazardous forest types.

Regional staff has completed an assessment of the applicability of wildland fire hazard policy in accordance with provincial guidelines to confirm the applicability of wildland fire hazard policies in Peel. The assessment and policy options are outlined in the wildland fire discussion paper.

The proposed draft amendments provide policy direction to:

**PEEL 2041 REGIONAL OFFICIAL PLAN REVIEW – CONSULTATION ON PROPOSED ENVIRONMENTAL, AGRICULTURAL AND RURAL SYSTEM POLICIES
APPENDIX III**

SUMMARIES OF THE PEEL 2041 ENVIRONMENT THEME FOCUS AREAS

- Include policies that recognize wildland fire hazards as risks to public health and safety and as hazards that should be avoided;
- Identify where hazardous forest types for wildland fire may be located, based on a municipal-led “broad-level” assessment;
- Provide policy direction to ensure that site-level risk assessment and environmentally appropriate mitigation measures are conducted and implemented by proponents of development through the development application process; and
- Include a new figure identifying where wildland forest fire hazards are located in Peel based on mapping of hazardous forest types and local data.

**PEEL 2041 REGIONAL OFFICIAL PLAN REVIEW – CONSULTATION ON PROPOSED ENVIRONMENTAL, AGRICULTURAL AND RURAL SYSTEM POLICIES
APPENDIX IV**

LIST OF DISCUSSION PAPERS, TECHNICAL STUDIES & PROPOSED SCHEDULE AND FIGURE MAPPING

All documents below are available on <https://www.peelregion.ca/officialplan/review/>

December 12, 2019 Tracked Changes Office Consolidation

Agricultural and Rural Systems

Discussion Papers

- Agricultural and Rural Systems
- Urban Agriculture

Technical Studies

- Region of Peel. (2019c). *Agricultural Mapping Refinement*.
- MacNaughton, Hermsen, Britton, Clarkson Planning Limited (MHBC). (2016). *Land Evaluation & Area Review Technical Study*. Prepared for the Region of Peel & Town of Caledon
- MacNaughton, Hermsen, Britton, Clarkson Planning Limited (MHBC). (2015). *Edge Planning Report: A Review of Implemented Practices to Address Planning on the Urban-Rural Fringe*. Prepared for the Region of Peel & Town of Caledon.
- MacNaughton, Hermsen, Britton, Clarkson Planning Limited (MHBC). (2014). *Review of Minimum Distance Separation Formulae and Implementation Guidelines*. Prepared for the Region of Peel & Town of Caledon.

Schedules & Figures

- Draft Schedule X12 Prime Agricultural Area – Formerly Schedule B

Climate Change

Discussion Paper

- Climate Change

Technical Studies

- Region of Peel (2019) Climate Change Master Plan
- Auld, H., Switzman, H., Comer, N., Eng, S., and Milner, G (2016) *Climate Trends and Future Projections in the Region of Peel*. Ontario Climate Consortium
- Region of Peel. (2014). *2006 Community Greenhouse Gas and Criteria Air Contaminant Inventory*
- Tu, C., Milner, G., Lawrie, D., Shrestha, N., Hazen, S. (2017). *Natural Systems Vulnerability to Climate Change in Peel Region*. Technical Report. Toronto, Ontario: Toronto and Region Conservation Authority and Ontario Climate Consortium Secretariat.
- Harris, S., Hazen, S., Fausto, E., Zhang, J., Kundurpi, A., Saunders-Hastings, P. (2016) *Climate Change Effects on Agricultural Production in the Region of Peel*. Toronto, Ontario: Toronto and Region Conservation Authority and Ontario Climate Consortium Secretariat.

**PEEL 2041 REGIONAL OFFICIAL PLAN REVIEW – CONSULTATION ON PROPOSED ENVIRONMENTAL, AGRICULTURAL AND RURAL SYSTEM POLICIES
APPENDIX IV**

LIST OF DISCUSSION PAPERS, TECHNICAL STUDIES & PROPOSED SCHEDULE AND FIGURE MAPPING

Provincial Greenbelt Plans

Discussion Papers

- Greenbelt Plan (2017)
- Niagara Escarpment Plan (2017)
- Oak Ridges Moraine Conservation Plan (2017)

Schedules & Figures

- Draft Schedule X9 Oak Ridges Moraine Conservation Plan Area (ORMCPA) Land Use Designations – Formerly Schedule D1
- Draft Schedule X10 Aquifer Vulnerability Area in Peel for the Oak Ridges Moraine Conservation Plan Area (ORMCPA) – Formerly Schedule D2
- Draft Schedule X11 Greenbelt Plan Area Land Use Designations – Formerly Schedule D3
- Draft Figure X1 Selected Areas of Provincial Interest – Formerly Figure 2
- Draft Figure X2 Landform Conservation Areas in Peel for the Oak Ridges Moraine Conservation Plan Area (ORMCPA) – Formerly Figure 12
- Draft Figure X3 Wellhead Protection Areas in Peel for the Oak Ridges Moraine Conservation Plan Area (ORMCPA) – Formerly Figure 13
- Draft Figure X4 Oak Ridges Moraine Conservation Plan Area (ORMCPA) Partial Service Areas – Formerly Figure 14
- New Draft Schedule X8 Niagara Escarpment Plan Area (NEP) Land Use Designations

Water Resources

Discussion Papers

- Water Resources Discussion Paper 1 - Roles and Responsibility
- Water Resources Discussion Paper 2 - Policy Options
- Water Resources Discussion Paper 3 – Source Protection Plan Implementation

Technical Studies

- Credit Valley-Toronto and Region-Central Lake Ontario Region (CTC) (2015) *Source Water Protection Assessment Report*
- South Georgian Bay Lake Simcoe Region (2015) *Source Water Protection Assessment Report*
- Halton-Hamilton Source Protection Region (2015) *Source Water Protection Assessment Report*

Schedules & Figures

- New Draft Schedule X1 Water Resources System Features and Areas in Peel
- New Draft Schedule X2 Source Protection Plan Areas in Peel
- New Draft Schedule X3 Wellhead Protection Areas in Caledon
- New Draft Schedule X4 Intake Protection Zones
- New Draft Schedule X5 Highly Vulnerable Aquifers
- New Draft Schedule X6 Significant Groundwater Recharge Areas
- New Draft Schedule X7 Lake Simcoe Protection Act Watershed Boundary

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PEEL 2041 REGIONAL OFFICIAL PLAN REVIEW – CONSULTATION ON PROPOSED ENVIRONMENTAL, AGRICULTURAL AND RURAL SYSTEM POLICIES APPENDIX IV

LIST OF DISCUSSION PAPERS, TECHNICAL STUDIES & PROPOSED SCHEDULE AND FIGURE MAPPING

Wildland Fire

Discussion Paper

- Wildland Fire

Schedules & Figures

- New Draft Figure X5 Potential Locations of Hazardous Forest Types for Wildland Fire

DATE: December 2, 2019

REPORT TITLE: **PROPOSED CHANGES TO THE *AGGREGATE RESOURCES ACT* AND REGULATIONS**

FROM: Andrew Farr, Acting Commissioner of Public Works

RECOMMENDATION

That the comments presented in the report of the Acting Commissioner of Public Works titled “Proposed Changes to the *Aggregate Resources Act* and Regulations” and contained in Appendix I be endorsed;

And further, that a copy of this resolution endorsing the subject report be forwarded to the Ministry of Natural Resources and Forestry;

And further, that a copy of the subject report be forwarded to the City of Brampton, City of Mississauga, Town of Caledon and the Conservation Authorities.

REPORT HIGHLIGHTS

- The Province of Ontario is proposing changes to the *Aggregate Resources Act* through two Environmental Registry of Ontario postings.
- Regional staff is seeking Council endorsement of comments and recommendations submitted to the Province in response to the postings.
- Proposed changes to the *Aggregate Resources Act* would impact the Region of Peel and the Town of Caledon by:
 - Removing municipal zoning authority to regulate below water table aggregate extraction by limiting municipal decision making authority in favour of a more streamlined approval process for the aggregates industry;
 - Removing the ability of the Minister of Natural Resources and Forestry and Local Planning Appeal Tribunal to have regard for road degradation as a matter to be considered when issuing or refusing an aggregate extraction licence;
 - Improving the existing site plan amendment process for below water table extraction by allowing for greater municipal participation; and
 - Making additional regulatory changes to improve administrative processes for routine site plan applications, amendments and reporting.
- The detailed response to the Province, for Council’s endorsement, is attached as Appendix I.

PROPOSED CHANGES TO THE AMENDMENTS TO THE *AGGREGATE RESOURCES ACT* AND REGULATIONS

DISCUSSION

1. Background

Mineral aggregate extraction is regulated in accordance with an aggregate resources policy framework that consists of *the Aggregate Resources Act* (the Act); regulations under the Act; provincial standards for new sites; and policies and procedures regarding implementation of the Act. The Ministry of Natural Resources and Forestry administers aggregate resource management in Ontario, including the issuing of licences and permits, approving changes to existing licences and permits; inspecting aggregates operations; and ensuring rehabilitation is carried out on sites.

Although mineral aggregates are an essential resource, aggregate extraction operations have the potential to impact the environment and the communities that surround them, including air quality, municipal and private drinking water supplies, and regional and local roads that serve as haul routes for truck traffic to and from sites.

It is important that the policy framework that governs extraction provide effective regulation of operations to ensure impacts are addressed and affected communities are afforded a fair, open and accessible process when proposed extraction sites are licenced or amended.

2. Proposed Changes to the *Aggregates Resources Act* and Regulations

On September 20, 2019, the Ministry of Natural Resources and Forestry (the Ministry) posted a general summary of proposed changes to the *Aggregate Resources Act* and regulations to the Environmental Registry of Ontario for a 45-day consultation. This posting was followed by the introduction and first reading of Bill 132 – *Better for People, Smarter for Business Act* (Bill 132) on October 28, 2019, which included the specific changes to the *Aggregate Resources Act*.

On November 4, 2019, staff submitted comments on the proposed changes to the Ministry, subject to endorsement by Regional Council. The staff submission on the Ministry's proposal along with staff recommendations are attached to this report as Appendix I. Regional staff has coordinated comments with local municipal staff in reviewing the proposed changes.

The *Aggregate Resources Act* was previously reviewed and amended on May 10, 2017 through Bill 39 – *The Aggregate Resources and Mining Modernization Act, 2017*. Relevant comments submitted previously have been incorporated in the response to the proposed changes announced in this consultation.

A summary of the more significant changes proposed by the Ministry, their potential implications and proposed Regional recommendations in response to the changes are provided below.

PROPOSED CHANGES TO THE AMENDMENTS TO THE *AGGREGATE RESOURCES ACT* AND REGULATIONS

a) Key Changes to the Aggregate Resources Act and Implications

Conditions on Licences Related to Haul Routes

Proposed Change: Section 12 of the *Aggregate Resources Act* (the Act) would be amended to remove the ability of the Minister of Natural Resources and Forestry (the Minister) and the Local Planning Appeal Tribunal (LPAT) to have regard for road degradation resulting from proposed truck traffic, as a matter to be considered when issuing or refusing a licence.

This has the potential implication of removing consideration of road conditions including the ability to require agreements between municipalities and aggregate producers on matters specific to road degradation. The Ministry has not provided further detail on the interpretation of the proposed new provisions and whether the limitation extends to the consideration of road adequacy and safety and whether municipalities can require agreements and cost sharing with operators to address road adequacy and safety deficiencies. While municipalities and operators can enter into voluntary agreements, it is uncertain if haul road agreements can be imposed as a condition on a licence when issued by the Minister or LPAT.

Recommendations:

That the proposed exception to Clause (1) (h) as proposed be removed from the Bill or revised to clarify that the limitation of the Minister and LPAT regarding degradation of the roadway does not include consideration of the adequacy or safety of the haul route or site access.

That the legislation continues to allow municipalities to enter into agreements with aggregate producers regarding cost sharing of required road improvements when circumstances warrant.

Regulation of Extraction Depth

Proposed Change: The Act would be amended by adding a new provision that will restrict zoning by-laws from regulating the depth of extraction.

The extraction of aggregate resources close to, or below the water table has the potential to impact vulnerable or sensitive groundwater resources, including adjacent municipal or private drinking water supplies.

Comprehensive aggregate resource planning policies were added to the Town of Caledon Official Plan through Official Plan Amendment 161. These policies implemented a comprehensive aggregate policy review process referred to as the Caledon Community Resources Study. Policies established in the Town of Caledon Official Plan allow new operations or expansions to existing operations to be designated either Extractive Industrial Area A for above water table extraction or Extractive Industrial Area B for below water table extraction. If operators wish to change an extractive industrial operation designated for above water table extraction to permit below water table extraction, a *Planning Act* approval process to amend the official plan and zoning by-law is currently triggered, in addition to any licence or site plan amendment approval that may be required under the *Aggregate Resources Act*.

PROPOSED CHANGES TO THE AMENDMENTS TO THE *AGGREGATE RESOURCES ACT* AND REGULATIONS

Without the additional land use policy, an aggregate licensee can simply apply for a site plan amendment under the Act. The current *Aggregate Resources Act* process does not require public consultation on an amendment application or an ability to appeal a decision of the Ministry to the LPAT. The Ministry's proposed change would remove the requirement of the operator to seek a planning approval if an aggregate licence is being amended to permit below water table extraction if sites have been approved for above water table extraction only.

Although the Ministry is also proposing changes to improve the site plan amendment process for applications proposing below water table extraction, including improving notification requirements and adding the ability to request a referral of the application to the LPAT, the additional municipal planning approval process should be maintained to retain municipal decision making authority regarding below water table extraction.

Recommendation:

That the Aggregate Resources Act not be amended to limit municipal zoning authority to regulate depth of extraction.

Improving the Site Plan Amendment Process for Below Water Table Extraction

Proposed Change: Applications for an amendment to an existing licence seeking to lower the depth of extraction to below the water table would be subject to the same process requirements as a new licence.

The process would allow for increased municipal and public engagement, including the opportunity to review and assess the impacts of a site plan amendment on groundwater resources and provide input on behalf of the local community, and allow municipalities to formally object to and request referral of a proposed amendment to the LPAT if impacts are deemed to be unacceptable. The proposed changes are supported subject to the Ministry reviewing and updating hydrogeological study requirements in the licencing process.

Recommendations:

That the Province update hydrogeological study requirements contained in the implementing Provincial Standards, Policies and Procedures for Aggregate Resources to ensure rigorous study standards are implemented in the review of licence amendments proposing below water table extraction.

Access to Aggregate within Road Rights of Way

Proposed Change: A licensee would be required to apply for a new licence when expanding the boundary of an application, except when the expansion is within an adjacent road right of way.

A more robust application review process allows for municipal participation in the approval of expansions to operations. A streamlined application process to access aggregate resources within a road right of way represents an administrative change that does not diminish municipal authority.

PROPOSED CHANGES TO THE AMENDMENTS TO THE *AGGREGATE RESOURCES ACT* AND REGULATIONS

Recommendation:

That the Aggregate Resources Act's standards, policies and procedures be amended or clarified to ensure that municipal official plan policies and zoning is in place when expansions are proposed in adjacent municipal road rights of way.

b) Additional Proposed Amendments and Regulatory Changes

The Province has also proposed additional amendments to the *Aggregate Resources Act* and regulations. These changes are mainly administrative in nature and include the following:

- Enhancing the reporting requirements for rehabilitation including requiring more context and detail on where, when and how rehabilitation is or has been undertaken;
- Allowing operators to self-file changes to existing site plans for some routine activities, subject to conditions set out in regulation (e.g. re-location of fencing)
- Allowing some low-risk activities to occur without a licence if conditions specified in regulation are followed (i.e. extraction of aggregates on private property for personal use);
- Streamlining compliance reporting requirements, while maintaining the annual requirement;
- Reviewing application requirements for new sites, including notification and consultation requirements; and
- Clarifying requirements for site plan amendment applications.

FINANCIAL IMPLICATIONS

The current proposed amendments to the *Aggregate Resources Act* will not have a financial impact on the Region. While no changes to aggregates fees are being proposed at this time, the Ministry has also requested feedback on this matter. Regional staff have requested that the Province continue to undertake discussions with the Top Aggregate Producing Municipalities of Ontario and the Association of Municipalities of Ontario to determine if further review of licence fees should be undertaken and the recommended scope and process for the review. The current payment formula does not reflect the true cost associated with infrastructure provisions for the aggregate industry.

RISK CONSIDERATIONS

The Ministry is proposing several important process improvements that will strengthen the approval, reporting and oversight of aggregate operations in Ontario. Although some improvements are supported, proposed changes limiting municipal zoning authority to regulate below water table extraction and restricting the authority of the Minister and LPAT to impose conditions related to haul route agreements potentially removes or limits municipal decision making authority in favour of a more streamlined approval process for the aggregates industry under the *Aggregate Resources Act*. Although process improvements are needed, proposed changes create a risk that municipal concerns regarding impacts to water resources, the environment and municipal road infrastructure will receive less consideration in the approval process.

PROPOSED CHANGES TO THE AMENDMENTS TO THE *AGGREGATE RESOURCES ACT* AND REGULATIONS

CONCLUSION

Regional staff will continue to monitor the proposed changes to the *Aggregate Resources Act*, and any future proposed changes to regulations, standards, policies and procedures under the *Act*.

Regional comments in response to the proposed changes to the *Aggregate Resources Act* are attached to this report for endorsement.

Staff will report back to Regional Council regarding any further amendments to the aggregate resources policy framework as appropriate.



Andrew Farr, Acting Commissioner of Public Works

Approved for Submission:



N. Polsinelli, Interim Chief Administrative Officer

APPENDICES

Appendix I - Detailed Comments on the Proposed Amendment to the *Aggregates Resources Act*

For further information regarding this report, please contact Adrian Smith, Director, Regional Planning and Growth Management and Chief Planner, extension 4047, adrian.smith@peelregion.ca.

Authored By: Gail Anderson, RPP, MCIP, Principal Planner and Mark Head, RPP, MCIP, Manager

DETAILED COMMENTS ON THE PROPOSED AMENDMENTS TO THE AGGREGATE RESOURCES ACT



November 4, 2019

Andrew MacDonald
Ministry of Natural Resources and Forestry
Natural Resources Conservation Policy Branch
300 Water Street
Peterborough, ON, K9J 8M5

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**Re: Proposed Amendments to the Aggregate Resources Act (ERO #019- 0556)
and Bill 132 – (Schedule 12) – the proposed Better for People, Smarter for Business Act,
2019 (ERO #019-0774)**

Thank you for the opportunity to comment on the proposed amendments to the *Aggregate Resources Act* (the Act) and the proposed regulatory changes under the Act. This response letter contains comments provided by Regional of Peel staff for consideration by the Ministry of Natural Resources and Forestry (MNRF). Regional staff has provided comments on the proposed amendments and additional technical comments related to fees, site rehabilitation, excess soil and aggregate recycling. Please be advised that Regional Council endorsement of these comments is pending. Following endorsement by Regional Council a copy of the Regional Council Resolution will be sent to you for further consideration.

Region of Peel Staff Comments on Proposed Aggregate Resources Act Changes

- 1. Bill 132 revisions to Section 12 of the Act proposing to remove the ability of the Minister or the Local Planning Appeal Tribunal (LPAT) to have regard to road degradation that may result from proposed truck traffic to and from the site.**

Where circumstances warrant, it would be appropriate that licence conditions include a requirement that the adequacy and safety of the haul route and site access be confirmed prior to the commencement of operations that remove aggregate from a site, including requirements that road improvements be implemented prior to operations. Currently municipalities have the ability to enter into agreements with aggregate operators to ensure the adequacy of proposed haul routes and site access and other conditions related to the municipal road right of way.

The proposed changes to Section 12 should be removed from the Bill or clarified to enable the Minister or LPAT to have regard for the adequacy and safety of haul routes and site access and impose appropriate licence and site plan conditions to require improvements where circumstances warrant if this is not the intent of the proposed changes. The ability to include conditions on site plans referencing agreements should be maintained in the legislation and implementing licencing framework. Further clarification regarding the intent of the proposed change is needed.

DETAILED COMMENTS ON THE PROPOSED AMENDMENTS TO THE AGGREGATE RESOURCES ACT



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Recommendations:

- That Section 12, Clause (1) (h) of the Act be retained to enable the Minister and LPAT to have regard to the proposed haul route and impact of truck traffic to and from the site.
- That the proposed exception to Clause (1) (h) as proposed be removed from the Bill or revised to clarify that the limitation of the Minister and LPAT regarding degradation of the roadway does not include consideration of the adequacy or safety of the haul route or site access.
- That the legislation continues to allow municipalities to enter into agreements with aggregate producers regarding cost sharing of required road improvements when circumstances warrant.

2. Bill 132 revisions to add Section 12.1 to the Act restricting zoning by-laws from regulating the depth of extraction.

Regional staff acknowledge the need for clarification of municipal zoning authority with respect to the ARA to regulate below water table extraction and has no objection to the regulation of a specified depth of extraction below water table under the ARA. However, Regional staff does not support limiting municipal land use planning and zoning authority to regulate whether licenced operations may extract above or below water table.

Established policies in the Town of Caledon Official Plan allow new operations or expansions to existing operations to be designated either Extractive Industrial A Area for above water table extraction or Extractive Industrial B Area for below water table extraction. Policies require an official plan and zoning by-law amendment to change an extractive operation from Extractive Industrial A Area to Extractive Industrial B Area. The ability to require a *Planning Act* approval enables municipalities to request and review appropriate studies, determine whether impacts to water resources are acceptable and approve or refuse an application to extract below water table if impacts are deemed unacceptable. This authority should be maintained and not be limited by the proposed changes to the ARA.

Recommendation:

- That proposed Section 12.1 making zoning by-laws that regulate the depth of extraction inoperative be removed from Bill 132 or that the provision be clarified to enable municipalities to continue to permit or prohibit above or below water table extraction through municipal official plans and limit the restrictions on zoning by-laws in the ARA to the regulation of a specified depth of extraction only.

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3. **Bill 132 revision to add Section 13.1 to the Act setting out the enabling provisions and process for existing licences to be amended to allow extraction below the water table including the ability to request the Minister to refer applications to the LPAT.**

The ability to request the Minister to refer amendments to existing licences requesting extensions below water table to the LPAT is an important addition to the legislation.

Implementing regulations should prescribe appropriate requirements to notify adjacent landowners, municipalities and agencies when requests to amend existing licences and site plans are submitted to the MNRF and prior to the Ministry's decision on the application.

The proposed changes to the Act should be further strengthened through corresponding revisions to the ARA policy framework standards, policies and procedures to update required hydrogeological study requirements for extraction below water table. Improvements to study standards are needed to ensure that impacts to water resources are understood and that water resources are protected. Recommended study terms of reference should include requirements for cumulative impact assessment where cumulative impacts to water resources are a relevant consideration (e.g. in areas where aggregate operations are concentrated or in subwatersheds where water budget studies indicate stressed water resource conditions). Application requirements, in addition to process improvements, should be required to meet rigorous study standards.

This proposed change addresses the Region's previous recommendation to eliminate the permissions to allow applicants to seek approval to extract below water table through the current site plan amendment process. The proposed changes enhance process accountability, transparency and integrity of the ARA's licence amendment process.

Recommendation:

- **That the Province strengthen and update hydrogeological study requirements contained in the implementing Provincial Standards, Policies and Procedures for Aggregate Resources governing the regulation of existing and new extraction operations to ensure rigorous study standards are implemented in the review of licence amendments proposing below water table extraction.**

4. **Bill 132 revision to Section 34 of the Act to clarify that municipal zoning authority does not extend onto Crown Lands.**

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Regional staff is not opposed to MNRF's proposed clarification that municipal zoning authority does not extend onto Crown land. This is consistent with section 71 of the *Legislation Act* which provides that the Crown is not bound by an Act unless expressly stated. However, subsection 6(2) of the *Planning Act* requires a ministry to consult with and have regard for the established planning policies of the municipality before carrying out or authorizing any undertaking that the ministry considers may directly affect the municipality. Regional staff recommend that this *Planning Act* provision be respected and reflected in the aggregates policy framework.

Recommendation:

- The Act should be amended, as proposed, to clarify municipal zoning authority on Crown lands.

5. Bill 132 revisions to add a new Section 13.2 to the Act which requires licensees to apply for a new licence when expanding the boundary of an operation, except when the expansion is wholly within a road allowance directly adjacent to the boundary of the subject area.

Regional staff supports the proposed changes to the Act to require an applicant to apply for a new licence when expanding the boundary of an operation. The Ministry is encouraged to provide the same level of rigor in the review and consultation of applications for an expansion, as is required with licence applications for a new site. This ensures an opportunity for municipal participation in the licencing process for expansions to existing operations.

Regarding access to resources located within an adjacent road right of way, staff do not object to a streamlined application process to permit expansions through a licence and site plan amendment process. Regional staff recommend that the prescribed conditions through which applications will be considered have regard to official plan policies and zoning designations.

Recommendation:

- That the ARA policy framework's standards, policy and procedures considering applications for extraction within adjacent road rights of way be clarified to ensure that municipal official plan policies and zoning is in place.

6. Bill 132 revision to add Subsection 13 (3.2) to the Act providing flexibility to permit self-filing of routine site plan amendments without the need for the Minister's approval.

It is unclear what types of operations would be considered "routine site plan amendments". Previously through Bill 39 – *The Aggregate Resources and Mining Modernization Act* (Bill 39), the Province proposed a permit by rule approach to

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exempt low risk activities from the licencing process if certain conditions were met. At that time, the Region requested clarification of the conditions and circumstances under which self-filing would be permitted, the limiting of self-filing to only minor amendments, and to be consulted on the scope of amendments to be permitted through self-filing. Further consultations on the criteria for allowing self-filing of routine site plan amendments is requested.

Recommendation:

- **That municipalities be consulted on the criteria and scope of site plan amendments that may be permitted through self-filing.**

Regional Staff Comments on Proposed Regulatory Changes

1. Enhanced Reporting on Rehabilitation

Regional staff supports detailed reporting on rehabilitation in both the compliance and inspection process. Enhanced reporting through the annual compliance report process would encourage greater efforts to complete rehabilitation works. Through the Bill 39 process, the Region recommended inspection reports include details on rehabilitation compliance. This would allow the findings of an inspectors report to be used as a tool to communicate actions or measures that could be taken to remedy site plan contraventions related to rehabilitation.

Recent changes to the Provincial Policy Statement and Greenbelt Plan encourage comprehensive rehabilitation planning to ensure rehabilitation on adjacent sites are coordinated and complementary. The MNRF is encouraged to require operators to report on efforts to support comprehensive rehabilitation planning where the municipality has approved a Comprehensive Rehabilitation Master Plan.

2. Self-filing for Changes to Existing Site Plans for Routine Activities

The MNRF should specify under what circumstances self-filing would be permitted and provide an opportunity for municipal engagement during the process to develop regulations prescribing the amendments to site plans that may be registered through this process.

3. Management of Low-risk Activities

In principle, streamlined permissions and approval requirements for low-risk activities are supported. Regional staff encourages the Province to undertake further consultations on the criteria for allowing low risk operations to proceed without a licence and clarify the requirements for when a pit or quarry operation will be allowed without a licence.

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4. Compliance Reporting Requirements

Regional staff is supportive of streamlining compliance reporting requirements provided that reporting details continue to include information necessary to document compliance with site plan conditions. The Region currently receives and referenced these reports to monitor operations, in particular, the progress of rehabilitation at sites. However, compliance reporting is one component of monitoring and should not be a substitute for aggregate operation inspections. The Province should address the need for more MNRF aggregate operations inspectors and the need for more frequent inspections and reporting on inspections.

5. Reviewing Application Requirements for New Sites, Including Notification and Consultation Requirements

Regional staff supports the review and updating of application requirements for new sites and recommends that revisions ensure that regulations enable appropriate study standards and requirements to be prescribed and required in the licencing process. Notification and consultation requirements should ensure there is clear communication and notification to municipalities and the public with sufficient timelines for review and comment on application proposals.

This process should also review and comprehensively update the study requirements prescribed in the ARA policy framework's standards, policies and procedures to include current best practices, including updating water and air quality impact assessment requirements.

One of the purposes of the Aggregate Resources Act is "to minimize adverse impacts on the environment in respect to aggregate operations". With respect to air quality, the Region encourages both the MNRF and the Ministry of the Environment, Conservation and Parks to assess and monitor the cumulative impacts of current and proposed aggregate facilities on the local airshed. MNRF should consider requiring all aggregate operations, regardless of the type of extraction, or annual tonnage of extraction, to submit an air quality study, including an assessment of cumulative impacts, as part of their licence application. The Region encourages the consideration of cumulative effects to be mandatory for all applicants.

The province should also consider requiring continuous on-site monitoring of air quality (at representative locations along the boundaries of the quarry and potentially on the immediate road(s) where trucks will enter and exit the quarry from) during the operation of the pit or quarry, similar to the water quality monitoring which is currently undertaken. This would allow the operator to immediately implement a mitigation plan.

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Previously through Bill 39 several clauses such as section 12.2, which require the licensee to serve a copy of the licence and a copy of the final site plan to the clerk of each municipality in which the site is located, were proposed to be repealed. The Region requests assurances that decisions, licence information and notices to municipalities will continue to be maintained and provided for transparency. If removed from the legislation, the Ministry should ensure that proper procedure guidance is contained with the Standards, Policies and Procedure Manual. MNRF should provide simpler access to licence and site plan documents electronically.

6. Clarifying Requirements for Site Plan Amendment Applications

The review and clarification of requirements for site plan amendments should ensure that regulations enable appropriate study standards and requirements to be prescribed and required in the site plan amendment process. Notification and consultation requirements should ensure there is clear communication and notification to municipalities and the public with sufficient timelines for review and comment on major site plan amendment proposals.

Regional Staff Comments on the Additional Considerations

1. While no changes to aggregates fees are being proposed at this time, the Province is also interested in hearing feedback on this matter.

Regional roads are often designed for goods movement and used as haul routes. The increasing costs associated with providing this infrastructure should be considered if the Ministry is intending to further review the fee structure. Municipal associations such as the Top Aggregate Producing Municipalities of Ontario (TAPMO) and the Association of Municipalities of Ontario (AMO) have advocated for a review of the current financial impacts of aggregates on municipal infrastructure and associated fee payments. The province should continue to undertake discussions with these organizations to determine if further review of licence fees should be undertaken and the recommended scope and process for the review.

Previously, the Region of Peel recommended a review of fees to fund the preparation and implementation of comprehensive master rehabilitation plans. It is also recommended that the province consider the ability to collect and apply new special purpose fees for this purpose.

Further Considerations

1. Rehabilitation

The Province should consider dedicating additional resources to improve enforcement of the ARA to encourage progressive rehabilitation. Although

DETAILED COMMENTS ON THE PROPOSED AMENDMENTS TO THE AGGREGATE RESOURCES ACT

**Public Works**

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aggregates are considered an interim use, the duration of aggregate operations often extend over decades. There is a need for increased provincial oversight, inspection, review and enforcement of aggregate licences and site plans to ensure that an appropriate balance of progressive rehabilitation and extraction is achieved throughout the lifetime of a site from the commencement of the operation to the eventual surrender of the licence.

The Region encourages the Province to acknowledge the role and potential benefit of comprehensive rehabilitation planning in the ARA's regulatory framework, including a role for the Ministry to engage in and support comprehensive rehabilitation planning. Comprehensive rehabilitation planning will occur over a broad geographical area, and while the Provincial Policy Statement, 2014 applies to future licence applications within a comprehensive rehabilitation plan area, municipalities may wish to require participation from existing operators. Municipalities will require the support of the MNRF in order to allow existing rehabilitation provisions of licences to be amended in order to conform to a municipal comprehensive rehabilitation master plan.

2. Excess Soil

Rehabilitation of pits often involves importing clean fill. Regulation, oversight and enforcement by the Province for managing fill from construction projects is required. Further, complementary environmental regulation must be integrated with the ARA to ensure the proper management of fill. The Province is encouraged to ensure that there are no contradictory clauses between the definitions of aggregate, earth and topsoil versus soil under the proposed new On-Site and Excess Soil Management regulation.

3. Aggregate Recycling

The conservation of mineral aggregate resources, including through the use of accessory aggregate recycling facilities within operations, wherever feasible, is a requirement of the Provincial Policy Statement, 2014. While the Region supports aggregate recycling, the locating of accessory aggregate recycling facilities within licenced operations can have the unintended consequence of delaying the surrender of the licence for pits and quarries when extraction is complete, thereby delaying rehabilitation. There are also concerns that uncontrolled importation of materials can have unintended consequences including the potential to contaminate groundwater and sources of drinking water. The Province should ensure that aggregates recycling and rehabilitation policies address these concerns with provisions in licences and site plans to require appropriate siting and monitoring of recycled aggregate materials and provisions to require the phasing out of aggregate recycling operations and stockpiles when extraction is complete prior to the surrender of licences.

DETAILED COMMENTS ON THE PROPOSED AMENDMENTS TO THE AGGREGATE RESOURCES ACT

Conclusion

I would like to thank you for the opportunity to provide the Province with comments on the proposed amendments to the *Aggregate Resources Act*. The proposed amendments will strengthen the aggregate resources policy framework and have direct benefits to municipalities.

Public Works

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Sincerely,

A handwritten signature in black ink, appearing to read 'Adrian Smith', written over a horizontal line.

Adrian Smith, Director
Regional Planning and Growth Management Division
Public Works, Region of Peel
Tel: 905-791-7800 ext. 4047
Adrian.Smith@peelregion.ca

DATE: December 3, 2019

REPORT TITLE: **AN UPDATE ON BILL 138: PLAN TO BUILD ONTARIO TOGETHER ACT, 2019, AND ONGOING ADVOCACY EFFORTS ON BILL 108**

FROM: Stephen VanOfwegen, Commissioner of Finance and Chief Financial Officer
Andrew Farr, Acting Commissioner of Public Works

RECOMMENDATION

That the letter from the Regional Chair to the Minister of Municipal Affairs and Housing; Minister of Finance; and, the Clerk of the Committee of Standing Committee on Finance and Economic Affairs, attached as Appendix I to the joint report of the Commissioner of Finance and Chief Financial Officer and Commissioner of Public Works, titled “An Update on Bill 138: Plan to Build Ontario Together Act, 2019, and Ongoing Advocacy Efforts on Bill 108”, as the Region of Peel’s comments on Bill 138, be endorsed;

And further, that a copy of the subject report be forwarded to the Minister of Municipal Affairs and Housing; the Minister of Finance; and, the Clerk of the Committee of Standing Committee on Finance and Economic Affairs.

REPORT HIGHLIGHTS

- On November 6, 2019, the Province introduced *Bill 138: Plan to Build Ontario Together Act* (Bill 138).
- Bill 138 makes amendments to sections of *Bill 108: More Homes, More Choice Act, 2019* legislation (Bill 108).
- Regional staff appreciate that the Province has been receptive to the municipal sector and Regional recommendations on the removal of industrial and commercial developments from the development charge deferral.
- Significant challenges remain for growth planning and municipal finance, including with respect to the new community benefits charge regime.
- *Bill 138* permits community benefits charge by-law appeals to the Local Planning and Appeals Tribunal (LPAT). This will increase appeals and administrative costs for both municipalities and LPAT.
- The Region has sent a letter to the Minister of Municipal Affairs and Housing, the Minister of Finance and the Clerk of the Committee of the Standing Committee on Finance and Economic Affairs in support of the Municipal Financial Officers’ Association and Ontario Regional and Single Tier Treasurers letters, requesting further consultation with the province on the CBC and seeking further clarification on section 9.1 of the *Development Charges Act, 1997*.

BILL 138: PLAN TO BUILD ONTARIO TOGETHER ACT, 2019

DISCUSSION

1. Background

On November 6, 2019, the Province introduced *Bill 138: Plan to Build Ontario Together Act, 2019* (Bill 138). Bill 138 proposes to refine some of the changes introduced through *Bill 108: More Homes, More Choice Act, 2019* (Bill 108), which received Royal Assent in the Ontario legislature on June 6, 2019.

Those wishing to send written comments on Bill 138 were required by the Province to send those comments to the Clerk of the Committee of The Standing Committee on Finance and Economic Affairs before end-of-day on December 2, 2019.

Bill 108 and its associated regulations present several significant planning and financial risks to municipalities.

2. AMENDMENTS THROUGH BILL 138

Development Charges Act

Regional staff, along with the Municipal Finance Officers' Association and Association of Municipalities of Ontario, previously recommended that should the development charge deferral move forward, non-residential (industrial and commercial) developments should be removed from the eligibility list, as they do not increase the residential housing supply.

Schedule 10 of Bill 138 proposes to amend the *Development Charges Act, 1997*, to remove industrial and commercial developments from the development charge deferral introduced by Bill 108. Under Bill 138, development charges for these development types would be payable, in full, at building permit issuance.

Under the Bill 108 deferral payment schedule these charges would have been payable through six installments over a five-year period, beginning on the earlier of the date of the issuance of a building permit and the date the building is first occupied.

Rental and non-profit housing and institutional developments would remain eligible for the deferral under Bill 138. The Region recognizes that this would be a cost to municipalities, however development charge deferral for these development types could lead to an increase in housing options.

Staff appreciate the Province's willingness to listen and implement the Region's and municipal sector's concerns and recommendations.

Planning Act

While the Province is proposing important revisions to Bill 108 in response to municipal recommendations, one of the changes proposed in Bill 138 raises new concerns. Schedule 31 of Bill 138 introduces a process by which a community benefits charge by-law or by-law amendment, can be appealed to the Local Planning Appeal Tribunal (LPAT).

Permitting community benefits charge by-law appeals to the LPAT is likely to increase the overall number of appeals. This could create significant revenue risks for municipalities in

BILL 138: PLAN TO BUILD ONTARIO TOGETHER ACT, 2019

the form of delays and decreases in amounts payable, as well as increased administrative duties and costs, for both municipalities and LPAT itself. These added costs potentially undermine the goal of revenue neutrality for the new community benefits charge regime.

Upon appeal of a community benefits charge by-law, the proposed provisions state that it is not within the powers of the LPAT to increase a community benefits charge amount, but the LPAT may decrease community benefits charges. This could result in the appeals process being used as a tool to reduce the amount of community benefits charges ultimately paid to the Region and local municipalities.

Regional staff recommend:

- **that the Province comprehensively consider the administrative and financial impacts of introducing an LPAT appeal process for community benefits charge by-laws and by-law amendments on municipalities, including community benefits charge revenue neutrality. This recommendation is included in the letter to the Minister; and**
- **that the Province review the proposed appeal provisions to allow the LPAT to increase the amount if a community benefits charge by-law is appealed, as requested in Municipal Finance Officers' Association of Ontario November 27th letter to the Minister.**

Bill 138 also proposes some modest improvements to the *Planning Act* made under Bill 108, that benefit local municipalities, including provisions that retain parkland dedication and alternate parkland provisions during the transition to the community benefits charge regime. This also reflects Regional and municipal sector recommendations made during the Bill 108 comment period.

3. ONGOING ADVOCACY EFFORTS

Regional staff along with others in the municipal sector have advocated for changes to Bill 108.

The Region's advocacy efforts entailed partnering with the Municipal Finance Officers' Association of Ontario, Ontario Regional and Single Tier Treasurers and the Association of Municipalities of Ontario and responding to the Province through the following means:

- Legislative and regulatory comment letters with recommended changes to the legislation endorsed by Regional Council at its meetings held on June 13, 2019 (Resolution 2019-605) and October 10, 2019 (Resolution 2019-888);
- Participation by the Commissioner of Finance and Chief Financial Officer in the Ministry of Municipal Affairs and Housing's community benefits charge technical working group; and
- Participation by staff in Municipal Finance Officers' Association of Ontario's community benefits charge working group.

On November 18, 2019, the Municipal Finance Officers' Association of Ontario and the Ontario Regional and Single Tier Treasurers sent a letter to the Deputy Minister of Municipal Affairs and Housing (December 12, 2019, Regional Council Agenda Item 11.1), which recommends:

BILL 138: PLAN TO BUILD ONTARIO TOGETHER ACT, 2019

- **that the community benefits charge consultation process be extended to ensure that the community benefits charge capping formula is done right, rather than quickly; and further**
- **that information on community benefits charge capping policy options and impact analysis results, developed by Provincial consultants, be shared with the wider community benefits charge technical working group.**

On November 28, 2019 Municipal Finance Officers' Association of Ontario sent a letter to the Minister, commenting on Bill 138. Those comments are in alignment with the positions of the Region, stated above.

The Region has sent a letter to the Minister of Municipal Affairs and Housing, the Minister of Finance and the Clerk of the Committee of the Standing Committee on Finance and Economic Affairs in support of the Municipal Finance Officers' Association of Ontario and the Ontario Regional and Single Tier Treasurers letters requesting further consultation with the province on the community benefits charge.

4. COMMUNITY BENEFITS CHARGE TECHNICAL WORKING GROUP

The community benefits charge technical working group is meant to inform the Provincial community benefits charge cap, which sets the maximum amount that municipalities can charge as part of their community benefits charge.

The Region and its partner associations appreciate participating in the community benefits charge technical working group. However, they are concerned the community benefits charge capping formula policy options and impact analysis results, developed by Provincial consultants, are not being shared with the wider technical working group.

Regional staff reiterate Municipal Finance Officers' Association of Ontario's and the Ontario Regional and Single Tier Treasurers' recommendations, in their draft letter to the Minister (see Appendix I). Municipalities must be kept whole, in terms of their ability to pay for needed growth infrastructure. The potential revenue loss exposure faced by the Region, in the event of an unsuccessful consultation and ineffective cap, is approximately \$40 million, as outlined in the following section.

On June 7, 2019, the Minister sent a letter to the heads of municipal councils, committing to a rigorous consultation process and the municipal revenue neutrality of the new community benefits charge regime. The Region, along with its partner associations, asks the Minister to honour that commitment.

Additionally, clarification is required on section 9.1 of the *Development Charge Act, 1997*, as amended. There is a risk of lost revenues for those municipalities who do not have separate development charges (DC) by-laws for hard services and soft services with existing DC by-law(s) that are expiring between now and the community benefits charge proclamation date. The Region recommends:

- **that section 9.1 of the *Development Charges Act, 1997*, be relaxed so that municipalities are afforded the options of either:**

BILL 138: PLAN TO BUILD ONTARIO TOGETHER ACT, 2019

- **allowing the existing DC By-law to continue to be in effective for both hard service and soft services for 10 months after the proclamation of the community benefits charge regulatory framework, or**
- **allowing the existing DC By-law to continue for soft services until the proclamation of the regulatory framework, and passing a new DC by-law for the hard services**

While the Region appreciates that the Province has been receptive to several municipal and Regional concerns and recommendations on Bill 108, as demonstrated by changes proposed in Bill 138, significant challenges remain for growth planning and municipal finance, including with respect to the new community benefits charge regime.

FINANCIAL IMPLICATIONS

The Bill 138 development charge deferral update **reduces the increase in debt financing requirements (between 2020 and 2031) to approximately \$200 million**. The remaining increase is split between rental housing (\$125 million) and non-profit housing (\$75 million).

Despite the above, there remain significant concerns that development charge revenue and the former development charge revenue now migrated to the new community benefits charge regime, will not be adequate to pay for the infrastructure required to support future growth in Peel. This will undermine the Region's principle that 'growth should pay for growth'.

Previously stated risks to the Region remain to be addressed:

- **a potential exposure of approximately \$40 million** as a result of the migration of "soft services" from developments charges to the new community benefits charge regime;
- **increased legal costs, development costs, staff resourcing, and time required** from all parties, including LPAT, to deal with an increased number and complexity of appeals; and
- **a projected loss of approximately \$150 million** between 2020 and 2031 in unrealized revenue potential, resulting from the mandatory exemption of new secondary suites and/or ancillary units from development charges.

The risk outcomes described above carry the following larger risks to the Region's long-term financial sustainability:

- a negative effect on Regional credit rating profile and debt capacity;
- a need to either raise property taxes and utility rates or slow down growth through delayed investment; and,
- an increase in administrative burden, made worse by a likely increase in appeals to LPAT related to disputed community benefits charge. Regional staff continue to leverage advocacy opportunities with Provincial associations, such as the Municipal Finance Officers' Association of Ontario, the Association of Municipalities of Ontario and the Ontario Regional and Single Tier Treasurers, to amplify coordinated messaging to the Province.

BILL 138: PLAN TO BUILD ONTARIO TOGETHER ACT, 2019

CONCLUSION

While Bill 138 proposes to implement a key Regional recommendation, significant financial and planning risks associated with Bill 108 remain. Ontario municipalities must be provided the tools to plan for growth comprehensively and for the long term. This includes having access to adequate funding to pay for necessary infrastructure, to allow housing development and increased housing supply to occur.



Stephen VanOfwegen, Commissioner of Finance and Chief Financial Officer



Andrew Farr, Acting Commissioner of Public Works

Approved for Submission:



N. Polsinelli, Interim Chief Administrative Officer

APPENDICES

Appendix I – Letter from the Regional Chair, to the Minister of Municipal Affairs and Housing, the Minister of Finance and the Clerk of the Committee of the Standing Committee on Finance and Economic Affairs

For further information regarding this report, please contact Stephanie Nagle, Treasurer & Director of Corporate Finance, extension 7105, Stephanie.Nagle@peelregion.ca or Adrian Smith, Acting Director, Regional Planning and Growth Management and Chief Planner, Public Works, extension 4047, Adrian.Smith@peelregion.ca

Authored By: Todd Julie, Angelo Ambrico and Madison Van West

Reviewed in workflow by:

Legal Services

LETTER FROM THE REGIONAL CHAIR TO THE MINISTER OF MUNICIPAL AFFAIRS AND HOUSING,
THE MINISTER OF FINANCE AND THE CLERK OF THE COMMITTEE OF THE
STANDING COMMITTEE ON FINANCE AND ECONOMIC AFFAIRS

Letter to Minister Clark re: Bill 138

December 02, 2019

Honourable Steve Clark
Minister of Municipal Affairs and Housing
777 Bay Street, 17th Floor
Toronto, ON M5G 2E5

**Re: The Community Benefits Charge Technical Working Group and the Bill 138:
Planning to Build Ontario Together Act, 2019.**

Dear Minister Clark:

I am writing to you to comment on *Bill 138: Planning to Build Ontario Together Act, 2019*. Please be aware that this letter is subject to endorsement by Region of Peel Council. A copy of the Council Report and resolution will be forwarded to your Ministry upon Council endorsement, for further consideration.

The Region of Peel supports the Province's goals of increasing housing supply and making housing more affordable for Ontario residents, as outlined in *More Home, More Choice: Ontario's Housing Supply Action Plan*. To this end, the Region has, over the last year, submitted comments to the Province on the Action Plan and the supporting legislation and regulations under *Bill 108: The More Homes, More Choice Act, 2019*, highlighting concerns about how growth will be financed in Ontario and the associated impacts on housing supply.

The Region has worked closely with its partner associations, the Association of Municipalities Ontario (AMO), the Municipal Finance Officers' Association (MFOA) and Ontario Regional and Single Tier Treasurers (ORSTT). It is in this spirit that the Region highlights and supports recommendations advanced by MFOA and ORSTT in a recent letter to Deputy Minister Kate Manson-Smith. They recommend:

- that the community benefits charge (CBC) consultation process be extended to ensure that the CBC capping formula is done right, rather than quickly; and further
- that information on CBC capping policy options and impact analysis results, developed by Provincial consultants, be shared with the wider CBC technical working group.

The Region appreciates the Province's willingness to act on municipal sector recommendations regarding development financing through *Bill 138*. In particular, the Region welcomes the Province's proposal to remove commercial and industrial developments from the development charge deferral. While these proposed changes in *Bill 138* are positive, they fall short of a commitment to municipal revenue neutrality.

Nando Iannicca
Regional Chair & CEO

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LETTER FROM THE REGIONAL CHAIR TO THE MINISTER OF MUNICIPAL AFFAIRS AND HOUSING,
THE MINISTER OF FINANCE AND THE CLERK OF THE COMMITTEE OF THE
STANDING COMMITTEE ON FINANCE AND ECONOMIC AFFAIRS

Nando Iannicca
Regional Chair & CEO

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The Region has concerns about proposed changes in *Bill 138* to the *Planning Act* that would permit CBC by-laws and by-law amendments to be appealed to the Local Planning Appeal Tribunal (LPAT). Permitting CBC by-law appeals to the LPAT is likely to increase the overall number of appeals, creating significant revenue risks for municipalities in the form of delays and decreases in amounts payable, and increased administrative costs for municipalities and for LPAT itself. These added costs potentially undermine the goal of revenue neutrality for the new CBC regime.

Further, upon appeal of a CBC by-law, *Bill 138* states that it is not within the powers of the LPAT to increase a CBC amount, but the LPAT may decrease CBCs. This could result in appeals being used as a tool to reduce the amount of CBCs ultimately paid to the Region and local municipalities.

As a result of these concerns, the Region recommends:

- **that the Province comprehensively consider the administrative and financial impacts of introducing an LPAT appeal process for CBC by-laws and by-law amendments on municipalities, including CBC revenue neutrality; and**
- **that the Province review the proposed appeal provisions to allow the LPAT to increase the amount of a CBC if a by-law is appealed.**

Additionally, clarification is required on section 9.1 of the *Development Charges Act, 1997*, as amended. There is a risk of lost revenues for those municipalities who do not have separate DC by-laws for hard services and soft services with existing DC by-law(s) that are expiring between now and the CBC proclamation date.

The Region recommends that section 9.1 be relaxed so that municipalities are afforded the options of:

- **allowing the existing DC by-law to continue to be in effect for both hard service and soft services until ten (10) months after the proclamation of the CBC regulatory framework, or**
- **allowing the existing DC by-law to continue to be in effect for soft services until the proclamation of the CBC regulatory framework and passing a new DC by-law for the hard services.**

The Region remains concerned that without further consultation, future development charge and CBC revenue will not be adequate for municipalities to recover the costs of the infrastructure required to support growth in Peel. This would undermine the Region's principle that 'growth should pay for growth' and threaten the Region's ability to increase housing supply and choice. As you committed in your June 7th letter to the heads of municipal councils, municipalities must be kept whole in order to pay for needed growth infrastructure, and in turn, increase housing supply.

10.3-9

LETTER FROM THE REGIONAL CHAIR TO THE MINISTER OF MUNICIPAL AFFAIRS AND HOUSING,
THE MINISTER OF FINANCE AND THE CLERK OF THE COMMITTEE OF THE
STANDING COMMITTEE ON FINANCE AND ECONOMIC AFFAIRS



We look forward to continuing to work with the Province to address the issue of housing supply and affordability in Peel Region and across Ontario. Regional staff would be pleased to discuss and provide any clarifications or additional comments as required.

Kindest personal regards,

A handwritten signature in black ink, appearing to read 'Nando Iannicca', with a long horizontal stroke extending to the right.

Nando Iannicca
Regional Chair & Chief Executive Officer

Nando Iannicca
Regional Chair & CEO

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Ms. Kate Manson-Smith
 Interim Deputy Minister
 Ministry of Municipal Affairs and Housing
 777 Bay Street, 17th Floor
 Toronto, ON M5G 2E5

RECEIVED
November 20, 2019
 REGION OF PEEL
 OFFICE OF THE REGIONAL CLERK

November 18, 2019

Dear Ms. Manson-Smith,

RE: Consultation on the community benefits charge formula

Since the launch of the Housing Supply Action Plan consultation process in late 2018, the Municipal Finance Officers' Association of Ontario (MFOA) and the Ontario Regional and Single Tier Treasurers (ORSTT) and their municipal members have worked diligently to assist decision makers in the development of a workable and fair basis for recovering growth-related infrastructure costs through a new Community Benefits Charge (CBC) under the *Planning Act*. We are writing to share with you feedback we are receiving from our municipal members with regard to the development of the cap for the new CBC.

Let us begin by noting that we welcomed the Minister's letter of June 7, 2019 to heads of council where two significant commitments were made. First was the promise of a rigorous consultation process to develop a CBC regime. Secondly, the Minister indicated that the CBC would generate the same revenues as the charges the CBC was replacing (e.g. development charges for certain soft services as well as parkland dedication and density bonusing charges under the Planning Act). MFOA and ORSTT have consistently argued that growth must pay for the infrastructure costs related to development in each of Ontario's growth municipalities. We strongly support these commitments and have been pleased to be part of the consultation process the Ministry established to develop a formula for the CBC caps.

At the launch of the consultations, the Ministry established a technical working group of municipalities, municipal consultants, and MFOA. Since the launch of the process, it has become clear that establishing a formula for the CBC caps has been both complex and challenging, though progress has been made. In our view, the most important part of the Ministry's consultation process was to occur in the second phase that was originally to take place following the second posting on the ERO. At that time stakeholders were to review the consultant's findings and provide meaningful insights. The second phase of the process has occurred, but the wider technical working group membership has not seen the level of detail shared with a select group of representatives; nor have they had the opportunity to reflect on the implications of the proposed model. Several municipal members have expressed significant concerns to us that information on policy options and impact analysis results have not been shared with representatives from municipalities participating on

REFERRAL TO _____
 RECOMMENDED _____
 DIRECTION REQUIRED _____
 RECEIPT RECOMMENDED _____

the technical working group.

We strongly recommend that the Ministry share the CBC formula and impact analysis of the options it has modelled with the technical working group. It is only with the full knowledge of the proposed formula, options and calculated percentages that the municipal members can offer their best advice on the proposed CBC regime as a whole. Although a broader information session took place with developers, municipal consultants and MFOA, it did not include representatives from municipalities on the technical working group. An evaluation of the work done to date will be critically lacking if it does not involve meaningful participation of the municipalities on the technical working group that will be directly affected by the new CBC regime.

We understand that the timelines established by the Ministry to have the CBC in place have slipped given the complexity of the work required. Even if the process of consultation and option analysis slips into the early part of 2020, there will be significant benefits from hearing directly from municipalities on the proposed CBC regime. On the other hand, truncating consultation of the analysis undertaken to date in order to meet a deadline set some time ago would risk enacting a formula that could produce major financial impacts and significant uncertainty into the development process in Ontario's high growth municipalities (or those which will become high growth shortly).

We are aware of changes to the CBC regime contained in Bill 138 arising from the Fall Economic Update. In particular, changes that eliminate the deferred payment regime for commercial and industrial properties and the maintenance of the alternative parkland dedication provision during the transition were welcomed. We consider these to be examples of what can be achieved to improve legislation when there is meaningful consultation between partners.

In closing, let us repeat our appreciation for the work of Ministry staff to date and the commitment to maintaining growth-related revenues with the new CBC. We are also grateful for our participation in the consultation process. Now is not the time to rush the process to a conclusion just when we are positioned to have informed debate on a range of options with all of the relevant stakeholders.

We look forward to hearing your thoughts. We remain committed to assist in whatever way we can.

Yours truly,



Julie Stevens
President
Municipal Finance Officers'
Association of Ontario



Stephen VanOfwegen
Chair
Ontario Regional and Single Tier
Treasurers

cc.

Jamie McGarvey, President, Association of Municipalities of Ontario
Mayor Cam Guthrie, Chair, Large Urban Mayor's Caucus of Ontario (LUMCO)
Region of Waterloo Chair, Karen Redman, Chair, Mayors and Regional Chairs of
Ontario (MARCO)

**ITEMS RELATED TO
ENTERPRISE PROGRAMS
AND SERVICES**

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For Information

DATE: November 28, 2019

REPORT TITLE: **REVIEW OF REGIONAL COUNCIL COMPOSITION**

FROM: Catherine Matheson, Commissioner of Corporate Services

OBJECTIVE

To seek direction on the method for conducting a review of the composition of Regional Council, as required under the *Municipal Act, 2001*, as amended.

REPORT HIGHLIGHTS

- Regional municipalities are required under the *Municipal Act, 2001*, as amended, to review, for each of their lower-tier municipalities, the number of members of their council that represent the lower tier.
- Within two years of the date that the new Council is organized following the regular election in 2018, if the region does not pass a by-law to change its council composition or pass a resolution to affirm, for each of its lower-tier municipalities, the number of the members of its council, then the Minister of Municipal Affairs and Housing may make a regulation changing the composition of Regional Council.
- A resolution or by-law passed to change the current composition of Regional Council by the Region must achieve a triple majority.
- This report provides options for Council's consideration regarding the method of conducting a review of the composition of Regional Council.

DISCUSSION
1. Background

Section 218 (6) of the *Municipal Act, 2001*, as amended, requires that a regional municipality review, for each of its lower-tier municipalities, the number of members of its council that represent the lower tier.

If within two years of the date that the new Council is organized following the regular election in 2018, the regional municipality does not

- Pass a by-law to change, for one or more of its lower-tier municipalities, the number of the members of its council that represent the lower-tier municipality; or

12.1-2

REVIEW OF REGIONAL COUNCIL COMPOSITION

- Pass a resolution to affirm, for each of its lower tier municipalities, the number of the members of its council that represent the lower-tier municipality,

the Minister of Municipal Affairs and Housing may make a regulation changing the composition of the Council of the regional municipality.

When considering whether to make such a regulation, the Minister shall, in addition to anything else the Minister wishes to consider, have regard to the principle of representation by population.

A by-law or resolution under Section 218 is not valid unless triple majority support is received:

- a majority of all votes on the upper-tier council are cast in favour of the by-law or the resolution;
- a majority of the councils of all lower-tier municipalities forming part of the upper-tier municipality have passed resolutions consenting to the by-law or the resolution; and
- the total number of electors in the lower-tier municipalities that passed resolutions consenting to the by-law or the resolution form a majority of all the electors in the upper-tier municipality.

Section 218.2 of the *Municipal Act, 2001*, as amended, permits a municipality to change the method of selecting its head of council for any regular election after 2018.

2. Previous Review of Regional Council Composition

During the 2010 – 2014 Term of Regional Council, issues related to the method of electing a Regional Chair and Brampton's representation on Regional Council were raised. A task force consisting of the Mayors of Caledon, Brampton and Mississauga, the Regional Chair, the Chief Administrative Officers (or their designate) from the Region of Peel, Cities of Brampton and Mississauga, the Town of Caledon and the Regional Clerk was established. Upon receipt of the Task Force's report, Council passed a resolution directing staff to report in early 2015 to initiate a review of the governance of the Region of Peel, including a review of the options for election of the Regional Chair and a review of the composition of Regional Council.

In January 2015, the Task Force appointed a facilitator through a Request for Proposal and Regional Council passed a resolution directing that the Terms of Reference for the Governance Review Facilitator include the opportunity for all members of Regional Council to participate in the process, either as a whole or through one on one consultation.

Meetings with individual Councillors were scheduled with the Facilitator and a presentation by the Facilitator was presented to the local councils for feedback and direction which formed the basis for an extended facilitation session with the Task Force.

The report titled "Recommendations Arising from the Governance Review Task Force" was presented to Regional Council on June 23, 2016 and included acknowledgements by the Task Force as follows:

- Brampton is under-represented at Regional Council and that any change to the size and composition of Regional Council should address this imbalance.

12.1-3

REVIEW OF REGIONAL COUNCIL COMPOSITION

- Mississauga residents continue to make-up more than 50 per cent of the Region's population.
- Over the next 20 years, the population gap between the two largest municipalities will continue to narrow, while growth in Caledon will begin to accelerate. Different rates of growth among its three municipalities mean that Regional Council may adjust its size and allocation of seats for its members to ensure effective representation.

The report described the four options that were discussed in detail by the Task Force:

1. Increase the size of Regional Council at the time of the 2018 election to 28 seats. Brampton's representation would increase by four seats to 11 seats. Mississauga's representation would remain constant at 12 seats. Caledon's representation would remain constant at five seats.
2. Increase the size of Regional Council at the time of the 2018 election to 32 seats. Brampton's representation would increase by four seats to 11 seats. Mississauga's representation would increase by four seats to 16 seats. Caledon's representation would remain constant at five seats.
3. The size of Regional Council at the time of the 2018 election would remain at 24 seats. Brampton's representation would increase by two seats to nine seats. Mississauga's representation would remain constant at twelve seats. Caledon's representation would decrease by two seats to three seats.
4. Increase the size of Regional Council at the time of the 2018 election to 28 seats. Brampton's representation would increase by two seats to nine. Mississauga's representation would increase by two seats to 14. Caledon's representation would remain constant at five seats.

At the June 23, 2016 Regional Council meeting, Council passed a resolution approving Option 2. A second resolution was passed to request that the Minister of Municipal Affairs and Housing enact a regulation authorizing the Region of Peel to exercise its powers under the *Municipal Act* to change the composition of Regional Council; that subject to the Minister enacting the regulation, the Regional Solicitor draft a by-law pursuant to the provisions of the regulations, and that the Regional Clerk report to Regional Council with a recommendation related to the date that the statutory public meeting of Regional Council would be held to consider the matter.

On February 16, 2017, the Minister of Municipal Affairs and Housing issued Ontario Regulation 45/17 permitting the Region of Peel to exercise its powers to change the composition of Regional Council by increasing the number of members from the City of Brampton from seven to 11; and increasing the number of members from the City of Mississauga from 12 to 16.

The Regional Clerk reported to the March 30, 2017 Regional Council meeting with a recommendation to schedule a public meeting for April 27, 2017.

Regional Council passed a resolution that a public meeting regarding a by-law to change the size and composition of Regional Council not be held. The Regional Solicitor advised

REVIEW OF REGIONAL COUNCIL COMPOSITION

that Regional Council's decision to not hold a public meeting would end the process to change the size and composition of Regional Council.

3. 2018 – 2022 Term of Council Review of Regional Council Composition Process

With the change in legislation, a Minister's regulation is no longer required to change the composition of Regional Council.

A by-law to change the council composition does not come into force until the day the new council is organized following the first regular election following the passing of the by-law. However, if the by-law is passed in the year of a regular election before voting day, the by-law does not come into force until the second regular election following the passing of the by-law. A change in Regional Council's composition can therefore be in place for the 2022 municipal elections only if changes are implemented before December 31, 2021.

Prior to passing a by-law to change or maintain the composition of Regional Council, public notice of Council's intention to pass a by-law or resolution must be given and at least one public meeting held to consider the matter.

The by-law or resolution would need to pass a triple majority.

Prior to the start of the term of office, additional administrative work would be required such as amendments to the Procedure By-law and possible renovations to the Council Chamber to accommodate a change in the number of Councillors.

Next Steps

Direction from Regional Council is required regarding the method for conducting a review of the composition of Regional Council, as required under the *Municipal Act, 2001*, as amended.

Options for Council's consideration include:

1. Do nothing. The Minister of Municipal Affairs and Housing may make a regulation changing the composition of the council of the regional municipality.
2. The Region of Peel may proceed in accordance with Ontario Regulation 45/17 which has not been repealed. This option does not eliminate the requirement for a triple majority process.
3. Establish a task force comprised of Councillors and staff to make recommendations to Regional Council.
4. Refer the issue to the Council Policies and Procedures Committee to make recommendations to Regional Council.
5. Schedule Special Meetings of Regional Council for the purpose of conducting the review.

On October 25, 2019, the provincial government announced that funding would be made available to all municipalities to support municipal transformation efforts. Council could direct staff to explore whether these funds could be used to hire a facilitator to assist in conducting a review of council's composition.

REVIEW OF REGIONAL COUNCIL COMPOSITION

RISK CONSIDERATIONS

Should Regional Council decide not to conduct a review of the composition of Regional Council, the Minister of Municipal Affairs and Housing could issue a regulation to change council's composition.

Regional Council's review of its composition could result in the inability to achieve the required triple majority required for the change to take effect.

In each case, the Region could be faced with a solution that was not "made in Peel" and that would have significant impacts to the Region and its local municipalities.

CONCLUSION

Based on direction received from Regional Council, staff will report back to a future Council meeting as appropriate.



Catherine Matheson, Commissioner of Corporate Services

Approved for Submission:



N. Polsinelli, Interim Chief Administrative Officer

For further information regarding this report, please contact Kathryn Lockyer, Regional Clerk and Director, Legal Services, ext. 4325 or kathryn.lockyer@peelregion.ca.

Authored By: Christine Thomson, Legislative Specialist

DATE: November 14, 2019

REPORT TITLE: **INDIGENOUS LAND ACKNOWLEDGEMENT**

FROM: Catherine Matheson, Commissioner of Corporate Services

RECOMMENDATION

That a formal Indigenous land acknowledgement that recognizes the historic and present inhabitants of this region and respects the spiritual relationship that exists between Indigenous peoples and their traditional territories, as outlined in the report of the Commissioner of Corporate Services, titled “Indigenous Land Acknowledgement”, be approved;

And further, that all public proceedings conducted by the Region of Peel, taking place in the geographic region known as Peel, open with the reading of this land acknowledgement.

REPORT HIGHLIGHTS

- On September 28, 2017 a report advising of the intent to use an Indigenous acknowledgement statement to open the Regional Council meeting of October 26, 2017, in honour of Treaties Week in the Province of Ontario, and to add acknowledgment language to the Regional website moving forward was received by Regional Council (Resolution 2017-756).
- Recommendations in this report build on the Treaties Recognition Week and Indigenous Acknowledgement report that went to Regional Council on September 28, 2017.
- A Land Acknowledgement is a formal statement that recognizes and respects the legal and spiritual relationship between Indigenous peoples and their traditional territories. Acknowledging the land is an Indigenous protocol that has been practiced for thousands of years.
- The Region has a responsibility to support reconciliation efforts and work toward reducing inequities experienced by Indigenous populations.
- The 94 recommended calls to action, contained in the National Centre for Truth and Reconciliation, request that all levels of government play a role in educating on the history of Indigenous peoples and provide anti-racism training to reduce inequities experienced by Indigenous peoples.

INDIGENOUS LAND ACKNOWLEDGEMENT

DISCUSSION

1. Background

In September 2017, a report to Regional Council advised that an annual Indigenous land acknowledgement be made at the beginning of the meeting during Treaties Recognition Week. The Treaties Recognition Week Act was enacted by the Province of Ontario in 2016 to recognize the importance of treaties and to bring awareness to the treaty relationships between Indigenous and non-Indigenous people in the province. In 2017, 2018 and 2019, an Indigenous land acknowledgement opened the Regional Council meeting closest to Treaties Week.

A Land Acknowledgement is a formal statement that recognizes and respects the legal and spiritual relationship between Indigenous peoples and their traditional territories. Acknowledging the land is an Indigenous protocol that has been practiced for thousands of years. Land acknowledgement statements are increasingly being used by Canadian governments, schools, post-secondary institutions, non-governmental organizations and other civil institutions as a way of building awareness and honouring Indigenous peoples. Introducing the practice of land acknowledgements is a gesture of respect and tradition. The inconsistent application of land acknowledgements can be perceived as insincere or tokenistic.

The work of the Truth and Reconciliation Commission (now known as the National Centre for Truth and Reconciliation) examined the devastating impact to First Nations, Inuit and Métis children, families and communities as a result of the Indian Residential Schools System. The Commission released its report in June 2015 which identified 94 Calls to Action. Of particular attention to the Region of Peel is **Action #57**.

57. We call upon federal, provincial, territorial, and municipal governments to provide education to public servants on the history of Aboriginal peoples, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, Indigenous law, and Aboriginal–Crown relations. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

The Region of Peel has an opportunity to work towards reconciliation through educating employees about oppression, privilege and colonization. Embedding the practice of acknowledging the original inhabitants of the land is only one step in responding to this call to action. Staff will develop a fulsome plan to increase understanding of Indigenous peoples in Canada and build the knowledge and ability to take action to reduce the inequities experienced by Indigenous populations.

2. Recommended Next Steps

1. In demonstration of the Region's commitment to diversity, equity, inclusion and anti-racism and as a public sector organization, the following revised land acknowledgement is recommended:

INDIGENOUS LAND ACKNOWLEDGEMENT

Proposed Region of Peel Land Acknowledgement

“We would like to begin by acknowledging that the land on which we gather, and which the Region of Peel operates, is part of the Treaty Lands and Territory of the Mississaugas of the Credit. For thousands of years, Indigenous peoples inhabited and cared for this land. In particular we acknowledge the territory of the Anishinabek, Huron-Wendat, Haudenosaunee and Ojibway/Chippewa peoples; the land that is home to the Metis; and most recently, the territory of the Mississaugas of the Credit First Nation who are direct descendants of the Mississaugas of the Credit. We are grateful to have the opportunity to work on this land, and by doing so, give our respect to its first inhabitants.”

It is important to recognize that the language and terminology of the proposed acknowledgement may change in accordance with guidance provided by Indigenous peoples. The proposed land acknowledgement was developed in consultation with local resources from the Mississaugas of the Credit First Nation, the Ministry of Education - Indigenous Education office, Ontario Federation of Labour, Peel Aboriginal Network and University of Toronto.

2. It is recommended that all formal public proceedings conducted by the Region of Peel, taking place in the geographic region known as Peel, open with the reading of the above-mentioned land acknowledgement. Formal public proceedings include but are not limited to: Regional Council meetings, and Regional events and/or presentations as appropriate.

CONCLUSION

As a public sector organization that provides services to Peel residents and stakeholders, the Region of Peel has a responsibility to support truth and reconciliation. Demonstration of Peel's commitment through land acknowledgement is a start to building awareness of the Indigenous peoples and honouring the people who lived and worked on the lands in the Region of Peel. An update regarding further efforts to deliver on the Region's commitment to truth and reconciliation will be brought forward in 2020.



Catherine Matheson, Commissioner of Corporate Services

Approved for Submission:



N. Polsinelli, Interim Chief Administrative Officer

For further information regarding this report, please contact Juliet Jackson, Director, Culture and Inclusion, Juliet.Jackson@peelregion.ca.

Authored By: Melissa Magder

DATE: November 19, 2019

REPORT TITLE: **PROCESS FOR APPOINTING A CHIEF ADMINISTRATIVE OFFICER**

FROM: Mary Killeavy, Director, Human Resources

RECOMMENDATION

That the Director of Human Resources be authorized to retain an executive search firm to conduct a nation-wide search on behalf of the Regional Municipality of Peel to fill the position of Chief Administrative Officer;

And further, that a committee comprised of the Regional Chair and the Mayors of the Cities of Brampton and Mississauga and the Town of Caledon be established to interview candidates and recommend a candidate for appointment to Regional Council;

And further, that the Terms of Reference for the Chief Administrative Officer Recruitment Committee, attached as Appendix I to the report of the Director of Human Resources, titled “Process for Appointing a Chief Administrative Officer”, be approved.

REPORT HIGHLIGHTS

- The *Municipal Act, 2001*, as amended, gives municipalities authority to appoint a Chief Administrative Officer.
- An Interim CAO has been in place at the Region of Peel since July 25, 2019.
- This report recommends a process for identifying and interviewing candidates that would result in a recommendation to Regional Council of a candidate for appointment.

DISCUSSION

1. Background

Legislative authority for the appointment of a Chief Administrative Officer (CAO) is found in section 229 of the *Municipal Act 2001*, as amended, which states, “A municipality may appoint a chief administrative officer who shall be responsible for,

- a. exercising general control and management of the affairs of the municipality for the purpose of ensuring the efficient and effective operation of the municipality; and
- b. performing such other duties as are assigned by the municipality.”

The position of CAO for the Region of Peel became vacant effective July 24, 2019. Regional Council appointed an Interim CAO on July 11, 2019.

PROCESS FOR APPOINTING A CHIEF ADMINISTRATIVE OFFICER

The appointment of the acting CAO has resulted in a cascade of acting assignments in the organization. These acting assignments were filled internally by appointment as well. Acting assignments align with the Region's talent management strategy and provide valuable learning opportunities for employees.

The provincial government's review of regional government is now complete, and it is recommended that an executive search be commenced for a CAO.

2. Proposed Direction

Similar to past practice, it is recommended that an executive search firm be retained by the Director of Human Resources to conduct a nation-wide search for candidates for the position of CAO of the Region of Peel. The firm would review applications and conduct preliminary interviews of qualified candidates in order to develop a short-list of candidates. It is proposed that a committee consisting of the Regional Chair and Mayors of the Cities of Brampton, Mississauga and the Town of Caledon be established to interview short-listed candidates and present Regional Council with a recommended candidate for appointment.

The proposed Terms of Reference for the Committee are attached as Appendix I.

Under the proposed process, the interim CAO would continue until such time as a permanent CAO is hired and commences their appointment. Interim or acting roles are an effective method to provide coverage while a position is in recruitment. In the case of a CAO, a typical recruitment could take approximately six months to be concluded. The continuation of this assignment will also allow the other resulting acting assignments to be recruited for and filled.

The appointment of the interim CAO does not preclude their candidacy in the selection process for a permanent CAO.



Mary Killeavy, Director, Human Resources

APPENDICES

Appendix I - Proposed Terms of Reference for the CAO Recruitment Committee

For further information regarding this report, please contact Mary Killeavy at ext. 4049 or email to mary.killeavy@peelregion.ca

Authored By: Christine Thomson, Legislative Specialist

**APPENDIX I
PROCESS FOR APPOINTING A CHIEF ADMINISTRATIVE OFFICER**

**Chief Administrative Officer Recruitment Committee
Terms of Reference**

Mandate:

To interview short-listed candidates identified by the Executive Search firm retained by the Region of Peel for the position of Chief Administrative Officer and to present Regional Council with a recommended candidate for appointment.

Membership:

The Committee is comprised of the Regional Chair and Mayors of the Cities of Brampton and Mississauga and the Town of Caledon.

Roles and Responsibilities of Members:

The Committee is responsible for managing the process that will be followed to interview candidates that have been identified by the Executive Search firm for the position of Chief Administrative Officer. The Committee will conduct interviews with the short-listed candidates and recommend a candidate for appointment by Regional Council.

The Committee will provide guidance to the Executive Search firm, as required, through the Director of Human Resources.

Election of Chair and Vice Chair:

The Committee will elect from among its members a Chair and Vice-Chair and this election shall be held at the first meeting of the Committee. The Vice-Chair may act in the capacity of Chair and exercise all the rights, powers and authorities of the Chair when the Chair is absent through illness or otherwise, is absent from the office in the course of their duties or on vacation or on an approved leave.

Quorum:

Quorum will consist of three members of the Committee.

Reporting Structure:

The Committee will report to Regional Council with a recommended candidate for appointment to the position of Chief Administrative Officer of the Region of Peel.

Term:

The Committee will be dissolved upon Regional Council's appointment of a Chief Administrative Officer.

Frequency of Meetings:

Will be determined by the Committee in consultation with the Director of Human Resources.

Staff Resources:

The Committee will be supported by the Director of Human Resources and, staff from the Office of the Regional Clerk, as required.



THE REGIONAL MUNICIPALITY OF PEEL

AUDIT AND RISK COMMITTEE

MINUTES

ARC - 5/2019

The Region of Peel Audit and Risk Committee met on October 31, 2019 at 11:09 a.m., in the Regional Council Chamber, 5th Floor, Regional Administrative Headquarters, 10 Peel Centre Drive, Suite A, Brampton, ON.

Members Present: S. Dasko*; N. Fairhead; C. Fonseca*; K. Ras; R. Santos*; I. Sinclair; R. Starr; H. Zuberi

Members Absent: I. Iannicca, due to other municipal business

Also Present: N. Polsinelli, Interim Chief Administrative Officer; S. VanOfwegen, Commissioner of Finance and Chief Financial Officer; S. Baird, Commissioner of Digital and Information Services; C. Matheson, Commissioner of Corporate Services; J. Sheehy, Commissioner of Human Services; A. Farr, Acting Commissioner of Public Works; C. Granger, Acting Commissioner of Health Services; P. O'Connor, Regional Solicitor; M. Morris, Director, Enterprise Risk and Audit Services; A. Macintyre, Deputy Clerk and Manager of Legislative Services; J. Jones, Committee Clerk; S. MacGregor, Legislative Assistant

Chaired by Councillor Starr.

1. DECLARATIONS OF CONFLICTS OF INTEREST – Nil

2. APPROVAL OF AGENDA

RECOMMENDATION ARC-13-2019:

That the agenda for the October 31, 2019 Audit and Risk Committee include a motion from Member Fairhead requesting an update on the ISO 20,000 Program to be dealt with under Other Business - Item 7.1;

And further, that the agenda for the October 31, 2019 Audit and Risk Committee meeting, be approved as amended.

* See text for arrivals

◆ See text for departures

3. **DELEGATIONS – Nil**

4. **REPORTS**

4.1. **Water and Wastewater Billing Audit**

Received

4.2. **Energy Management Audit**

Received

Councillor Santos arrived at 11:16 a.m.

4.3. **Status of the 2019 Enterprise Risk and Audit Services Risk Based Work Plan**

Received

Michelle Morris, Director, Enterprise Risk and Audit Services, informed the Committee of updates to the audit projects listed in Appendix I of the subject report: the Immunization and Disease Control audit previously planned for 2020 will begin in 2019; the Food and Recreational Water Safety audit will be cancelled as the Auditor General has provided a Ministerial Program audit to the Region of Peel.

4.4. **Status of Management Action Plans**

Received

Councillor Fonseca arrived at 11:23 a.m.

Councillor Dasko arrived at 11:23 a.m.

4.5. **Financial and Economic Risk to the Region Due to Flooding Events Exacerbated by Climate Change**

Received

In response to a question from Councillor Sinclair regarding the mapping of low-lying areas to mitigate the potential risks associated with land locked areas during emergencies, Andrew Farr, Acting Commissioner of Public Works, noted that staff are currently updating flood mapping. He took direction to report back to the Committee on how staff can work with emergency services.

In response to a request from Member Fairhead to expand the subject report to address the effects of climate change on non-domestic property and the potential effect on goods movement in the Region of Peel, Stephen VanOfwegen, Commissioner of Finance and Chief Financial Officer (CFO), noted that staff could provide a report to a future committee meeting providing information from an economics perspective and the risks related to climate change. Member Fairhead will forward an external study, outlining the macroeconomic impacts of flooding, to the CFO.

4.6. **Deloitte 2019 Audit Service Plan**

Received

Trevor Ferguson, Partner, Deloitte, provided an overview of the 2019 Audit Service Plan for the Region of Peel and Peel Housing Corporation. He noted the plan is consistent with prior years and that there are no changes in audit standards impacting the audit in 2019.

5. **COMMUNICATIONS – Nil**

6. **IN CAMERA MATTERS – Nil**

7. **OTHER BUSINESS**

7.1 **Motion from Member Fairhead Requesting an Update on the ISO 20,000 Program**

RECOMMENDATION ARC-14-2019:

That staff be directed to report to a future Audit and Risk Committee meeting on the overall goals, the specific objectives, and the progress of the ISO 20,000 program; including a summary of key challenges encountered and highlighting where the Audit and Risk Committee support would be valued.

8. **NEXT MEETING**

The next meeting of the Audit and Risk Committee is scheduled for February 6, 2020 at 11:00 a.m. to 12:30 p.m. in the Council Chamber, 5th floor, Regional Administrative Headquarters, Suite A, 10 Peel Centre Drive, Brampton, Ontario.

Please forward regrets to Jill Jones, Committee Clerk, and (905) 791-7800 ext. 4330 or at jill.jones@peelregion.ca.

9. **ADJOURNMENT**

The meeting adjourned at 11:58 a.m.



THE REGIONAL MUNICIPALITY OF PEEL
DIVERSITY, EQUITY AND ANTI-RACISM COMMITTEE
REPORT OF THE COMMITTEE CLERK

DEAR - 4/2019

The Region of Peel Diversity, Equity and Anti-Racism Committee met on November 7, 2019 at 11:15 a.m., in the Regional Council Chamber, 5th Floor, Regional Administrative Headquarters, 10 Peel Centre Drive, Suite A, Brampton, ON.

Members Present: T. Awuni; R. Deo; N. Iannicca; J. Kovac; R. Rokerya

Members Absent: D. Damerla due to personal matters; G.S. Dhillon due to other municipal business; J. Downey due to other municipal business; S. McFadden due to other municipal business; R. Santos due to other municipal business

Also Present: N. Polsinelli, Interim Chief Administrative Officer; C. Matheson, Commissioner of Corporate Services; J. Sheehy, Commissioner of Human Services; S. Baird, Commissioner of Digital and Information Services; A. Farr, Acting Commissioner of Public Works; C. Granger, Acting Commissioner of Health; S. Nagel, Acting Commissioner of Finance and Chief Financial Officer; P. O'Connor, Regional Solicitor; K. Lockyer, Regional Clerk and Director of Legal Services; J. Jackson, Director, Culture and Inclusion; J. Jones, Committee Clerk; S. MacGregor, Legislative Assistant

Chaired by Councillor Kovac.

In accordance with section 4.5.7 of the Region of Peel Procedure By-law 56-2019, no quorum was present. The Committee Clerk recorded the names of the Members present as:

**T. Awuni
R. Deo
N. Iannicca
J. Kovac
R. Rokerya**

1. DECLARATIONS OF CONFLICTS OF INTEREST - Nil

* See text for arrivals

◆ See text for departures

2. APPROVAL OF AGENDA

Having regard that a quorum of members was not achieved, and in accordance with Section 4.5.7 of Procedure By-law 56-2019 which provides that the committee may receive submissions or information from the public or staff, the following information was received:

3. DELEGATIONS

- 3.1. **Rodel Imbarlina-Ramos, Director, Peel Newcomer Strategy Group, United Way of Greater Toronto**, Providing findings from the Peel Newcomer Strategy Group's (PSNG's) 2019 Report on Peel Newcomers and to Highlight how PNSG Works with Local Stakeholders

Rodel Imbarlina-Ramos, Director, Peel Newcomer Strategy Group (PNSG), United Way of Greater Toronto, provided an overview of the PNSG 2019 annual report on Peel Newcomers including a description of the PNSG's intended outcomes, desired impacts and key findings. He provided a description of immigrant education levels, inward and outward flow of immigrants (to and from Peel), median income comparisons, social assistance requirements, unemployment rates and the time required for immigrants to reach income parity.

Regional Chair Iannicca requested that staff arrange for the delegation to be brought back to a future Regional Council meeting.

4. REPORTS

- 4.1. **Indigenous Land Acknowledgement**

Regional Chair Iannicca raised a concern regarding the delay in approving the Indigenous Land Acknowledgement at the next Committee meeting in March 2020; and requested that staff consider whether an appropriate group or individual could perform a smudging ceremony and read the land acknowledgement for the first time after its approval.

- 4.2. **Culture Strategy and Diversity and Inclusion Strategy Development**

5. COMMUNICATIONS

- 5.1. **Rodel Imbarlina-Ramos, Director, Peel Newcomer Strategy Group**, Letter dated October 28, 2019, Providing a Copy of the Peel Newcomer Strategy Group's 2019 Report on Peel Newcomers

- 6. IN CAMERA MATTERS - Nil**

DEAR-4/2019
Thursday, November 7, 2019

7. OTHER BUSINESS - Nil

8. NEXT MEETING

The next meeting of the Diversity, Equity and Anti-Racism Committee is scheduled for March 5, 2020 at 9:30 a.m. to 11:00 a.m. in the Council Chamber, 5th floor, Regional Administrative Headquarters, Suite A, 10 Peel Centre Drive, Brampton, Ontario.

Please forward regrets to Jill Jones, Committee Clerk, and (905) 791-7800 ext. 4330 or at jill.jones@peelregion.ca.

9. ADJOURNMENT

Having regard that a quorum of members was not achieved, and in accordance with Section 4.5.6 of Procedure By-law 56-2019, items 4.1, 4.2 and 5.1 will be placed on the agenda for the next regular meeting of the Regional Council Policies and Procedures Committee.

The meeting adjourned at 12:03 p.m.



THE REGIONAL MUNICIPALITY OF PEEL

REGIONAL COUNCIL POLICIES AND PROCEDURES COMMITTEE

MINUTES

PPC - 5/2019

The Region of Peel Regional Council Policies and Procedures Committee met on November 7, 2019 at 9:35 a.m., in the Regional Council Chamber, 5th Floor, Regional Administrative Headquarters, 10 Peel Centre Drive, Suite A, Brampton, ON.

Members Present: B. Crombie*; P. Fortini; N. Iannicca; J. Innis; C. Parrish; M. Palleschi; P. Saito; I. Sinclair

Members Absent: P. Brown (ex-officio), due to other municipal business; G.S. Dhillon, due to illness; S. McFadden, due to other municipal business; A. Thompson (ex-officio) due to other municipal business

Also Present: N. Polsinelli, Interim Chief Administrative Officer; S. VanOfwegen, Commissioner of Finance and Chief Financial Officer; C. Matheson, Commissioner of Corporate Services; J. Sheehy, Commissioner of Human Services; S. Baird, Commissioner of Digital and Information Services; G. Kocialek, Acting Commissioner of Public Works; C. Granger, Acting Commissioner of Health; P. O'Connor, Regional Solicitor; K. Lockyer, Regional Clerk and Director of Legal Services; J. Jones, Committee Clerk; S. MacGregor, Legislative Assistant

Chaired by Councillor Parrish.

1. DECLARATIONS OF CONFLICTS OF INTEREST - Nil

2. APPROVAL OF AGENDA

RECOMMENDATION PPC-12-2019

That the agenda for the November 7, 2019 Regional Council Policies and Procedures Committee meeting, be approved.

3. DELEGATIONS - Nil

* See text for arrivals

◆ See text for departures

4. REPORTS**4.1. Legal Process Requirements to Implement the Designated Enhanced Voting Member Model**RECOMMENDATION PPC-13-2019

Whereas, in 2017 the Province of Ontario amended s. 268 of the *Municipal Act, 2001*, as amended (the "Act") to permit a lower-tier municipality to appoint one of its members as an alternate member of the council of its upper-tier municipality to attend and vote at regional council meetings in the place of a Regional Councillor who is unable to attend a meeting of the upper-tier council;

And whereas, the councils of both the City of Brampton and the Town of Caledon have passed by-laws appointing alternate members pursuant to s. 268 of the Act to attend Peel Regional Council meetings;

And whereas, the intention of s. 268 of the Act is to preserve the voting weight of a lower-tier municipality at a meeting of its upper-tier council when a Regional Councillor of the lower-tier municipality is absent;

And whereas, the City of Mississauga is disadvantaged as the only lower-tier municipality in Ontario that cannot appoint an alternate pursuant to s.268 of the Act, given that all its members are also Regional Councillors;

And whereas, Peel Regional staff have proposed that, as an alternative, Peel Regional Council amend its Procedure By-law pursuant to s. 218(3) of the Act to permit Mississauga to designate one "enhanced voting member" to have two votes at Peel Regional Council, instead of one, with the second vote to be exercised in situations where a Regional Councillor representing Mississauga is absent from a meeting of Peel Regional Council;

And whereas, pursuant to s. 219 of the Act, a by-law granting Mississauga an enhanced voting member would not take effect until after the first regular election following the passing of the by-law, even though Brampton and Caledon already enjoy the benefit of an alternate member during the present term of Council to preserve their voting weight;

And whereas, in the unique circumstance that exists only in the Regional Municipality of Peel, an enhanced voting member for Mississauga enacted pursuant to s. 281(3) of the Act, although different in form, would have the same practical effect as if Mississauga could appoint an alternate member under s. 268 of the Act;

Therefore be it resolved, that the Region of Peel initiate the option to use Council's authority under Section 218(3) of the Act to provide an additional vote to one of Mississauga's Regional Council members when another is absent; subject to procedural requirements of:

- a) Notice,
- b) A public meeting, and
- c) A “triple majority” support

And further, that the Province of Ontario be requested to enact such legislation as would be required to authorize that a by-law enacted by the Council of the Regional Municipality of Peel pursuant to s. 218(3) of the Act, granting the City of Mississauga an enhanced voting member, to take effect during the current term of Council, notwithstanding s. 219 of the Act;

And further, that staff report back regarding the possibility of permitting more than one member being appointed as the designated enhanced voting member for the term of Council; and the possibility of weighted voting as an alternative option.

Councillor Crombie arrived at 9:41a.m.

4.2. Council Expense Policy - Expensing Conference Costs

RECOMMENDATION PPC-14-2019

That Section 6.2.3. of the Business Expense Account – Members of Council Policy (the Policy) be amended to allow for Regional Council Section Chairs and Vice-Chairs, in addition to Regional Council Committee Members, to claim event/conference costs for expenses incurred in performing the duties related to their appointment, as expenses related to the program;

And further, that the Policy be amended to include that event/conference expenses to be paid under program accounts for Regional Council Committee Members, or Regional Council Section Chairs and Vice-Chairs, be approved by the particular committee or Regional Council.

In response to a question from Councillor Parrish regarding Councillor compensation for conference speaking engagements, Kathryn Lockyer, Regional Clerk and Director of Legal Services, stated that the Integrity Commissioner will be requested to provide an opinion on whether conference expenses provided in-kind to Members, in exchange for speaking, would be considered a gift or compensation for services provided. She noted that the matter will be included on the upcoming Integrity Commissioner workshop agenda.

4.3 Review of the Delegation of Powers and Duties By-law 1-2015

RECOMMENDATION PPC-15-2019

That Schedule “B” - Approval Authorities under Part V of Procurement By-law 30-2018, award of Direct Negotiation procurements “Greater than \$100,000 to \$250,000”, currently requiring approval of the Chief Financial Officer, be amended to require Regional Council approval;

And further, that the necessary amending by-law be brought forward to Regional Council for approval;

And further, that to minimize operational impacts to Regional business, award of Direct Negotiation procurements over \$100,000 requiring an urgent response between regularly scheduled Regional Council meetings, may be approved by the Interim Period Approvals Committee;

And further, that staff report back regarding potential revisions to the Interim Period Approvals Committee (IPAC) Terms of Reference to provide the Committee authority to approve award of Direct Negotiation procurements over \$100,000 requiring an urgent response between regularly scheduled Regional Council meetings;

And further, that the staff report regarding revisions to the IPAC Terms of Reference also consider amendments to the Committee quorum requirements;

And further, that award of Direct Negotiation procurements over \$100,000 requiring an urgent response, between regularly scheduled Regional Council meetings, may be approved by the Regional Chair if the IPAC is unable to convene;

And further, that should IPAC or the Regional Chair be required to approve awards of Direct Negotiation procurements, that Council be notified immediately of the award decision with justification;

And further, that proposed changes to Part V of the Procurement By-law 30-2018 and the revised Direct Negotiation award approval process be reviewed in one year with respect to service delivery impacts and additional costs in staff time.

In response to a question from Councillor Saito regarding the timing of Direct Negotiation procurements and the potential effect on the provision of Regional services, if delegated authority was reduced, Natasha Rajani, Director Procurement, advised that reduced Direct Negotiation award authority (under \$100,000) could cause a delay in the Region awarding such contracts; and gave an example of a recent seniors dental services contract.

In response to a question from Councillor Saito regarding the possibility of providing authority to the Interim Period Approvals Committee to approve procurements over \$100,000 requiring urgent response, Kathryn Lockyer, Regional Clerk and Director of Legal Services, noted that the Terms of Reference for the Committee could be revised to provide that authority.

In response to a question from Councillor Sinclair regarding the speed with which the committee could be convened, Kathryn Lockyer noted that the committee quorum requirements could also be dealt with in a review of the Committee Terms of Reference.

4.4. Process for the Selection of Public Members to Committees of Council

RECOMMENDATION PPC-16-2019

That the process to appoint community members to Regional Council Committees, as outlined in the report of the Commissioner of Corporate Services,

titled "Process for the Selection of Public Members to Committees of Council", be approved;

And further, that the Terms of Reference for all Regional Council Committees requiring community member appointments be revised for compliance with the approved appointment process.

4.5. Stretch Breaks During Regional Council Meetings

RECOMMENDATION PPC-17-2019

That members of Council be encouraged to take individual informal stretch breaks throughout Regional Council meetings.

5. COMMUNICATIONS - Nil

6. IN CAMERA MATTERS - Nil

7. OTHER BUSINESS

7.1 Regional By-law or Policy Requiring that the Regional Chair Must Have Council Approval before Forwarding the Position of Council to Other Levels of Government - Oral

Councillor Saito requested that staff report back to the Policies and Procedures Committee regarding options to provide direction in a Regional by-law or policy requiring that the Regional Chair must obtain Council's endorsement of a Regional Council position before it is submitted to any level of government. Kathryn Lockyer, Regional Clerk and Director of Legal Services, noted that the question can be reviewed with the Integrity Commissioner at the upcoming Code of Conduct workshop.

8. NEXT MEETING

The next meeting of the Regional Council Policies and Procedures Committee is scheduled for February 6, 2020 at 1:00 p.m. to 2:30 p.m. in the Council Chamber, 5th floor, Regional Administrative Headquarters, Suite A, 10 Peel Centre Drive, Brampton, Ontario.

Please forward regrets to Jill Jones, Committee Clerk, and (905) 791-7800 ext. 4330 or at jill.jones@peelregion.ca.

9. ADJOURNMENT

The meeting adjourned at 10:34 a.m.



**THE REGIONAL MUNICIPALITY OF PEEL
EMERGENCY MANAGEMENT PROGRAM COMMITTEE**

MINUTES

EMPC - 2/2019

The Region of Peel Emergency Management Program Committee met on November 21, 2019 at 11:04 a.m., in the Regional Council Chamber, 5th Floor, Regional Administrative Headquarters, 10 Peel Centre Drive, Suite A, Brampton, ON.

Members Present: G. Carlson; A. Groves; N. Iannicca; S. McFadden; P. Saito; R. Santos; I. Sinclair

Members Absent: J. Innis, due to other municipal business; K. Ras, due to other municipal business

Also Present: N. Polsinelli, Interim Chief Administrative Officer; S. VanOfwegen, Commissioner of Finance and Chief Financial Officer; S. Baird, Commissioner of Digital and Information Services; C. Matheson, Commissioner of Corporate Services; A. Farr, Acting Commissioner of Public Works; J. Hastings, Acting Commissioner of Human Services; C. Granger, Acting Commissioner of Health Services; P. Caza, Acting Regional Solicitor; N. Jamal, Acting Chief Planner; A. Macintyre, Deputy Clerk and Manager of Legislative Services; J. Jones, Committee Clerk; S. MacGregor, Legislative Assistant

Chaired by Councillor Groves.

1. DECLARATIONS OF CONFLICTS OF INTEREST - Nil

2. APPROVAL OF AGENDA

RECOMMENDATION EMPC-4-2019:

That the agenda for the November 21, 2019 Emergency Management Program Committee meeting, be approved.

3. DELEGATIONS - Nil

* See text for arrivals

◆ See text for departures

4. REPORTS

4.1. Lessons Learned from the First Nations Evacuation Response

Received

4.2. Status Update on the 2019 Office of the Fire Marshal and Emergency Management Compliance Submission

RECOMMENDATION EMPC-5-2019:

That staff be directed to provide an emergency procedures brief, including a copy of the Region of Peel Emergency Plan, to Regional Councillors;

And further, that the Region of Peel Emergency Plan By-law 78-2015 be brought forward to the next Emergency Management Program Committee in May 2020 for review;

And further, that the Region of Peel Emergency Plan By-law be reviewed in the first year of each new Term of Office.

RECOMMENDATION EMPC-6-2019:

That the annual IMS 200 training sessions, as outlined in section xiii) of the report from the Commissioner of Corporate Services, titled "Status Update on the 2019 Office of the Fire Marshal and Emergency Management Compliance Submission", be made available to Regional Councillors;

And further, that Councillors receive advance notification of up-coming training sessions.

In response to a question from Councillor Saito, Mark Schiller, Director of Real Property Asset Management, noted that IMS 100 is available on-line from the Ministry of the Solicitor General, through the Office of the Fire Marshal and Emergency Management, and that Regional staff are certified to provide IMS 200 training. He stated that Councillors may attend the IMS 200 training with staff and that notification and program literature can be provided to Councillors in advance of the up-coming sessions.

Committee members requested that the training sessions include: mock emergency centre scenarios; an opportunity for Councillors to interact with emergency staff; and, an overview of communication procedures and the role of Councillors.

5. COMMUNICATIONS - Nil

6. IN CAMERA MATTERS - Nil

7. OTHER BUSINESS - Nil

8. NEXT MEETING

The next meeting of the Emergency Management Program Committee is scheduled for May 7, 2020 at 9:30 a.m. to 11:00 a.m. in the Council Chamber, 5th floor, Regional Administrative Headquarters, Suite A, 10 Peel Centre Drive, Brampton, Ontario.

Please forward regrets to Jill Jones, Committee Clerk, and (905) 791-7800 ext. 4330 or at jill.jones@peelregion.ca.

9. ADJOURNMENT

The meeting adjourned at 11:26 a.m.

DATE: December 9, 2019

REPORT TITLE: **2020 INTERIM REGIONAL REQUISITION BY-LAW**

FROM: Stephen VanOfwegen, Commissioner of Finance and Chief Financial Officer

RECOMMENDATION

That the 2020 interim Regional requisition be approved at a sum not to exceed 50 per cent of the 2019 tax levy to the Cities of Mississauga and Brampton and the Town of Caledon;

And further, that the necessary by-law be presented for enactment.

REPORT HIGHLIGHTS

- It is the consensus of Regional and local municipal finance staff that the recommended 2020 interim requisition by-law, including interim property tax requisition due dates, is necessary to satisfy legislative and municipal cash flow requirements.

DISCUSSION

1. Background

In accordance with Section 316 of the *Municipal Act, 2001*, Regional Council is authorized to requisition for 2020 a sum from each local municipality that does not exceed 50 per cent of the total amount raised from property taxes for Regional purposes in 2019. Based on a total 2019 Regional levy of \$1,085,398,270 the 2020 interim requisition would be as follows:

City of Mississauga	\$321,848,454
City of Brampton	195,446,264
Town of Caledon	<u>25,404,417</u>
	<u>\$542,699,135</u>

2. 2020 Instalment Dates

In establishing interim requisition due dates for 2020, it is necessary to strike a balance between the Region's cash flow needs and the impact that the levy dates would have on the local municipalities' cash flow capabilities. The following schedule has been agreed upon

12.8-2**2020 INTERIM REGIONAL REQUISITION BY-LAW**

with the local municipal staff to meet the interim property tax levy requirements for the Region of Peel. The Regional interim requisition due dates, as established in prior years, are set at one day following the due dates of the local municipalities.

2020 Due Dates	Mississauga	Brampton	Caledon	Total
January 15	\$ 16,414,271			\$ 16,414,271
February 18	\$ 16,092,424			\$ 16,092,424
February 20		\$ 65,148,755		\$ 65,148,755
March 6	\$ 137,751,138		\$ 12,702,209	\$ 150,453,347
March 16	\$ 16,414,271			\$ 16,414,271
March 19		\$ 65,148,755		\$ 65,148,755
April 3	\$ 42,805,844			\$ 42,805,844
April 15	\$ 16,414,271			\$ 16,414,271
April 23		\$ 65,148,754		\$ 65,148,754
May 8	\$ 43,127,693		\$ 12,702,208	\$ 55,829,901
May 15	\$ 16,414,271			\$ 16,414,271
June 15	\$ 16,414,271			\$ 16,414,271
Total	\$ 321,848,454	\$ 195,446,264	\$ 25,404,417	\$ 542,699,135

CONCLUSION

Approval of the Interim Requisition By-law will provide the Region of Peel with the property tax funding required to meet municipal service provisions in the first half of 2020.



Stephen VanOfwegen, Commissioner of Finance and Chief Financial Officer

Approved for Submission:


N. Polsinelli, Interim Chief Administrative Officer

For further information regarding this report, please contact Stephanie Nagel at extension 7105 or via email at stephanie.nagel@peelregion.ca.

*Authored By: Kavita McBain
Reviewed in workflow by: Legal Services*

From: Krystal Christopher <Krystal.Christopher@mississauga.ca>
Sent: Wednesday, November 20, 2019 4:01:39 PM
To: Lockyer, Kathryn <kathryn.lockyer@peelregion.ca>
Cc: Kavelaar West, Helena <helena.west@peelregion.ca>
Subject: Mississauga City Council Resolutions (3)

Good Afternoon:

Please see attached resolutions adopted by Mississauga City Council on November 20, 2019 regarding the following:

- 0264-2019 – Peel Outdoor No Smoking By-law
- 0272 – 2019 – Sharing of Peel Regional Police Costs
- 0273 -2019 - Chair of Region of Peel Council

Mississauga City Council requests that these matters be added to the next Regional Council Agenda.

Regards,

Krystal Christopher

Legislative Coordinator
Corporate Services Department | Legislative Services Division
300 City Centre Drive, 2nd Floor | T 905-615-3200 ext.5411
krystal.christopher@mississauga.ca



[City of Mississauga](http://www.mississauga.ca)

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REFERRAL TO _____
 RECOMMENDED _____
 DIRECTION REQUIRED _____
 RECEIPT RECOMMENDED _____



MISSISSAUGA

RESOLUTION 0273-2019
adopted by the Council of
The Corporation of the City of Mississauga
at its meeting on November 20, 2019

0273-2019

Moved by: C. Parrish

Seconded by: C. Fonseca

WHEREAS the Chair of the Region of Peel collaborated with senior regional staff to ensure a study conducted by Deloitte/Watson was kept from the members of Regional Council until it was revealed March 28, 2019; and

WHEREAS the Chair of the Region of Peel provided the Deloitte/Watson Report to Brampton's Mayor Brown only, not to the Mayors of Mississauga and Caledon nor members of Regional Council; and

WHEREAS the secretive and clandestine manner in which the Deloitte/Watson study was undertaken by Regional staff, with the knowledge and participation of the Chair, cannot be viewed as promoting high standards of ethical conduct or meeting the public's expectation of transparent and ethical conduct; and

WHEREAS a series of documents, including the Deloitte/Watson Report of March 15, 2019, was submitted to the Provincial Advisors by the Regional Chair "On behalf of the Region of Peel" on March 27, 2019 again without the knowledge of the Councillors of the Region of Peel, and again not meeting a minimum expectation of public transparency;

Therefore Be It Resolved:

The Council of the City of Mississauga expresses it's lack of confidence in the Chair of the Region of Peel or his ability to preside over the Region's business in a transparent, accountable and ethical manner; and further

The Council of the City of Mississauga insists all future actions by the Chair of the Region of Peel meet the highest expectations of transparent, accountable and ethical conduct; and further

This resolution be sent to the Region of Peel to be included in the next Regional Agenda for information.

13.1-3

Recorded Vote	YES	NO	ABSENT	ABSTAIN
Mayor B. Crombie	X			
Councillor S. Dasko	X			
Councillor K. Ras	X			
Councillor C. Fonseca	X			
Councillor J. Kovac	X			
Councillor C. Parrish	X			
Councillor R. Starr	X			
Councillor D. Damerla	X			
Councillor M. Mahoney	X			
Councillor P. Saito	X			
Councillor S. McFadden	X			
Councillor G. Carlson	X			

Carried (12, 0, 0 – Absent)

Solicitor General

Office of the Solicitor General

25 Grosvenor Street, 18th Floor
 Toronto ON M7A 1Y6
 Tel: 416 325-0408
 MCSCS.Feedback@Ontario.ca

Solliciteur général

Bureau de la solliciteure générale

25, rue Grosvenor, 18^e étage
 Toronto ON M7A 1Y6
 Tél.: 416 325-0408
 MCSCS.Feedback@Ontario.ca



RECEIVED
November 26, 2019

REGION OF PEEL
 OFFICE OF THE REGIONAL CLERK

132-2019-2549

November 19, 2019

Mr. Wayne Emmerson
 Regional Chair and Chief Executive Officer
 The Regional Municipality of York
 17250 Yonge Street
 Newmarket ON L3Y 6Z1

Mr. John Henry
 Regional Chair and Chief Executive Officer
 The Regional Municipality of Durham
 605 Rossland Road East
 Whitby ON L1N 6A3

Mr. Gary Carr
 Regional Chair
 The Regional Municipality of Halton
 1151 Bronte Road
 Oakville ON L6M 3L1

Mr. Nando Iannicca
 Regional Chair
 The Regional Municipality of Peel
 A - 10 Peel Centre Drive, 5th Floor
 Brampton ON L6T 4B9

Regional Municipality of Peel
 Office of the Regional Chair

Ms. Karen Redman
 Regional Chair
 The Regional Municipality of Waterloo
 200 Maple Grove Road
 Cambridge ON N3H 5M1

NOV 26 2019

RECEIVED

Dear Regional Chairs:

Thank you for your e-mail regarding the provincial government's recent announcement on the \$65 million federal investment over five years to fund initiatives aimed at reducing gun violence and gang activity in Ontario.

Ensuring public safety is a key priority for our government and we are committed to working with our policing partners to provide them with the resources and tools they need to keep Ontario's communities safe and resilient.

Our announcement on August 26, 2019, builds on Ontario's Guns, Gangs and Violence Reduction Strategy (GGVRS) and further supports police services, municipalities, community organizations and families at the frontline of gun and gang violence by delivering new initiatives, and providing additional funding for existing initiatives established under Ontario's GGVRS. This investment is part of a five-year commitment to address guns and gangs in Ontario. This investment will begin in 2020 and will conclude in 2022-2023.

Building on initiatives announced earlier this year and in summer 2018, the province is extending government-wide efforts to curb gun crime and reduce gang activity by investing in new initiatives to:

- **Combat human trafficking**, including enhancements to survivor supports, investments in dedicated prosecution resources and future enhancements to the Safer and Vital Communities Grant Program;

REFERRAL TO _____
 RECOMMENDED _____
 DIRECTION REQUIRED _____
 RECEIPT RECOMMENDED _____

.../2

- Create a new **Intensive Firearm Bail Team in Peel** to support bail hearings and proceedings for gun related offences in the Greater Toronto Area (GTA);
- Create a new **Eastern Ontario Gun and Gang Team** that will work closely with the **Ottawa Police Service**. The East Region team is staffed with four Assistant Crown Attorneys, who will provide prosecutorial support for complex investigative projects and an intensive firearms and gang specific bail strategy; and
- Establish a **GTA/Greater Golden Horseshoe (GGH) Gun and Gang Fund**, focused on supporting projects and partnerships in the GTA and GGH, including Toronto, Durham Regional, Halton, Peel Regional, York Regional, Niagara Regional and Hamilton Police Services.

Police services located in the GTA and GGH will be eligible to apply for the GTA/GGH Gun and Gang Fund starting in April 2020. This is an application-based program available through the Criminal Intelligence Service Ontario (CISO) and eligible police services are strongly encouraged to apply. In addition to this fund, the ministry, through CISO, will continue to offer the Gun and Gang Specialized Investigations Fund which provides provincewide support for targeted investigations through an application-based process.

It is also important to note that Ontario provides direct funding to Ontario police services on annual basis through a number of different grant programs such as the Community Safety and Policing Grant, which is a separate investment to Ontario's GGVRs.

As you may know, the ministry is now accepting applications under the Proceeds of Crime (POC) Front-Line Policing (FLP) Grant for 2020-21, 2021-22 and 2022-23. POC FLP reinvests assets seized by the provincial and federal governments during criminal prosecutions to support frontline policing efforts. The POC-FLP Grant is available to municipal and First Nations police services as well as the Ontario Provincial Police, for projects that focus on at least one of the following priorities: Gun and Gang Violence; Sexual Violence and Harassment; and/or Human Trafficking.

The deadline to submit applications under POC FLP is December 16, 2019. If you have any questions regarding POC FLP please contact Mr. Ramanan Thanabalasingam at Ramanan.Thanabalasingam@Ontario.ca or Ms. Silvana Burke at Silvana.Burke@Ontario.ca.

Thank you again for your e-mail.

Sincerely,



Sylvia Jones
Solicitor General

c: The Honourable Doug Ford
Premier of Ontario

**ITEMS RELATED TO
PUBLIC WORKS**

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DATE: November 13, 2019

REPORT TITLE: **AUTOMATED SPEED ENFORCEMENT PROGRAM UPDATE**

FROM: Andrew Farr, Acting Commissioner of Public Works

RECOMMENDATION

That the Automated Speed Enforcement Agreement with the Ministry of Transportation of Ontario (MTO Agreement) and the processing centre agreement with the City of Toronto (City of Toronto Agreement) and any related amendments and extensions thereto, together with such further agreements and ancillary documents that may be required for participation in and delivery of the Automated Speed Enforcement program in Peel Region, be executed by the Region of Peel's duly authorized signing officers, provided that the MTO Agreement, the City of Toronto Agreement and any such further agreements and ancillary documents are on business terms satisfactory to the Commissioner of Public Works and on legal terms satisfactory to the Regional Solicitor.

REPORT HIGHLIGHTS

- Since the enactment of *Provincial Bill 65 – Safer School Zone Act*, amending the Ontario *Highway Traffic Act*, the Region of Peel has been investigating options for the use of an Automated Speed Enforcement Program (cameras) as part of the Region's overall Vision Zero Road Safety Strategic Plan.
- The Automated Speed Enforcement Program is similarly modelled to the Region's current Red-Light Camera Program. The ticket, which contains a digitized copy of the image and an enlargement of the plate portion, is mailed to the registered plate holder. Upon conviction, the only penalty is a fine – no demerit points are applied.
- Staff have worked with the Ontario Traffic Council, City of Toronto, the Ministry of Transportation of Ontario and other municipal stakeholders to develop standards, practices, and procedures for the acquisition and processing of an Automated Speed Enforcement System.
- Automated Speed Enforcement System is expected to be operational in school zones and community safety zones on Regional Roads by mid-2020.

DISCUSSION

1. Background

On May 30, 2017, the Legislative Assembly of Ontario passed *Bill 65 – Safer School Zones Act*, amending Ontario's *Highway Traffic Act* and authorizing municipalities to operate Automated Speed Enforcement in community safety zones and school zones on roads

AUTOMATED SPEED ENFORCEMENT PROGRAM UPDATE

under their jurisdiction. Municipalities are responsible for the implementation and operational cost of automated speed enforcement on roads under their jurisdiction.

Speeding is an ongoing issue across Ontario and a neighborhood concern in Community Safety Zones and School Zones where pedestrian and cycling activities are prominent. To address these concerns new road safety measures are proposed to help alter driver behaviour and improve quality of life in Ontario communities.

i) Automated Speed Enforcement

Automated Speed Enforcement is a tool used to help improve road user safety by increasing speed compliance, altering driver behaviour and increasing public awareness about the critical need to slow down in School Zones and Community Safety Zones.

The Ontario Traffic Council formed a working group consisting of participating municipalities (City of Toronto, City of Ottawa, Region of Niagara, Region of York, Region of Durham, City of Brampton, City of Mississauga, City of London, City of Burlington, City of Oakville, Region of Waterloo and the City of Hamilton) and the Ministry of Transportation to develop a province-wide Automated Speed Enforcement Program. As an active participant in the group, the Region of Peel had opportunity along with other municipalities to provide input into the development of the program with the overall intent of operating Automated Speed Enforcement consistently through the Province of Ontario.

The operations and procurement for the Automated Speed Enforcement Program are similarly modelled to the Region's current Red-Light Camera Program. The images are reviewed by Provincial Offences Officers with offence notices, commonly referred to as tickets, issued to the owner of the vehicle, regardless of who was driving. The ticket, which contains a digitized copy of the image and an enlargement of the plate portion, is mailed to the registered plate holder. Upon conviction, the only penalty is a fine – no demerit points are applied.

ii) Automated Speed Enforcement Implementation Locations

In accordance with the *Highway Traffic Act*, municipalities are authorized to use Automated Speed Enforcement systems only in the following zones:

Community Safety Zones

Community Safety Zones are reviewed and implemented using the Ontario Traffic Manual – Book 5 guidelines where there are schools and parks, playgrounds, and when public safety is of special concern. Safety concerns such as aggressive driving must be evident in the part of the roadway chosen for a Community Safety Zone.

School Zones

School zones are defined as the area 150 metres on either side of a school property along the frontage of a school. Currently this zone is permissible for reduced speed limits through a permanent speed limit reduction for the purposes of Automated Speed Enforcement.

AUTOMATED SPEED ENFORCEMENT PROGRAM UPDATE**iii) Performance**

The Region of Peel will be operating a single camera on Regional Roads for the first year to be able to determine direct impacts to court capacity, operational requirements and successes of delivering the program; this camera will be rotated to different Community Safety Zones and School Zones within Peel Region. In 2019 the Region of Peel captured “before” implementation speed data to serve as the Region’s initial baseline. Once Automated Speed Enforcement has been implemented, staff will conduct “after” studies to measure the effect that the Automated Speed Enforcement camera has had on speed compliance.

iv) Cooperative Contract for the Automated Speed Enforcement Program

The Region of Peel, in conjunction with its municipal partners through the City of Toronto developed a Request for Proposal for the supply, installation, operation, maintenance and decommissioning of Automated Speed Enforcement systems for a five-year fixed term with the option to renew for an additional five-year fixed term, subject to satisfactory performance, price, and approved budget. The Region of Peel and other select members from participating municipalities undertook an evaluation of the vendors in which Redflex Traffic Systems (Canada) Limited was selected as the service provider for the provision of Automated Speed Enforcement services.

Redflex Traffic Systems (Canada) Limited will enter into separate agreements with each of the participating municipalities for the construction, operation and maintenance of the Automated Speed Enforcement Program within their respective jurisdictions.

v) Operational Requirements

Highway Traffic Act offences captured by the Automated Speed Enforcement camera will be enforced under the *Provincial Offences Act* and administered through the Ontario Provincial Offences courts. Fine revenue collected as a result of legal proceedings commenced under the *Provincial Offences Act* would be retained by the local municipality operating and administering the Provincial Offences Court and conducting the prosecution of Automated Speed Enforcement offences in its respective court service area, and not by the Region of Peel.

Recently, on behalf of all participating municipalities, Ontario Traffic Council requested that the Ministry of Transportation consider an amendment to the *Highway Traffic Act* that would expand the current permitted use of Administrative Monetary Penalties for vehicle-based infractions such as those resulting from Automated Speed Enforcement systems and Red-Light Cameras. This change would significantly reduce the expected demand on the already burdened Provincial Offences Court system. To date, there has been no decision on this request.

The Region of Peel is working collaboratively with the City of Mississauga, City of Brampton and the Town of Caledon on implementation of the program.

Ontario Traffic Council on behalf of all participating municipalities began a communication working group to align messages. The working group is in the process of developing a

AUTOMATED SPEED ENFORCEMENT PROGRAM UPDATE

fulsome communication approach in support of the implementation of Automated Speed Enforcement across Ontario.

In order to allow for the operation of the Automated Speed Enforcement program, the Region of Peel will need to enter into an operational agreement with the City of Toronto to manage the Joint Processing Centre, as well as with the Ministry of Transportation of Ontario to provide the vehicle license plate information required for enforcement under the Provincial Offences Act. The Region of Peel will also be required to execute an agreement with the service provider (Redflex Traffic Systems (Canada) Limited) for the operations of the camera and provision of related Automated Speed Enforcement services.

The implementation of an Automated Speed Enforcement system in Peel Region will require changes to Regional by-laws prior to being utilized on Regional roads. A separate report detailing the required changes and by-law revisions to accommodate Automated Speed Enforcement will be prepared for Regional Council in early 2020.

FINANCIAL IMPLICATIONS

The annual cost to implement one Automated Speed Enforcement camera for Regional Roads is estimated at \$300,000. These costs include equipment costs, the City of Toronto joint processing fees and the Ministry of Transportation costs associated with accessing the Province's vehicle ownership database. Funds to set up and operate the camera in its initial year (2020) are available in the capital project 15-4415. Continuation and/or expansion of the Automated Speed Enforcement program in subsequent years will require additional funds to be requested through the annual Regional operating budget.

In accordance with the *Provincial Offences Act* and inter-municipal agreements between the Region of Peel and the local municipalities, fine revenue collected as a result of legal proceedings commenced under the Provincial Offences Act would be retained by the local municipality operating and administering the Provincial Offences Court.

NEXT STEPS

Regional staff will:

- Continue to work with the Ontario Traffic Council, the local municipalities and other stakeholders including Peel Regional Police and the Ontario Provincial Police regarding Automated Speed Enforcement technology, application and infraction processing.
- Continue to work towards the anticipated Automated Speed Enforcement implementation in school zones and community safety zones along Regional roads, which could occur in mid-2020.
- Report back to Regional Council on the required by-law review to implement Automated Speed Enforcement.
- Report back annually as part of the Vision Zero Road Safety Strategic Plan Update Report on the effectiveness of the program.

AUTOMATED SPEED ENFORCEMENT PROGRAM UPDATE



Andrew Farr, Acting Commissioner of Public Works

Approved for Submission:



N. Polsinelli, Interim Chief Administrative Officer

For further information regarding this report, please contact: William Toy, Supervisor, Traffic Safety, Transportation, extension 7869, William.toy@peelregion.ca

Authored By: Roger Silva, Technical Analyst-Projects, extension 7867, roger.silva@peelregion.ca, Kenneth Lee, Advisor, Intelligent Transportation Systems, Transportation, extension 7850, Kenneth.lee@peelregion.ca.

Reviewed in workflow by:

Procurement
Financial Support Unit
Legal Services

For Information

DATE: December 4, 2019

REPORT TITLE: **LAKEVIEW VILLAGE COMMUNITY OVERVIEW OF COMPONENTS OF THE PROPOSED DEVELOPMENT WITH REGIONAL INTEREST**

FROM: Andrew Farr, Acting Commissioner of Public Works

OBJECTIVE

To provide Regional Council with an overview of the proposed Lakeview Village Community development located at 1082 Lakeshore Road, City of Mississauga, Ward 1 and outline areas of Regional interest.

REPORT HIGHLIGHTS

- The Lakeview Community Partners Limited is proposing to redevelop the former Ontario Power Generation lands with approximately 8,026 residential units, 7,000 to 9,000 jobs and between 16,000 and 20,000 people.
- Key components of the development which are of Regional interest include a proposed vacuum waste collection system, district energy using resources from the G.E. Booth Wastewater Treatment facility, proximity of the new community to Region Water and Wastewater facilities, and delivery of affordable housing to meet the Peel Housing Strategy.
- Regional staff will continue to collaborate with the City of Mississauga and the Lakeview Community Partners Limited to address these key matters.

DISCUSSION
1. Background

In December 2011, the City of Mississauga initiated the Inspiration Lakeview Master Plan for the redevelopment of the Lakeshore Waterfront Major Node which includes the former Ontario Power Generation lands and employment lands, known as Rangeview Estates, located south of Lakeshore Road between Cawthra Road and Dixie Road. Inspiration Lakeview Master Plan and supporting studies culminated in the adoption of Mississauga's Local Official Plan Amendment 89 in June 2018. Official Plan Amendment 89 incorporated additional land use policies into the Lakeview District Policies to guide and direct development within the Lakeshore Waterfront Community Node.

The Lakeview Village Community is located at 1082 Lakeshore Road East. The 177-acre site, previously owned by Ontario Power Generation, was sold to Lakeview Community

LAKEVIEW VILLAGE COMMUNITY - DEVELOPMENT OVERVIEW

Partners Limited in March 2018. The Lakeview Community Partners Limited (the Partners) is made up of Argo Development Corporation, TACC Construction Limited, Branthaven Homes, Greenpark Group and CCI Development Group of Companies. Please refer to Appendix I for the proposed concept plan of the area.

In accordance with Mississauga Official Plan policies, the applicants filed a Development Master Plan, in October 2018 and subsequently applications for Zoning By-law Amendment and Draft Plan of Subdivision in April 2019. The development proposes approximately 16,000 to 20,000 people in approximately 8,026 residential units and 7,000 to 9,000 jobs. A mix of housing forms including townhouses, mid and high-rise apartment buildings, supported by retail, parkland, commercial and campus (school) uses are proposed.

Mississauga's Official Plan includes progressive policies to ensure that new communities within the Lakeview Waterfront Major Node incorporate a number of sustainable green development initiatives such as a vacuum waste collection system, a district energy system, innovative stormwater management approach as well as complete community elements such as the variety of housing choices including affordable housing for low and middle income households. Many of these initiatives have an impact on Regional interests.

Through the processing and approval of the outstanding planning applications, Regional interests and requirements, which align with Mississauga Official Plan policies, must be identified and resolved with respect to the following:

- Sustainable Initiatives:
 - vacuum waste
 - district energy
- Land use interface between this proposed mixed-use community and existing Regional facilities, namely the G.E. Booth Wastewater Treatment Facility.
- Affordable Housing requirements to meet Regional Official Plan policy and Peel Housing strategy.

City of Mississauga staff has advised they are aiming for approval of the Partner's applications by mid-2020. With these approval timelines in mind, Regional staff are actively participating in and coordinating internal and external regular discussions with City staff, the applicant and their consultants to identify and resolve key matters throughout the review of the applications.

2. Vacuum Waste Collection System

A vacuum waste collection system uses air to move waste from indoor and outdoor waste disposal inlets through an underground pipe network to a central collection terminal where it is transferred to regional facilities through traditional methods. The vacuum waste system replaces the need to collect common wastes by traditional truck collection at every residential building with one collection point at a central terminal. Collection of some materials, such as large items and bulky household waste, is not compatible with the system and must be collected by other means.

The Partners have engaged ENVAC, a vacuum waste system provider, to prepare preliminary technical and financial information to develop a vacuum waste collection system

LAKEVIEW VILLAGE COMMUNITY - DEVELOPMENT OVERVIEW

to service the entire Lakeview Village Community development. The system can be expanded to incorporate the Rangeview Estate lands upon redevelopment.

The Partners have committed to design, construct, and operate the system for an initial period if the Region will provide financial support and assume responsibility for the maintenance and operation of the system after this initial period. After the initial period of operation, the developer proposes the ownership of the vacuum waste collection infrastructure and equipment be transferred to the Region.

Regional staff is taking this opportunity to investigate several significant and strategic aspects to support the vacuum waste collection system proposed for Lakeview Village. Staff are reviewing the capital and operating cost impacts and considering elements of such a waste collection system that would see benefits that go beyond financial impacts and contribute to other Regional strategic goals and priorities. Additionally, Staff assessment of a vacuum waste collection system includes confirmation that it continues to meet Region and Provincial policies and requirements for waste collection and diversion.

When additional information is available to consider the appropriateness of this system, a report will be brought to Waste Management Strategic Advisory Committee with a recommendation report to Council.

3. District Energy

The Partners have been exploring the potential for more environmentally friendly alternatives to traditional heating and cooling systems within buildings throughout the community. The Partners have engaged with Corix Utilities, an infrastructure and engineering company specializing in district energy systems, to develop a business plan for a district energy system and assess the feasibility and implementation of such a system in the community.

Regional staff has been working with Corix Utilities and the Partners to explore the use of effluent water from the G.E. Booth Wastewater Treatment facility as a source of thermal energy for the district energy system. The system would pump the effluent water from the G.E. Booth Wastewater Treatment facility to a heat energy exchange facility that is then distributed through underground pipes within the municipal road network to each building.

Regional staff, together with the Partners, are exploring several aspects related to a district energy system that could integrate with the G.E. Booth Wastewater Treatment facility such as the location of new infrastructure required (e.g.: pump station and heat exchange facility), financial implications, impacts to regular operations of the facility, regulatory responsibilities and the overall risk to the Region.

4. Adjacencies to G.E. Booth Wastewater Treatment Facility

The Region's G.E. Booth Wastewater Treatment facility is located east of the subject lands and this would be the first time in a 70-year history that residential and other sensitive land uses would be in such close proximity. Through the City of Mississauga's Inspiration Lakeview Master Plan and associated official plan policies, several peer reviewed studies were completed investigating the impacts of new sensitive land uses adjacent to the G.E.

LAKEVIEW VILLAGE COMMUNITY - DEVELOPMENT OVERVIEW

Booth Wastewater Treatment facility and other industrial businesses within the Rangeview Estate.

These studies evaluated the impacts of noise, vibration, dust and odour from the G.E. Booth Wastewater Treatment facility and neighbouring businesses. The studies concluded that while the impact of noise, vibration and dust on the new community can, for the most part, be mitigated by distance from the source, the impacts of odour are harder to mitigate through distance separation. It was identified that unique measures to mitigate the impacts of odours from the Region's Wastewater Treatment facility, along with other measures from the other impacts, will be required by those developing the lands adjacent to the Region's facility.

Where a proponent files a development application that would introduce sensitive land uses in proximity to employment and utility uses, the proponent is responsible for identifying the impacts and any measures necessary to meet provincial standards. As a requirement of their development application, the Partners submitted an *Air Quality, Noise and Land Use Compatibility Study*. The study confirms that distance separation requirements from G.E. Booth Wastewater Treatment facility as per guidelines of the Ministry of Environment, Conservation and Parks should be greater than 150m. The closest residential land uses, as proposed in the development application is 120m to the boundary of the G.E. Booth Wastewater Treatment facility.

To address the reduction in the Ministry required separation, it was identified, that any impact to this new community from the existing G.E. Booth Wastewater Treatment facility or other industrial uses in the Rangeview Estates area must be satisfactorily addressed and mitigated as a condition of approval for the applications. The implementation of such measures will form part of subsequent development agreements that the City, Region and applicant will be a part of. This will ensure the health safety, comfort in and use of amenities by residents, employees and users of this new community is realized.

Regional staff completed a study documenting odour emissions from the G.E. Booth Wastewater Treatment facility which identified a series of measures that could be implemented on the property to mitigate odour emissions. The Partners have requested that interim mitigation measures, identified in the report, be implemented immediately and the Partners have indicated they will pay 100 per cent of these costs. However, the Partners also request that the ultimate mitigation measures, be included in the Region's capital plan and financed by Development Charges. These ultimate measures are not included in the Region's capital plan and would not qualify as costs to be covered through development charges.

Regional staff is also assessing the impacts this new community and the related mitigation measures will have on the current and future operations of G.E. Booth Wastewater Treatment facility. Any decisions made through these applications related to mitigation measures will need to be included in any state-of-good-repair or expansions to the facility. Regional staff continues to participate in discussions with the Partners regarding these proposed mitigation measures.

Additionally, Regional staff is working on a communications plan to educate and advise new residents of the function of the facility and are looking to coordinate with the Partners where possible.

LAKEVIEW VILLAGE COMMUNITY - DEVELOPMENT OVERVIEW**5. Affordable Housing**

Through discussions with the Partners and formal comments provided on their applications, Regional staff urged the applicant to address affordable housing for low and middle income households on the site given directions within the Regional Official Plan, Peel Housing and Homelessness Plan (PHHP) strategies and actions, housing needs identified through the Regional Monitoring and Measurement Program and within the recent Peel Housing Strategy, and Council endorsed PHHP targets.

The Partners agreed to consider the request and have had several discussions with housing providers and agencies to formulate their proposal. Regional staff together with City of Mississauga staff continues to work with and discuss the delivery of affordable housing units for low and middle income households within the Lakeview Village Community with the Partners.

CONCLUSION

Regional staff will continue working closely with the City of Mississauga, the Lakeview Community Partners and their consultants on the review of all relevant requirements of these matters, including assessing all operation, maintenances and financial implications for the Region.

The City of Mississauga staff has advised they are aiming for approval of the Partners' application by mid-2020. Considering this approval timeline, Region staff are anticipating the completion of all background work on these key areas by the first quarter of 2020 which will provide staff with appropriate time to bring additional information and recommendations for consideration by Council.

Region staff will be reporting back to Regional Council and Committees through the beginning of 2020 to ensure enough time to implement appropriate conditions of approval and agreements as needed in advance of the identified approval timelines



Andrew Farr, Acting Commissioner of Public Works

Approved for Submission:


N. Polsinelli, Interim Chief Administrative Officer

LAKEVIEW VILLAGE COMMUNITY - DEVELOPMENT OVERVIEW

APPENDICES

Appendix I: Lakeview Village Community Concept Plan

For further information regarding this report, please contact John Hardcastle, Acting Director of Development Services, extension 4418, John.Hardcastle@peelregion.ca.

Authored By: Christina Marzo

Reviewed in workflow by:

Financial Support Unit

**APPENDIX I:
LAKEVIEW VILLAGE COMMUNITY OVERVIEW OF COMPONENTS OF THE PROPOSED DEVELOPMENT
WITH REGIONAL INTEREST**

Lakeview Village Community concept plan



**ITEMS RELATED TO
HEALTH**

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For Information

DATE: December 3, 2019

REPORT TITLE: **REGION OF PEEL'S ROLE IN COMMUNITY SAFETY INITIATIVES**

FROM: Cathy Granger, Interim Commissioner of Health Services
Janice Sheehy, Commissioner of Human Services

OBJECTIVE

To provide an overview of Region of Peel services and initiatives in Peel to support the community safety and well-being of Peel's residents.

REPORT HIGHLIGHTS

- Building safe and healthy communities requires a multi-sectoral approach to plan for future growth while being responsive to emergent needs in the community.
- The escalation of acute and high-profile incidents of violence, particularly in Brampton and Mississauga, have highlighted concerns from both residents and Regional Council. This resulted in a request from Members of Council for staff to report on the status of community safety initiatives in Peel.
- Regional Council established the Community Safety and Well-Being Term of Council Priority (2018-22) to address underlying factors for crime and violence, and ensure a greater sense of well-being, belonging and safety.
- The Region of Peel (Region) along with community partners are working to address risk factors to mitigate crime and build safer and healthier communities including Peel's Poverty Reduction Strategy, Vision Zero (Road Safety Strategy Plan), Region of Peel's Strategy to Address Human Sex Trafficking, Home for All: the Region of Peel's Housing and Homelessness Plan (2018-2028) and the Region of Peel's Community Safety and Well Being Plan.
- Existing Regional initiatives provide an important opportunity for the Region, local municipalities and community partners to address the root causes of violence through collaborative efforts to support the most vulnerable members of our community.

DISCUSSION
1. Background

Community safety and well-being is not only a priority but a 'top-of-the-mind' issue for the Region of Peel and local municipalities in Brampton, Caledon and Mississauga. Given increasing concerns around community safety, the Region of Peel is focused on working in close collaboration with community partners to address roots causes of crime and violence. These efforts include delivering programs that respond to emergent needs of Peel residents; while investing in strategic programs and activities that will have shared impacts across key

REGION OF PEEL'S ROLE IN COMMUNITY SAFETY INITIATIVES

priorities including poverty reduction, education, healthcare, food security, housing and homelessness, income as well as social and cultural inclusion.

While Peel has consistently had a lower incidence of violent crime compared to Ontario, the rate of violent crime in Peel has been increasing in recent years, but is still much lower than 20 years ago. Between 2014 and 2018 the rate of police-reported incidents of violent crime in Peel increased by 22 per cent, from 479.7 per 100,000 population in 2014 to 585.5 per 100,000 in 2018. In contrast, Ontario's rate of violent crime has increased by only 13 per cent in the same time period (2014-2018). According to data provided by Statistics Canada for both Peel Regional Police (Brampton and Mississauga) and Ontario Provincial Police (Caledon), there is an increasing trend in the rate (per 100,000 persons) of substantiated police-reported incidents of all types of violent crime in Peel in recent years.

The escalation of acute and high-profile incidents, particularly in Brampton and Mississauga, have drawn attention from both residents and Regional Council. At the September 25, 2019 Regional Council meeting, staff were requested to report on strategies and initiatives underway to address the safety and wellbeing of Peel residents.

2. Community Safety and Well-Being Term of Council Priority

Regional Council established the *Community Safety and Well-Being* Term of Council Priority (2018-22) to ensure that residents experience a greater sense of well-being, belonging and safety. This term of council priority anchors existing and emerging Regional strategic initiatives that address community safety, along with underlying determinants of crime and violence.

The Ministry of the Solicitor General (formerly the Ministry of Community Safety and Correctional Services, and hereby referred to as the Ministry) released an updated Community Safety and Well-Being Planning Framework (2018) which provided an overview of risk factors to mitigate crime and build safer and healthier communities. The Ministry framework is designed to support community partners and municipalities to achieve safe and healthy communities through four domains of intervention (Appendix I):

- **Social Development:** Addresses underlying causes of social issues through upstream approaches that promote and maintain individual and community wellness;
- **Prevention:** Applies proactive strategies to known and identified risks that are likely to result in harm to individuals or communities if left unmitigated;
- **Risk Intervention:** Identifies and responds to situations of acutely elevated risk and mobilizes immediate interventions before an emergency or crisis-driven response is required; and,
- **Incident Response:** Requires intervention by first responders such as police, paramedics, and other crisis-driven services in the human services sectors.

Key Regional initiatives underway that align with the Ministry framework, as well as the term of council priority, include Peel's Poverty Reduction Strategy, Vision Zero (Road Safety Strategy Plan), Peel Region's Strategy to Address Human Sex Trafficking, Home for All: The Region of Peel's Housing and Homelessness Plan 2018-2028 and the Region of Peel's Community Safety and Well Being Plan.

REGION OF PEEL'S ROLE IN COMMUNITY SAFETY INITIATIVES

a) Regional Services and Initiatives

Many of the Region's existing programs and services intersect with the continuum outlined in the Ministry's Community Safety and Well-Being (CSWB) framework. The CSWB framework reinforces the importance of developing upstream interventions to reduce downstream harm to individuals resulting from crime and violence; and mitigate the demand for more costly interventions delivered through police or other emergency response systems in local neighbourhoods and communities. A brief summary of Regional programs and initiatives that align with the CSWB intervention continuum are described in Appendix II. In some roles the Region acts as the system manager and in others the Region endeavors to bridge existing service gaps by supporting community partners.

Highlights of some of these Regional initiatives along the CSWB framework, are summarized as follows.

Social Development:

- The Region's Housing First approach which involves moving people experiencing homelessness, particularly people experiencing chronic homelessness, rapidly from the street or emergency shelters into stable and long-term housing, with supports. The Region's Housing Services began adopting a Housing First approach in 2018.
- The Region is leading Peel's Poverty Reduction Strategy (PPRS) which is a comprehensive multi-year community plan aimed at mitigating and reducing the impact of poverty on the residents of Peel. For example, in 2017 the committee launched the Peel Community Benefits Network to ensure local residents benefit from economic opportunities generated by large infrastructure projects such as the Hurontario Light Rail Transit.

Prevention:

- Between 2016 and 2018, opioids have claimed the lives of 236 people in Peel with a further 366 people being hospitalized and 1,295 people visiting the emergency department due to opioid related harms. Peel Public Health is leading a Peel Opioid Strategy focused on preventing and reducing harms related to opioid use. The prevention pillar of the Strategy is focused on addressing the key determinants of substance use such as mental health, housing, and parenting.
- The integration of Crime Prevention Through Environmental Design (CPTED) principles has been completed at five regional shelters, the Region's two transitional housing programs, as well as both facilities offering housing for victims of human trafficking. CPTED design principles include access, surveillance and lighting design of public spaces, and are in accordance with Region of Peel CPTED Policy and Video Surveillance Policy.

Risk Intervention:

- Peel Living has partnered with Peel Police and other community agencies to provide various community-focused programs and services to seniors and youth. This includes participating in police led initiatives such as the Erin Mills Hub and Acorn Hub to address specific concerns in those communities while partnering with

REGION OF PEEL'S ROLE IN COMMUNITY SAFETY INITIATIVES

agencies such as Peel Senior Link and Caledon Community Services to support specific population needs, including those of seniors.

- Since its formation in 2018, the Peel Hunger Relief Network has amassed over 80 members and is co-chaired by the Knight's Table and the Mississauga Food Bank. With coordinated efforts through its membership, the Peel Hunger Relief Network is providing inclusive, coordinated and effective collaboration among relevant stakeholders involved in the collection and distribution of food to those experiencing hunger in Peel. Among its milestones, this network has developed the Peel Food Map to identify emergency and related food programs in Peel, and the Mississauga Food Bank has provided over 242,000 meals on a monthly basis through over 40 agencies that are a part of the network.

Incident Response:

- Peel Outreach Services offers a continuum of housing supports that seek to end homelessness by increased access to mainstream services. This multi-agency collaboration consists of the Region of Peel, Peel Addiction Assessment and Referral Centre (PAARC), Supportive Housing in Peel (SHIP), and Canadian Mental Health Association (CMHA) Peel Dufferin and supports individuals, 16 and over, and families. The Peel Outreach Services team targets high-risk areas that are experiencing drug use/homelessness and visit such areas frequently.
- Peel's Community Investment Program (CIP) provided \$921,886 in funding to over 11 agencies who provide programming for youth ages 12 to 24; parents; service providers in the legal, health, social services and developmental services sectors; regional staff; and municipal staff in Mississauga, Brampton and Caledon.
- Peel's Strategy to Address Human Sex Trafficking is aligned with Peel's Housing and Homelessness Plan and works toward bridging the gap in services for victims and survivors of sex trafficking by providing safe housing options and accessible programming. The Region is preparing to launch housing and hub supports in early 2020. Once launched, both interventions are anticipated to assist approximately 250 victims of human sex trafficking every year. This will advance existing efforts of over 40 service providers in the community that are already working to support victims in Peel.

b) Current Status of the Region of Peel's Community Safety and Well Being (CSWB) Plan

The Region is working closely with community stakeholders and partners including all three local municipalities, Peel Regional Police and Ontario Provincial Police, health and social service organizations, school boards, post-secondary institutions and community organizations to inform a long term and sustainable CSWB plan.

The plan will focus on prioritizing community needs in Peel by applying social determinants of health lens to identify gaps and opportunities, and to determine coordinated strategic actions to address the roots of youth violence and other key factors impacting crime and safety. The Region of Peel's CSWB plan is expected to be developed by January 1, 2021, as per legislative requirements.

On October 22, 2019, the CSWB System Leadership Table (made up of community partners) met to select areas of focus for the plan. The areas of focus will include family

REGION OF PEEL'S ROLE IN COMMUNITY SAFETY INITIATIVES

violence, mental health and addictions and systemic discrimination. There will be an emphasis on prevention and youth across all areas of focus. Action tables (i.e. working groups) will be formed by end of 2019/early 2020 for each area of focus to support the planning process and provide recommendations to the System Leadership Table for the implementation phase. A community consultation is planned for 2020 to engage with residents and seek input on the CSWB Plan. An update on the CSWB Plan will be reported to Regional Council in early 2020.

CONCLUSION

As Peel continues to be one the fastest growing regions, the Region of Peel's community safety initiatives in partnership with local municipalities and community partners, provides an important opportunity to mitigate risk factors for violence while investing in strategic opportunities to build safe, healthy and resilient communities.



Cathy Granger, Acting Commissioner of Health Services



Janice Sheehy, Commissioner of Human Services

Approved for Submission:



N. Polsinelli, Interim Chief Administrative Officer

APPENDICES

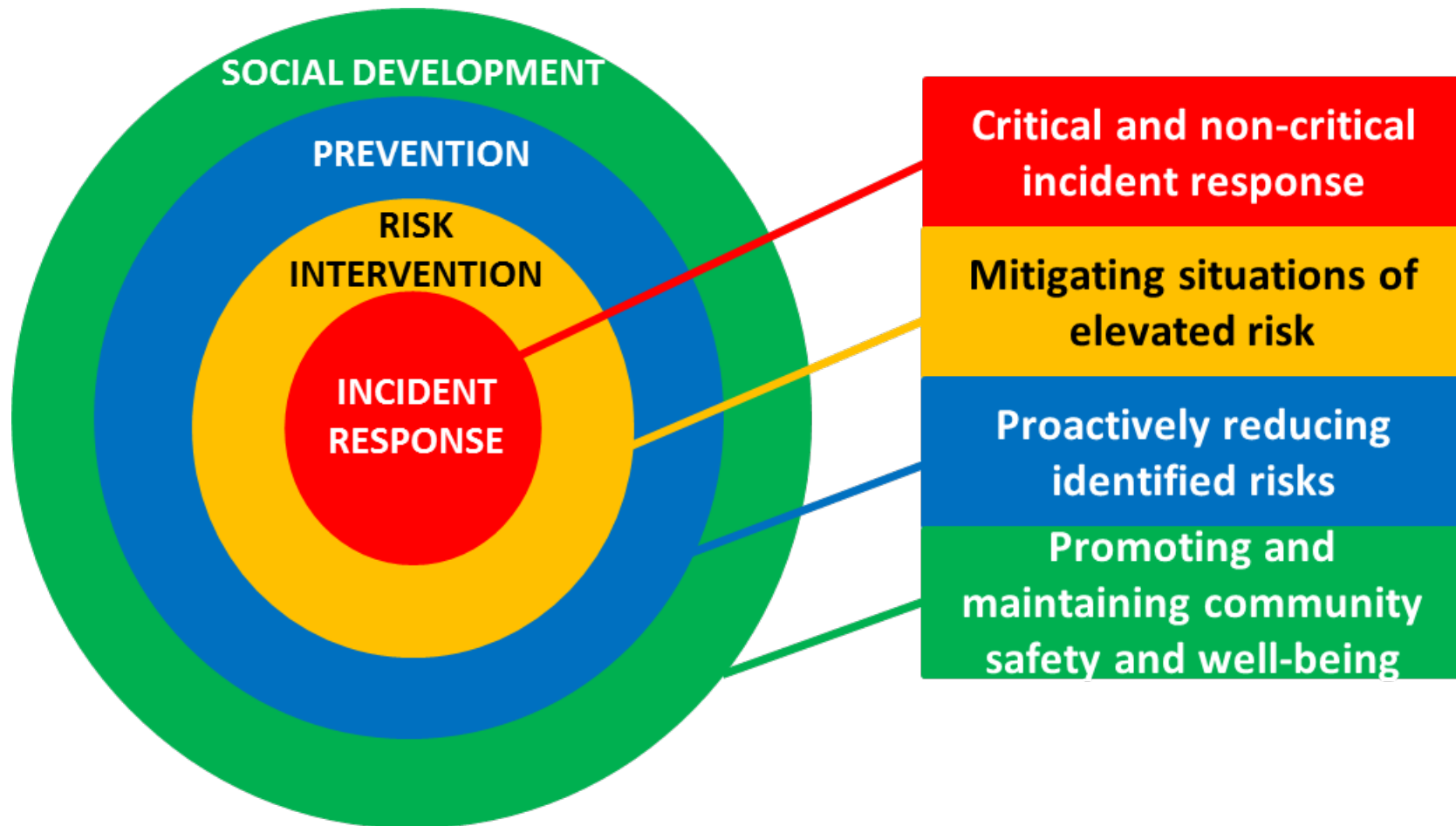
Appendix I – Community Safety and Well-Being Framework

Appendix II – Examples of Region of Peel Initiatives aimed at the CSWB continuum

For further information regarding this report, please contact Brian Laundry, Director, Strategic Policy and Performance, ext. 2514, brian.laundry@peelregion.ca.

Authored By: Niyati Salker and Anjana Aery, Strategic Policy and Performance

APPENDIX I
REGION OF PEEL'S ROLE IN COMMUNITY SAFETY INITIATIVES
Community Safety and Well-Being Framework



Source: Ministry of the Solicitor General. Community Safety and Well-Being Planning Framework, Booklet. 2017 [cited 13 June 2019]. Available from: <https://www.mcscs.jus.gov.on.ca/english/Publications/MCSCSSSOPanningFramework.html#Section2>

APPENDIX II
REGION OF PEEL'S ROLE IN COMMUNITY SAFETY INITIATIVES
 Examples of Region of Peel Initiatives aimed at the CSWB continuum

CSWB Domain	Category	Initiatives and Partnerships	Specific Population Served	Brief Description
Social Development	Income and Employment	<ul style="list-style-type: none"> • Ontario Works <ul style="list-style-type: none"> ○ Ontario Works Service Plan • Families First program • Youth employment programs • Local Employment Planning Council • Peel Poverty Reduction Strategy (Region of Peel – Human Services) 	<ul style="list-style-type: none"> • Low income • Single parents • Youth 	<ul style="list-style-type: none"> • The Region delivers the Ontario Works program, which helps people find sustainable employment and achieve self-reliance through the provision of effective, integrated employment services and financial assistance. • Families First offers employment, health and child care services to sole support parents who receive Ontario Works. • Provide employment supports to youth (including employment opportunities) in Peel • Part of Central Planning Table for the Peel Halton Local Employment Planning Council, advising on local employment issues and initiatives. • The Peel Poverty Reduction Strategy is a comprehensive multi-year plan to mitigate and reduce the impact of poverty on residents in Brampton, Caledon and Mississauga. As a result of the collective efforts, programs and initiatives such as the Affordable Transit Program, Peel Food Charter, Peel Community Benefits Network, and Peel Living Wage initiative were created.
	Housing	<ul style="list-style-type: none"> • Peel Region – Housing Services <ul style="list-style-type: none"> ○ Peel Housing and Homelessness Plan • Peel Living • Peel Region - Human Services 	<ul style="list-style-type: none"> • Individuals experiencing homelessness 	<ul style="list-style-type: none"> • The Region leads service system planning and management of housing and homelessness programs and services (i.e. Home for Good and Supportive Housing Roundtable with community partners) and developed the Peel Housing and Homelessness Plan. • Peel Living is the Region of Peel's non-profit housing company. Peel Living provides home to over 7,100 residents in our 70 sites • Human Services also supports with community and homelessness initiatives (i.e. Housing First Approach, Peel Outreach Services, and other partnerships through Peel Living and the Peel Housing and Homelessness Plan).

16.1-8

CSWB Domain	Category	Initiatives and Partnerships	Specific Population Served	Brief Description
		<ul style="list-style-type: none"> • Peel Region; - Human Services <ul style="list-style-type: none"> ○ Human Sex Trafficking Strategy 		<ul style="list-style-type: none"> • The Human Sex Trafficking Strategy will include operation and implementation of one safe/emergency house, one transitional house and one dedicated hub that will provide core services.
	Early Childhood Development	<ul style="list-style-type: none"> • Peel Region - Early Years and Child Care Services <ul style="list-style-type: none"> ○ Early Years System Plan 	<ul style="list-style-type: none"> • Families and children 	<ul style="list-style-type: none"> • The Region manages the early years and child care system through planning and oversight of the Peel's Early Years and Child Care system including managing child care subsidies, the Peel Inclusion Resource Services for children with special needs and collaborating with EarlyON centres and licensed child care providers.
Prevention	Family Environment	<ul style="list-style-type: none"> • Peel Public Health • Peel Infant-Parent Program • Parenting and early learning programs 	<ul style="list-style-type: none"> • Families and children 	<ul style="list-style-type: none"> • Peel Public Health is focused on optimizing early childhood development by supporting Peel families to increase healthy relationships, nutrition, and growth and development (e.g., Healthy Babies Healthy Children program). • The Peel Infant-Parent Program supports caregivers who may be coping with multiple stressors, including substance abuse, adoption, postpartum mood disorder, or other mental health issues, and may have an infant or toddler who has social or emotional delays. This initiative is a partnership with Peel Children's Centre. • The Region offers parenting and family literacy workshops, which can support positive mental health and relationships.
	Mental health and addictions	<ul style="list-style-type: none"> • Peel Public Health • Peel Opioid Strategy (Peel Public Health) • Peel Public Health - School Health • Peel Outreach team 	<ul style="list-style-type: none"> • School-aged children 	<ul style="list-style-type: none"> • Peel Public Health undertakes research, policy, programing, and community development related to substance use and mental wellbeing. It manages substance use (i.e. alcohol, tobacco, cannabis) such as preventing youth alcohol use, effective alcohol policies, mitigating alcohol harms through resources, curriculum supports for schools, parenting e-modules and municipal tobacco and cannabis policies. • Peel Public Health is leading development of an opioid strategy to prevent and reduce harms related to opioid use with many community partners. The four pillars of their approach include prevention, harm reduction, treatment and enforcement. • Peel Public Health partners with both school boards on School Health Programs, including a current focus on mental health and resilience (i.e. YES4MENTALHEALTH).

16.1-9

CSWB Domain	Category	Initiatives and Partnerships	Specific Population Served	Brief Description
		<ul style="list-style-type: none"> • Behavioural Supports Ontario staff in Long Term Care • Peel Region – Early Years and Child Care - Peel Inclusion Resource Services (PIRS) • Peel Region – Community Partnerships 	<ul style="list-style-type: none"> • Seniors 	<ul style="list-style-type: none"> • Region of Peel Ontario Works caseworkers are a part of the Peel Outreach team that helps to increase access to community services and support people to meet basic needs and increase stability. • The Region receives LHIN funding for specialized staff in long-term care homes to provide more effective management of responsive behaviours due to dementia, mental illness, etc. • The PIRS program helps families of children with special needs (including mental health) in child care settings access resource support. • The Community Investment Program provides funding to agencies that support residents of Peel with mental health and addictions issues.
	Transportation and Road Safety	<ul style="list-style-type: none"> • Region of Peel - Public Works 		<ul style="list-style-type: none"> • The Region plays a critical role in transportation planning along with municipalities and the provincial government. • Vision Zero is the Region's Road Safety Strategic Plan to create safer roads and reduce (and ultimately eliminate) motor vehicle collisions causing injury and death.
	Built Environment and Urban Design	<ul style="list-style-type: none"> • Peel Public Health and Public Works • Region of Peel – Housing Services • Region of Peel -Public Works 		<ul style="list-style-type: none"> • The Region promotes healthy and age-friendly built environments (Public Health) through work with the local municipalities, policy development and advocacy to the provincial government. • Crime Prevention through Environmental Design (CPED) principles applied to Regional housing development • The Region plays a critical role in water, wastewater, waste management and transportation.
	Safety	<ul style="list-style-type: none"> • Brampton's Community Safety Advisory Committee and Safe City Mississauga 		<ul style="list-style-type: none"> • The Region of Peel engages with both groups on the development of the Community Safety & Well-being Plan: • Brampton's Community Safety Advisory Committee aims to raise awareness, advise, and serve as a resource to the Brampton Council on matters pertaining to community safety in the City of Brampton. • Safe City Mississauga is a non-profit organization that provide resources, public education and community leadership and guidance for crime prevention programs and activities.

16.1-10

CSWB Domain	Category	Initiatives and Partnerships	Specific Population Served	Brief Description
Risk Intervention	Harm Reduction	<ul style="list-style-type: none"> Peel Public Health - Needle Exchange Program 		<ul style="list-style-type: none"> The Needle Exchange Program through Peel Public Health provides increased access to harm reduction services and supports, for people who use drugs, that prevent exposure to blood-borne infections, including HIV, hepatitis B and hepatitis C.
Emergency Response	Crisis Response	<ul style="list-style-type: none"> Paramedic Services 		<ul style="list-style-type: none"> Peel Regional Paramedic Services responds to emergencies in Peel operating four reporting stations, 20 satellite stations and 61 ambulances. Paramedics respond to urgent calls from people in crisis including mental health and addictions crises.

For Information

DATE: December 3, 2019

REPORT TITLE: **PEEL PUBLIC HEALTH TRANSFORMATION CONSULTATION**

FROM: Cathy Granger, Acting Commissioner of Health Services
Jessica Hopkins, MD MHSc CCFP FRCPC, Medical Officer of Health

OBJECTIVE

To inform Regional Council in its capacity as the Board of Health of Provincial consultations on Ontario public health sector transformation.

REPORT HIGHLIGHTS

- Staff reported to Regional Council in its capacity as the Board of Health on October 10, 2019, regarding the Provincial Government's proposed changes to the Ontario public health system, which include a potential merger of Peel Public Health with other public health units and reductions to the Provincial proportion of funding.
- Some details on the Provincial consultation process have been announced, including an online survey, and area meetings with municipalities and public health stakeholders.
- The original April 2020 timeline for public health modernization implementation has been removed, pending consultations.
- A discussion document identifies the public health sector challenges the Province aims to address, including:
 - Insufficient capacity;
 - Misalignment of health, social, and other services;
 - Duplication of effort; and,
 - Inconsistent priority setting.
- The document also identifies the need to harness existing strengths of the public health sector, including a focus on health protection, health promotion and health equity; capacity to assess local population health challenges, local presence and ability to work with municipal and social sectors.
- Based on previously approved Council advocacy positions, staff will develop a detailed consultation response, including a communication resource to support members of Regional Council in their efforts to maintain a strong public health sector for Peel.

DISCUSSION

1. Background

As most recently reported at the October 10, 2019 Regional Council meeting in the report titled, "Public Health Transformation Update", the Provincial Government has proposed significant changes to the Ontario public health sector, which will have important implications for Peel Public Health and the Region of Peel. The proposed changes included

PEEL PUBLIC HEALTH TRANSFORMATION CONSULTATION

merging Peel Public Health with three other public health units (Halton, Waterloo and Wellington-Dufferin-Guelph) and reducing the Provincial proportion of funding. The Province's stated goals included improvements in consistency in service delivery across Ontario, coordination with the broader health system and alignment with Provincial priorities.

Throughout 2019, Regional Council in its capacity of the Board of Health has been very active in advocating for a strong public health sector in Peel and ensuring that the Province consults with municipalities and Public Health on the proposed changes. Regional Council has approved resolutions advocating for:

- Maintaining a regional public health entity within Peel, with integration with Regional functions (April 25 and June 27, 2019).
- Preserving a strong local public health presence, with strong local representation on the Board of Health, responsiveness to local community needs, and ability to work with local partners (May 9 and June 27, 2019).
- Protecting public health's mandate and core functions, as described in the Ontario Public Health Standards (May 9, 2019).
- Ensuring sufficient public health funding to meet community needs (May 9, 2019).
- Ensuring any public health transformation transition costs are fully funded by the Province (May 9, 2019).

On November 18, 2019, the Ministry released two discussion papers on the modernization of Emergency Health Services and Public Health Services that set the context and scope for the consultation process. This report provides Regional Council in its capacity as the Board of Health with an update on the Provincial public health transformation consultation process and discussion paper (Appendix I). Details on the Emergency Health Services paper are included in the accompanying report from the Acting Commissioner of Health, titled 'Emergency Health Services Modernization Consultation and Implications for Peel Regional Paramedics Services'.

2. Findings

a) Consultation process

On November 18, 2019, Ms. Alison Blair (Assistant Deputy Minister and Executive Lead for Public Health and Paramedic Transformation), Mr. Jim Pine (Special Advisor, Public Health and Paramedic Modernization), and Dr. David Williams (Chief Medical Officer of Health) provided an update on the Ministry's plans, consultation process and deadlines. The vision is a public health sector that keeps communities healthy by being resilient, nimble, efficient, and modern in meeting the evolving health needs and priorities of Ontario families. The four outcomes the Province is working towards are:

1. Better consistency and equity of service delivery across the province.
2. Improved clarity and alignment of roles and responsibilities between the province, Public Health Ontario and local public health.
3. Better and deeper relationships with primary care and the broader health care system to support the goal of ending hallway health care through improved health promotion and disease prevention.
4. Improved public health delivery and the sustainability of the system.

PEEL PUBLIC HEALTH TRANSFORMATION CONSULTATION

The modernization team indicated that there are no predetermined outcomes and they are open to hearing all options. It was also clarified that there is no intent to merge public health and emergency health services. The consultations for these two health services are being conducted simultaneously because of their respective integration with the municipal sector. Highlights of the consultation process include:

- Consultations will consist of:
 - An online survey, open to the public or organizations until February 10, 2020.
 - Visits to different areas for municipal and stakeholder consultation, which will begin at the end of November in Northwestern Ontario and will be completed by early spring. A meeting schedule will be released once details are finalized.
 - A session at the Rural Ontario Municipal Association (ROMA) conference, in Toronto, from January 19 to 21, 2020.
- Consultations are expected to conclude by Spring 2020, with a report to the Minister of Health.

It is encouraging that this consultation information suggests a more flexible approach and willingness to engage with municipalities and the public health sector. Timelines for implementation of any changes have not been set since the consultations will determine the content, timing and approach. This means that the original implementation date of April 2020 is no longer being considered.

b) Scope of Provincial consultation

To guide the consultations, a discussion document (Appendix I) was also released on November 18, 2019. The document specifies questions to address the following identified public health challenges across Ontario:

1. **Insufficient Capacity:** challenges in retention and recruitment of a highly skilled public health workforce and ability to respond to emerging public health threats and emergencies (i.e. inequities for small public health units).
2. **Misalignment:** barriers to collaboration between local health and social services to improve population health.
3. **Duplication of Effort:** duplication, unnecessary redundancies, inconsistencies and lack of coordination across the public health system. This section also includes questions about areas that could be coordinated provincially or by Public Health Ontario.
4. **Inconsistent Priority Setting:** varying governance and leadership models across Ontario, leading to differences in decision making and accountability between health units. This presents challenges to priority setting and collaboration.

In addition, there are questions regarding:

5. The needs of Indigenous and First Nations communities and Francophone populations
6. Historical lessons from earlier reports addressing Ontario's public health sector challenges.

PEEL PUBLIC HEALTH TRANSFORMATION CONSULTATION

The document also identifies the need to harness existing strengths of the Public Health system, which include:

- Focus on health protection, health promotion, and health equity.
- In-depth understanding of, and capacity to, assess population-level health.
- Local presence, relationship with municipalities and outside the health care system.
- Highly trained workforce.
- Ability to broker relationships among health care, social services, municipal governments, and other sectors to create healthier communities.

Earlier Provincial Government proposals regarding Public Health funding and boundaries were not explicitly mentioned in the discussion document. It is unclear if these will be reconsidered or confirmed at a later stage.

3. Next Steps

- Regional staff will continue their analysis and response to the discussion paper in alignment with Council approved advocacy positions.
- Staff will return in January with a proposed response for Regional Council's consideration, in its capacity as the Board of Health.
- Staff will prepare communication materials to support Regional Council members in their advocacy efforts.
- The Regional and Board of Health Chair has also written to Jim Pine, Special Advisor, to offer Peel Region as one of the locations for consultation. Additional details on consultations will be shared with Regional Council in a timely manner.

CONCLUSION

The Provincial consultations on public health transformation offer an opportunity to promote Regional Council's advocacy positions. A strong public health sector is one that maintains a population health and disease prevention mandate, ensures sufficient funding and human resources for capacity, and keeps public health at the community level to best serve the needs of Peel residents. Building on Council approved advocacy positions, staff will prepare responses for the Provincial consultation and communication resources.



Cathy Granger, Acting Commissioner of Health Services



Jessica Hopkins, MD MHS Sc CCFP FRCPC, Medical Officer of Health

PEEL PUBLIC HEALTH TRANSFORMATION CONSULTATION

Approved for Submission:



Nancy Polsinelli, Interim Chief Administrative Officer

APPENDICES

Appendix I - Discussion Paper: Public Health Modernization. Ministry of Health, November, 2019.

For further information regarding this report, please contact Jessica Hopkins, Medical Officer of Health, Jessica.hopkins@peelregion.ca

Authored By: Fabio Cabarcas, ext. 8363 and Simone Kaptein, ext.2016

Ministry of Health

Discussion Paper: Public Health Modernization

November 2019

Purpose

At the Ministry of Health, we are committed to ending hallway health care and ensuring the people of Ontario have access to high quality services, both now and in the future. To meet this goal, changes are needed to create strong, sustainable foundations for our health system. As an integral part of this system, we need to consider how we are delivering public health services to ensure these services continue to meet the evolving needs of people across Ontario.

Following the introduction of the government's proposals, we clearly heard and responded to the need for more extensive consultations across the province on how best to move forward. This discussion paper is intended to frame a meaningful conversation on how we can update and improve public health in Ontario. We are asking for your input and advice on specific key issues for the sector, both through the responses to the questions posed in this paper and in upcoming in-person consultations with public health and municipal stakeholders.

We look forward to hearing from you.

Introduction

The Ontario government is transforming the whole health care system to improve patient experience and strengthen local services. This means a connected health care system through the establishment of Ontario Health Teams, and a new model to integrate care and funding that will connect health care providers and services focused on patients and families in the community. These changes will strengthen local services, making it easier for patients to navigate the system and transition among providers. Changes will also include the integration of multiple provincial agencies into a single agency – Ontario Health – to provide a central point of accountability and oversight for the health care system.

While the broader health care system undergoes transformation, a clear opportunity has emerged to transform and strengthen the role of public health as a foundational partner in improving the health of all Ontarians.

This comes at a time when there are many challenges facing today's world that require a coordinated public health sector that is resilient and responsive to the province's evolving health needs. This includes the unpredictable nature of infectious diseases that seldom respects geographic boundaries, recognition that disease risk factors are related to a multitude of social conditions, and the rise of unprecedented emergencies such as opioids, vaping and vaccine hesitancy. A modernized public health system that is not only well-coordinated, but also integrated with other sectors, is imperative to addressing these challenges.

As we transform and strengthen the role of public health, we will work toward the following outcomes:

- Better consistency and equity of service delivery across the province;
- Improved clarity and alignment of roles and responsibilities between the province, Public Health Ontario and local public health;
- Better and deeper relationships with primary care and the broader health care system to support the goal of ending hallway health care through improved health promotion and disease prevention; and
- Improved public health delivery and the sustainability of the system.

As the system modernizes, it is also important that the strengths of public health are harnessed as they are critical elements to the success of a modern public health system. Key strengths of the current public health sector include a focus on health protection, health promotion, and health equity, as well as its local presence, relationship with municipalities, highly trained workforce, relationships outside the health care system, and an in-depth understanding of, and capacity to, assess population-level health. Public health can broker relationships among health care, social services, municipal governments, and other sectors to create healthier communities. We will maintain and expand these key strengths.

Public Health in Ontario

The work of public health is focused on the health of populations and is embedded in the daily lives of the people of Ontario. Public health interventions have made the food we eat

safer, protected us from infectious diseases and environmental threats to health, and created healthier environments to support and inform choices about risks, including those related to tobacco and alcohol. Public health interventions and initiatives also impact communities by developing policies to support healthier built environments, promoting social conditions that improve health, and responding to public health emergencies.

Our public health system reflects the diversity of Ontario's population. Boards of health serve populations large and small, in urban and rural settings. Each board of health has responsibility for delivering local public health programs and services within its geographic borders, defined in legislation as the "health unit." Most boards of health follow geographic boundaries aligned with municipal borders. There are currently 35 boards of health, far more than any other province in the country. For example, public health in British Columbia is delivered by five regional health authorities, and by 18 Regional Public Health Authorities in Quebec. The size of populations served by Ontario's boards of health ranges from less than 34,000 to almost 3,000,000.

The majority of boards of health in Ontario have an autonomous governance structure, meaning they are an independent corporation separate from any municipal organization. There are four other board of health governance models currently operating in Ontario, each of which have varying degrees of connection with their local municipal organization. Of the 35 current public health units, the majority have Medical Officers of Health (MOH) who also hold a Chief Executive Officer (CEO) role, while a number have a designated CEO position that is separate from the MOH.

Public Health Ontario is a key partner in the public health system. It provides scientific and technical advice and support directly to public health units and the Ministry of Health, and it conducts over 5 million public health laboratory tests for public health units, hospitals, and physicians every year.

Key Challenges

The public health system is at the frontline of delivering programs and services that keep Ontarians healthy and addressing emerging threats to the population's health. Building on the findings from several reports over the past 20 years, including Ontario's independent Auditor General, there are a number of critical challenges in the public health sector (see

section "Learning from Past Reports" for more information). The following sections identify these key challenges and include:

- Insufficient capacity;
- Misalignment of health, social, and other services;
- Duplication of effort; and
- Inconsistent priority setting.

Insufficient Capacity

Current State

All of the reports have noted that the capacity of public health units varies significantly across the province. Some boards of health have had well-documented challenges in recruiting and retaining skilled public health personnel, both in leadership and in front-line staff. This means that some public health units do not have sufficient human resources to deliver the full scope of the Ontario Public Health Standards, which are the mandated public health programs and services that public health units are required to deliver, such as food safety, infectious and communicable disease prevention and control, healthy growth and development, immunization, safe water, school health, chronic disease prevention as well as monitoring population health data and managing outbreaks. For example, in 2017 the Auditor General reported that some public health units do not have the required time and/or staff expertise to review and analyze epidemiological data and some were not evaluating or measuring the effectiveness of new programs. Both activities are requirements in the Ontario Public Health Standards. This has resulted in **inequities** across the province with some Ontarians not receiving the same public health programs and services as others. It also means **parts of the province are vulnerable** when the public health unit is called on to prevent and prepare for public health threats and emergencies.

Some public health units are too small to have the minimum amount of resources, expertise and capacity needed to deliver all programs and services (critical mass) and to meet unexpected surges in demand (surge capacity). Every public health unit needs specialized staff that perform specific duties, often to fulfill statutory requirements, including epidemiology and data analysis and emergency preparedness and coordination. Public health units also need program teams that are large enough to allow for surge capacity, coverage for vacancies and vacations, development opportunities, and an adequate mix of skill sets and experiences. Some public health units are lacking these core capacity needs.

Strengths to Build On

Despite these challenges, individuals working in public health deliver core programs and services every day, and prepare for and respond to emerging threats. This is accomplished because of some of the sector's key strengths, including leveraging **strong local relationships and partnerships** that allows the work of public health to be based in and responsive to the needs of their communities. But there are opportunities to address the variations of capacity in the province that would help public health units provide a more nimble response to emerging threats and emergencies, bolster the public health workforce to meet the evolving health needs of the province and improve public health service delivery for Ontarians.

Questions for Discussion

- What is currently working well in the public health sector?
- What are some changes that could be considered to address the variability in capacity in the current public health sector?
- What changes to the structure and organization of public health should be considered to address these challenges?

Misalignment of Health, Social, and Other Services

Current State

It has also been well documented that there are **barriers to collaborating effectively** among public health, health care and social services. This locks the value of public health away in siloes and makes the work of public health harder to do by impeding progress on key public health goals. Much of what affects the health of Ontarians depends on factors outside the health sector – housing, education, working conditions and the environment all play a role. Public health units must engage with these areas to make progress on improving population health, while also playing an active role in the health system by providing immunizations, delivering sexual health services and case management and contact tracing for infectious diseases, to name a few. Furthermore, public health's prevention focus complements the functions of the health care system and has the ability to stop patients from entering the health care system in the first place, which is critical for ending hallway health care. In the current organization and structure of the public health sector, fostering action on shared goals across sectors, such as disease prevention and

health promotion, requires significant effort and resources. If action is not taken to break down these siloes, there is concern that opportunities to improve the health of Ontarians will be missed.

Strengths to Build On

Despite these challenges, one of the public health sector's strengths is as a **broker between the health system and social services**, to support individuals and communities as they engage across sectors. Public health's understanding of local health needs can help **identify top priorities for the health system** while at the same time informing health policies and services. These collaborative relationships also lend themselves to the integration of health protection and promotion interventions that can be delivered in other sectors to improve population health. These are significant opportunities that can be harnessed through the modernization of the public health sector.

Questions for Discussion

- What has been successful in the current system to foster collaboration among public health, the health sector and social services?
- How could a modernized public health system become more connected to the health care system or social services?
- What are some examples of effective collaborations among public health, health services and social services?

Duplication of Effort

Current State

Within the public health system there is duplication, unnecessary redundancies, inconsistencies and lack of coordination. For example, there is currently a disconnect amongst evidence products, policy and delivery among public health units. In 2017, the Auditor General reported that public health units are **poorly coordinated and duplicating work**. It notes, "significant inefficiencies exist across the public health units because there are limited formal systems in place to co-ordinate their activities and share best practices." Many public health units reported independently conducting research, obtaining data and reviewing the same evidence and best practices on various health promotion programs as

other public health units. Research and evidence activities that are not locally specific are being duplicated at multiple public health units when there are opportunities to leverage others in undertaking and sharing this work. As well, public health units tend to work individually to develop systems to collect data and the type of data collected differs, which is not conducive to being compared among public health units. Similar duplication was also found in the development of chronic disease programming and campaigns.

Strengths to Build On

One of the strengths of the public health sector is its **expertise in population health assessment, data and analytics** related to population level health. The public health sector provides critical information on the state of the population's health and on the health status and needs of local communities. Addressing the duplication and lack of coordination can strengthen research capacity, knowledge exchange and shared priority setting among public health units. Research, evidence and program development are all critically important to the work of public health. However, these activities can be better organized and coordinated so that information is shared among public health units and effort is not duplicated across the system, while also creating more bandwidth for individual health units to concentrate on localized research projects. There are also opportunities to leverage technology for more efficient and effective information sharing and service provision.

Questions for Discussion

- What functions of public health units should be local and why?
- What population health assessments, data and analytics are helpful to drive local improvements?
- What changes should the government consider to strengthen research capacity, knowledge exchange and shared priority setting for public health in the province?
- What are public health functions, programs or services that could be strengthened if coordinated or provided at the provincial level? Or by Public Health Ontario?
- Beyond what currently exists, are there other technology solutions that can help to improve public health programs and services and strengthen the public health system?

Inconsistent Priority Setting

Current State

At a time when there are critical public health challenges that are facing Ontario, there are inconsistencies across the province in how priorities are set and decisions made regarding public health programs and services. To address these issues, public health units need to be aligned with one another and focused in their response. Meanwhile, individual public health units must also be responsive to their own local needs and issues. The variation in public health unit's governance and leadership models may contribute to inconsistent priority setting. There are five governance models in the current system, which means that the **balance of local needs and system priorities for decision making is different across the province**. This can make it hard for the sector to take collective action on public health issues that span the province. The variation in leadership models also means that organizational decision making and accountability within public health units is inconsistent, which presents challenges in how public health units collaborate among themselves and other sectors to address societal challenges that impact population health.

Strengths to Build On

Public health units are **embedded in their local communities** and deeply aware of the issues and opportunities that can affect their population's health. This is one of the key assets of public health. As the public health sector modernizes, it needs to be grounded in strong leadership and governance structures that preserve the local relationship and expertise of the public health units. In addition, there may be opportunities to shift responsibility for certain public health activities, programs and service delivery to different organizations within the system, particularly those that address province-wide issues.

Questions for Discussion

- What processes and structures are currently in place that promote shared priority setting across public health units?
- What should the role of Public Health Ontario be in informing and coordinating provincial priorities?
- What models of leadership and governance can promote consistent priority setting?

Figure 1: Overview of the current challenges and path to a modern public health system.

	Current Challenges	What We Want to Achieve
Insufficient Capacity	<p>Challenges retaining and recruiting skilled public health personnel resulting in inequities in service delivery across Ontario</p> <p>Insufficient critical mass and surge capacity in some smaller public health units resulting in lack of capacity for public health response</p>	<p>Highly-skilled public health workforce and improved access to professional resources available in all parts of Ontario</p> <p>Nimble response to emerging public health threats and emergencies</p>
Misalignment	<p>Instances of misalignment with the broader health system and social services resulting in added complexity for collaboration and missed opportunities</p>	<p>Continuous local collaboration with health and social services to improve population health</p>
Duplication of Effort	<p>Duplication and lack of coordination resulting in disconnect between evidence products, policy and delivery</p>	<p>Strengthened research capacity, knowledge exchange and common evidence base to support shared priority setting</p>
Inconsistent Priority Setting	<p>Inconsistencies in priority setting and decision making across the province</p>	<p>Strong accountability, leadership, and governance capacity that balances local needs and system priorities</p>
Leverage Existing Strengths		
<ul style="list-style-type: none"> • Focus on health protection, health promotion and health equity • Local presence and relationships with municipalities • A highly trained workforce • In-depth understanding of population level health • Collaborative relationships outside the health care system 		

Indigenous and First Nation Communities

The Indigenous population in Ontario is comprised of the First Nations, Métis and Inuit peoples who may live on and off reserve, in urban, rural and remote areas, each with their own histories, languages, cultures, organizational approaches and jurisdictional realities. Both the provincial and federal governments provide public health services to Indigenous People in Ontario, including First Nations. Provincially, boards of health are required to engage in public health practice that results in decreased health inequities such that everyone has equal opportunities for optimal health and can attain their full health potential without disadvantage due to social position or other socially determined circumstances.

It has been widely recognized that Indigenous communities in Ontario (including First Nations peoples living on and off-reserve, Metis and Inuit) do not experience the same level of health status as other populations in Ontario. Historically, relationships between Indigenous communities/organizations and boards of health have varied across the province, and jurisdictional responsibilities split between the federal and provincial governments, as well as differing interpretations of the legislative responsibility of health units to form relationships with Indigenous communities and organizations, have complicated the effective delivery of public health services.

To improve the access issues currently experienced, it is fundamental to recognize that the approach to Indigenous engagement will differ across the province and within communities, depending on local culture and demographics, proposed initiatives and existing relationships. Recently, developing relationships with Indigenous communities and organizations in a culturally safe and meaningful way was added as a requirement for boards of health in the Ontario Public Health Standards. This requirement is further supported by The Relationship with Indigenous Communities Guideline, 2018 which was developed in partnership with Indigenous organizations, and provides information to support and/or build these partnerships.

There are several examples of existing initiatives where Indigenous communities and organizations have been establishing integrated public health service delivery models and/or moving towards achieving greater control and decision-making on how public health services and programs are delivered and by whom. There are also currently three formal agreements in place in the province where First Nation communities have agreed to

purchase services from their local public health unit (as per section 50, under the *Health Protection and Promotion Act*).

Any changes made to modernize public health across Ontario must build on these initiatives and consider ways of enhancing opportunities for partnerships in a meaningful and respectful way.

Questions for Discussion

- What has been successful in the current system to foster collaboration among public health and Indigenous communities and organizations?
- Are there opportunities to strengthen Indigenous representation and decision-making within the public health sector?

Francophone Communities

While the French Language Services Act (FLSA) does not currently apply to boards of health, the Ontario Public Health Standards address the needs of the Francophone populations and state that “boards of health should bear in mind that in keeping with the FLSA, services in French should be made available to French-speaking Ontarians located in designated areas.” The Ontario Public Health Standards also require boards of health to consider the needs of priority populations in the planning, delivery and evaluation of public health programs and services.

Question for Discussion

- What has been successful in the current system in considering the needs of Francophone populations in planning, delivery and evaluation of public health programs and services?
- What improvements could be made to public health service delivery in French to Francophone communities?

Learning from Past Reports

The issues outlined above (among others) have been identified and considered by many reports, some of which are listed in Table 1 below. These reports have consistently called for significant reforms to public health to strengthen the sector. Most recently in 2017, the Minister's Expert Panel on Public Health was asked to provide advice on changes to the structure, organization and governance of public health to address the lack of integration of public health with the broader health sector and improve public health capacity and delivery. Prior to this, a series of reports following both Walkerton and SARS identified critical challenges in the sector that were seen to contribute to these crises. These reports raised common issues such as a lack of capacity and critical mass, structural governance challenges and skills gaps in boards of health, misalignment of public health with other health and social services, as well as challenges with the public health workforce, including with recruitment, retention and leadership, among others. The table below outlines select findings identified in the reports that persist today, and the recommendations that were provided.

Table 1: Findings and recommendations of previous reports

Report	Findings	Recommendations
Ontario Auditor General Report (2017)	<ul style="list-style-type: none"> • Inefficiencies as a result of duplication of effort and inconsistencies among public health units, particularly related to research and program development • Lack of epidemiological and evaluation capacity in some public health units 	<ul style="list-style-type: none"> • Develop a central approach to update, co-ordinate and share research and best practices • Evaluate feasibility of centralizing epidemiological expertise

Report	Findings	Recommendations
<p>Minister's Expert Panel on Public Health (2017)</p>	<ul style="list-style-type: none"> • Lack of critical mass and surge capacity and challenges recruiting and retaining public health personnel, causing inequities in service delivery • Lack of capacity of smaller health units • Wide variety of governance models, gaps in skills on some boards of health, and challenges with provincial and municipal appointments • Lack of mechanisms to coordinate across public health units and work within the health sector 	<ul style="list-style-type: none"> • Establish fewer regional public health entities • Establish autonomous boards of health to have a consistent, independent governance structure • Establish regional public health entities with one CEO, a regional MOH, and senior public health leaders; maintain local delivery with a local MOH
<p>Revitalizing Ontario's Public Health Capacity: The Final Report of the Capacity Review Committee (2006)</p>	<ul style="list-style-type: none"> • A need to strengthen the critical capacity of public health units • A need to ensure quality governance with a province-wide public health system • A need to revitalize the public health work force, including related to recruitment, retention, and leadership 	<ul style="list-style-type: none"> • Amalgamate certain public health units to achieve critical mass and strengthen public health capacity • Establish autonomous, locally-based boards of health that focus primarily on the delivery of public health programs and services • MOHs should be able to serve as CEOs of public health units; did not reach consensus on whether the role of CEO should be assumed by non-MOHs.

Report	Findings	Recommendations
The SARS Commission: Volume 5 SARS and Public Health Legislation, Second Interim Report (2005)	<ul style="list-style-type: none"> • Weak governance structures and practices in local boards of health • Medical Officers of Health require independence from political and bureaucratic pressures 	<ul style="list-style-type: none"> • Establish qualifications for board membership, including demonstrated experience or interest in public health and board members should reflect the community to be served. • Amend legislation to state that the MOH is the CEO of the public health unit.
Reports of the Ontario Expert Panel on SARS and Infectious Disease Control (2003, 2004)	<ul style="list-style-type: none"> • Lack of capacity and critical mass in smaller public health units • Misalignment of public health with other health and social sector boundaries 	<ul style="list-style-type: none"> • Consolidate the number of public health units while retaining local presence.

While a number of reports have made recommendations on these issues, there is a need to consider the challenges and potential solutions in the current context.

Questions for Discussion

- What improvements to the structure and organization of public health should be considered to address these challenges?
- What about the current public health system should be retained as the sector is modernized?
- What else should be considered as the public health sector is modernized?

Your Feedback

With the release of this paper, we are renewing our consultation process to discuss the way forward on modernizing the public health sector. We hope to receive your input on the questions in this paper. Feedback can be submitted by [completing our survey](#). The submission deadline is Feb 10, 2020.

DISCUSSION PAPER: PUBLIC HEALTH MODERNIZATION



We will also be conducting in-person consultation sessions where we look forward to continuing the conversation about how we build a modernized public health sector.

For Information

DATE: December 3, 2019

REPORT TITLE: **EMERGENCY HEALTH SERVICES MODERNIZATION
CONSULTATION AND IMPLICATIONS FOR PEEL REGIONAL
PARAMEDIC SERVICES**

FROM: Cathy Granger, Acting Commissioner of Health Services

OBJECTIVE

To provide an update on the province's consultation process, including the recent release of the emergency health services discussion paper.

REPORT HIGHLIGHTS

- The Ontario government has committed to modernize and strengthen the role of paramedic services, as a foundational partner in improving pre-hospital care to meet its goal of ending hallway healthcare.
- On October 10, 2019, the Ministry of Health (Ministry) introduced Mr. Jim Pine as its special advisor to lead public consultations regarding the modernization of Emergency Health Services and Public Health.
- Most recently, the Ministry announced details for the scope and process of consultation within a discussion paper addressing the following key priorities for modernizing the emergency health services system:
 - Outdated dispatch technologies;
 - Lengthy ambulance offload times and delays in transporting medically-stable patients;
 - Lack of coordination among emergency health services system partners;
 - Need for innovative models that improve care; and,
 - Health equity regarding access to services across regions and communities (i.e. rural and Indigenous communities).
- Many of these priorities align with Regional advocacy priorities. Staff will prepare a detailed response to the Ministry's discussion paper through feedback to the Ministry's survey, due on February 10, 2020, and in-person meetings with the special advisor that began in late November 2019.

DISCUSSION
1. Background

Paramedic Services comprises part of a larger emergency health services system that includes Ministry of Health (Ministry) regulators and Ministry-operated ambulance communications and dispatch centres known as Central Ambulance Communication

EMERGENCY HEALTH SERVICES MODERNIZATION CONSULTATION AND IMPLICATIONS FOR PEEL REGIONAL PARAMEDIC SERVICES

Centres (CACCs). In 2000, the Ministry transferred responsibility for local paramedic services (land ambulance) to upper and single-tier municipalities.

Since the transition, Ontario's emergency health services system has faced pressures of rapidly increasing call volumes, performance challenges at Ministry-operated CACCs, and constraints in hospital emergency departments. These pressures, and the impact they have had on local paramedic service delivery have been well-documented through Ministry commissioned reports, the Office of the Auditor General, and by the sector, including the following:

- The Ministry of Health's Report on 'Improving Access To Emergency Services: A System Commitment' (2005)
- Auditor General Annual Report (2013)
- Provincial-Municipal Land Ambulance Dispatch Working Group (2015)
- Review of the Ontario's Ambulance Communications Delivery Model (Commissioned by the Ministry and completed by Deloitte, 2017)

The Ministry has committed to modernizing and strengthening emergency health services to help end hallway healthcare. On October 10, 2019, the Ministry announced plans to hold consultations on emergency health services and public health. Mr. Jim Pine was appointed to serve as special advisor to lead the Ministry's consultations.

2. Overview of Ministry Consultation and Discussion Paper

On November 18, 2019, the Ministry released two discussion papers on the modernization of Emergency Health Services and Public Health Services that set the context and scope for the consultation process. A copy of the Emergency Health Services discussion paper can be found in Appendix I. Details on the Public Health Services paper are included in the accompanying report titled 'Peel Public Health Transformation Consultation'.

a) Consultation Process

The Ministry is requesting written submissions to respond to each of the discussion papers by February 10, 2020, and is scheduling in-person visits to communities across the province on how best to deliver and plan programs and services. In-person visits led by Mr. Pine are underway and will conclude by early Spring 2020, with a report to the Ministry to follow. The Region of Peel has submitted a letter to Mr. Pine on behalf of Peel Public Health and Peel Regional Paramedic Services to express interest in hosting an in-person consultation to provide feedback and input, along with other sector partners.

b) Scope of the Discussion Paper

The Emergency Health Services discussion paper highlights existing evidence regarding system challenges identified by the Auditor General and the Land Ambulance Dispatch Working Group, and has invited input on questions relating to the following themes:

- Outdated dispatch technologies;
- Lengthy ambulance offload times and delays in transporting medically-stable patients;
- Lack of coordination among emergency health services partners;
- Need for innovative models that improve care; and
- Health equity regarding access to services across regions and communities (i.e. rural and Indigenous communities)

EMERGENCY HEALTH SERVICES MODERNIZATION CONSULTATION AND IMPLICATIONS FOR PEEL REGIONAL PARAMEDIC SERVICES

Several of the themes reflected in the scope of the Ministry's discussion paper align closely with the Region of Peel's existing advocacy priorities previously reported to Regional Council.

It is important to note that the discussion paper and comments from Ministry leadership indicate status quo regarding municipalities remaining as valued partners in Paramedic Service delivery, and that the Ministry will not be privatizing paramedic service delivery or outsourcing delivery to other not-for-profit partners. The discussion paper also does not refer to previous communication about the possibility of consolidating CACCs, or efforts to better integrate paramedic services and CACCs, as expressed in the 2019 Budget.

3. Key Considerations for the Region of Peel and Peel Regional Paramedic Services

Peel Regional Paramedic Services is a leader in pre-hospital care, that delivers efficient and effective services while managing growing call volumes and maintaining response time targets. As a result, Peel Paramedics and the Region are able to provide valuable insights on the innovations and strategic decisions that our paramedic services have put into place to address system pressures (i.e. successful implementation of the Divisional Model as reported to Regional Council on June 27, 2019 in the report titled, 'Review of Peel Regional Paramedic Services' Divisional Model', and continuous quality improvement initiatives including offload delay improvements with local area hospitals).

In addition, the Region has advocated to the Province for reforms that align with the themes and priorities in the discussion paper. The consultations also provide an opportunity for the Region to address the following outstanding advocacy priorities:

a) Enhanced Dispatch Technology, Communication and Coordination

Peel is encouraged by Ministry plans to proceed with technology improvements at the CACCs and to consult on new initiatives to improve ambulance dispatch. These reforms are critical to improving patient care, increasing system sustainability, and mitigating cost pressures through resulting efficiencies and improvements to service delivery. Staff are preparing a Regional submission to the Ministry that will include findings from alternate dispatch models reviewed in collaboration with the Region of Halton, to be shared with Regional Council in January 2020.

Council-endorsed advocacy to prioritize the implementation of technology enhancements at the Mississauga CACC, mainly referring to new triaging technology called Advanced Medical Priority Dispatch System, has resulted in progress. The Ministry has indicated that it remains committed to the implementation of this technology (expected in late 2020).

b) Paramedic Offload Delay

Ministry attention to reduce offload delay is encouraging. The Region has advocated for continued Ministry-funding for dedicated offload nurses in hospital emergency departments through the Hospital Nursing Program to allow paramedics to return to the community faster after transporting a patient to hospital. Peel Paramedic Services is also positioned to share insights from process improvement initiatives with Peel-area hospital emergency departments that have resulted in combined savings of 29,300

EMERGENCY HEALTH SERVICES MODERNIZATION CONSULTATION AND IMPLICATIONS FOR PEEL REGIONAL PARAMEDIC SERVICES

hours (equivalent to \$1.47 million) in 2018, as outlined in the 'Review of Peel Regional Paramedic Services' Divisional Model' report.

c) New Models of Care

The Region has provided feedback to recent Ministry consultations as inputs into amending *Ambulance Act* regulations and a program framework for new models of care such as treat and release, treat and refer, and alternate destinations. The Regional position has been that the Ministry prioritize enhancements to dispatch before introducing new models of care. This input along with more recent efforts to introduce innovative care models, such as community paramedicine align with key themes of interest in current and ongoing Ministry consultations.

CONCLUSION

Staff will prepare a detailed response to the Ministry's discussion paper reflecting the key areas of opportunity, and highlight the unique challenges and needs in Peel to ensure sustainable and quality care for our residents. While outside the scope of the discussion paper, opportunities will be sought to reinforce existing advocacy positions regarding the continued Regional responsibility for paramedic services, and to sustain Ministry cost-sharing at levels that reflect growing service demands in Peel.

Finally, staff will coordinate a response with the broader sector, including the Association of Municipalities of Ontario and Ontario Association of Paramedic Chiefs, and will share with Regional Council any information pertaining to the progress and timelines for the consultation, as well as any final input provided to the Ministry.



Cathy Granger, Acting Commissioner of Health Services

Approved for Submission:



N. Polsinelli, Interim Chief Administrative Officer

APPENDICES

Appendix I - Ministry of Health Discussion Paper: Emergency Health Services Modernization

For further information regarding this report, please contact Peter Dundas, Chief and Director Paramedic Services, Ext. 3921, peter.dundas@peelregion.ca.

Authored By: Cullen Perry & Niyati Salker, Strategic Policy & Performance Division

Ministry of Health

Discussion Paper: Emergency Health Services Modernization

November 2019

Purpose

As the Ministry of Health works with our system partners to end hallway health care, it will be important to involve the organizations that deliver pre-hospital care in meeting that goal. Ontarians require timely access to Emergency Health Services in a system where these services are effective and integrated.

Whether it is a patient waiting on a stretcher to be triaged in the emergency department, a senior waiting for transport to an MRI or an accident victim needing lifesaving emergency services by land or air ambulance, high functioning emergency health services in our communities are vital.

This paper is intended to guide ongoing discussions with our municipal and service partners to develop solutions for well-established issues in both the dispatch and delivery of emergency health services, while at the same time sparking innovative ideas to build an emergency health system for a modern health care system.

In our conversations and upcoming in-person consultations, we are seeking advice and input on how we can improve emergency health services for our communities.

We look forward to hearing from you.

Context

The Ontario government is transforming the whole health care system to improve patient experience and strengthen local services. This means a connected health care system through the establishment of Ontario Health Teams, and a new model to integrate care and funding that will connect health care providers and services focused on patients and families in the community. These changes will strengthen local services, making it easier for patients to navigate the system and transition among providers. Changes will also include the integration of multiple provincial agencies into a single agency – Ontario Health – to provide a central point of accountability and oversight in the health care system.

It is key to the success of the broader health system that emergency health services be strengthened, better coordinated and modernized to respond to the changing needs of Ontario's communities. That is why we are also proceeding with new models of care for

select 911 medical emergency patients, to expand treatment and transport options on scene and ensure Ontarians are receiving the care they need, when and where they need it.

Emergency Health Services in Ontario

Emergency Health Services (EHS) provide life-saving front-line services for Ontarians and support access to, and transportation of, patients within the health care system.

Each year, approximately 1.5 million 911 calls come to our ambulance dispatch centres, and land ambulances are dispatched to respond to both 911 and other calls for service. Over 8,800 paramedics and 1,100 ambulance communications officers work to provide front-line life-saving care to Ontarians. 50 municipal ambulance services, six First Nations ambulance services, 22 ambulance communications centres and Ornge air ambulance deliver these services to Ontarians across the province.

The *Ambulance Act* and its regulations and standards provide the framework for the operation and delivery of pre-hospital care in Ontario, including the certification of ambulance service operators (land and air) and regulation of paramedics. Regional base hospitals provide clinical oversight of the system, ensuring patient safety and service quality.

The Ministry of Health, along with municipal partners, provides funding for land ambulance services through a 50/50 cost sharing arrangement, while the ministry provides 100 per cent of funding for specific emergency health services such as ambulance communications centres, certified First Nations paramedic services and air ambulance services.

The Canadian Triage and Acuity Scale is used to prioritize the urgency of an emergency department patient's required care. In 2018, there were approximately 1.2 million patients transported by land ambulances in Ontario. Of those patients treated and transported by paramedics, approximately one per cent needed resuscitation, 23 per cent needed emergent care, 52 per cent needed urgent care, 12 per cent needed less-urgent care, and three per cent needed non-urgent care. Nine per cent of patients were medically-stable patient transfers.

Key Challenges

The EHS system went through a significant transformation in the late 1990s when municipal land ambulance services were transferred to municipalities. Since that time, additional changes have been made to improve services, and legislative amendments in 2017 provided some needed updates to the *Ambulance Act*. However, some key challenges remain. The Auditor General, the Dispatch Working Group, the Association of Municipalities of Ontario and the Ontario Association of Paramedic Chiefs, among others, have identified challenges that affect delivery of critical EHS services, including:

- Outdated dispatch technologies;
- Lengthy ambulance offload times and delays in transporting medically-stable patients;
- Lack of coordination among EHS system partners;
- Need for innovative models that improve care; and
- Health equity, or access to services across regions and communities.

Outdated Dispatch Technologies

Reports from the Auditor General (2013), the Provincial-Municipal Land Ambulance Dispatch Working Group (2014) and other stakeholders have called for upgrades to the province's Ambulance Communications Centre technologies to support improved responses, resource allocations and patient outcomes. Improvements to dispatch technologies will help ensure the right patients enter the hospital system at the right time.

Ensuring that ambulance services deliver only those who require hospital care to emergency departments is essential to addressing hallway health care.

Questions for Discussion

- Beyond the foundational technologies currently in implementation – Computer-Aided Dispatch, medical triage system, updated phone systems, updated radio network and equipment, and real-time data exchange – are there other technologies or technological

approaches that can help to improve responses to 911 calls and increase the efficient use of resources in the EHS system?

- How can communication between dispatch centres, land ambulance services, and air ambulance be improved?
- Are there local examples of good information sharing between paramedic services, hospitals and/or other health services?

Lengthy Ambulance Offload Times and Delays in Transporting Medically-Stable Patients

When paramedics must wait to transfer patients in emergency departments to the care of the hospital, it contributes to hallway health care. Paramedics and their ambulances waiting to offload patients are then not available to the community for emergency calls, nor are they able to move medically stable patients who need timely access to care, such as dialysis and medical imaging.

Questions for Discussion

- What partnerships or arrangements can improve ambulance offload times?
- What other interventions would be helpful to address ambulance availability?
- How can we best ensure that medically stable patients receive appropriate transportation to get the diagnostics and treatments they need?
- How do we respond to the transport of medically stable patients in a way that is appropriate to local circumstances (e.g., less availability of stretcher transportation services)?
- Should there be changes to oversight for private stretcher transport systems to ensure safety for medically-stable patients?

Lack of Coordination among EHS System Partners

Emergency health services are intended as a quick response to stabilize patients and safely transport them to hospital or help them safely access primary care at great distances. However, jurisdictional issues and communications between and among ambulance communications centres, land ambulance service operations and air ambulance can create challenges to getting appropriate services to patients. This also extends to connections between EHS and other parts of the health care system.

Questions for Discussion

- How can land ambulance and air ambulance systems be better coordinated to address transportation of medically-stable patients, especially in the North?
- How might municipal land ambulance services address “cross-border calls” to ensure that the closest ambulance is sent to provide care of patients?
- How can relationships be improved between dispatch centres and paramedic services?
- How can interactions between EHS and the rest of the health care system be improved (e.g., with primary care, home care, hospitals, etc.)?

Need for Innovations that Improve Care

Innovation at local levels can often be replicated to other regions and care situations. EHS is both a health and social service and can benefit from community integration and alignment. As part of this consultation, we are actively seeking where communities and regions have had success in delivering health related services or found ways to reduce barriers to care.

Questions for Discussion

- What evaluated, innovative models of care can be spread or scaled to other areas, as appropriate?
- Are there new or different approaches to delivery that could be considered as part of a modern EHS system?

- As new models of care for selected 911 patients are piloted, how can we adapt these models to elsewhere in the province, and how can we encourage uptake? What needs to be standardized versus locally-designed?
- How can community paramedicine fill gaps in health care services for Ontarians, and how should this be implemented, scaled, or spread across the province?

Health Equity: Access to Services Across Regions and Communities

The Indigenous population in Ontario is composed of First Nations, Métis and Inuit peoples who may live on and off reserve, in urban, rural and remote areas, each with their own histories, languages, cultures, organizational approaches and jurisdictional realities. All six First Nations paramedic services in Ontario are funded 100 per cent by the ministry. Services provided by municipal land ambulance services to First Nations are also funded at 100 per cent.

Health care access for remote and northern Indigenous communities is an ongoing issue and concern. In the north, land access issues create pressures on both land and air ambulance services where they are primary responders to communities that are difficult to reach by road.

There are new and innovative pilot programs in a number of remote communities that have shown initial promise in lowering call volumes and emergency hospital transport. However, there are ongoing concerns for regions where emergency health services are affected by jurisdictional issues, restrictions and lack of infrastructure.

Changes made to modernizing these services must reflect the needs of Indigenous communities and build partnerships in a meaningful and respectful way.

Under the French Language Services Act (FLSA), services provided in French-designated areas are subject to requirements for the provision of services and communications in French. Services delivered by the ministry, its agencies, or by a 'third-party' on behalf of the government have obligations under the FLSA. In the EHS sector, ambulance communications centres (both those delivered directly and those through transfer payment)

must adhere to these requirements, as well as air ambulance services delivered by Ornge. The FLSA does not address municipally-delivered services.

Questions for Discussion

- What initiatives could improve delivery of emergency health services to Indigenous communities?
- How can EHS services be more sensitive to the unique needs of Indigenous people, including providing culturally safe care?
- How can EHS support First Nations in creating better services for pre-clinic services in far northern communities?
- What improvements to EHS can be made for rural areas?
- Are there opportunities for partnerships to align and improve health and social services in rural and northern areas?
- Are there opportunities to address social determinants of health and health disparities in rural, remote and Northern regions to reduce the need for EHS transport of patients out of these regions?
- What improvements could be made to the provision of services in French to Francophone communities?

Your Feedback

With the release of this paper we are beginning a consultation process to discuss modernizing emergency health services. We hope to receive your input on the questions in this paper. Feedback can be submitted by [completing our survey](#) by February 10, 2020.

We will also be conducting in-person consultation sessions where we look forward to continuing the conversation about how we build a modern emergency health service system.

REFERRAL TO _____
 RECOMMENDED _____
 DIRECTION REQUIRED _____
 RECEIPT RECOMMENDED _____

From: Christine Massey [REDACTED]

Date: Sat, Oct 26, 2019 at 6:24 PM

Subject: U.S. Nat'l Toxicology Program: fluoride a presumed neurodevelopmental hazard

To: Granger, Cathy <Cathy.Granger@peelregion.ca>, <Nando.Iannicca@peelregion.ca>, <annette.groves@caledon.ca>, Crombie, Bonnie <bonnie.crombie@mississauga.ca>, Carolyn Parrish <carolyn.parrish@mississauga.ca>, Chris Fonseca <chris.fonseca@mississauga.ca>, <dipika.damerla@mississauga.ca>, George Carlson <george.carlson@mississauga.ca>, <gurpreet.dhillon@brampton.ca>, [REDACTED], Jennifer Innis <Jennifer.Innis@caledon.ca>, Johanna Downey <johanna.downey@caledon.ca>, John Kovac <John.Kovac@mississauga.ca>, Karen Ras <karen.ras@mississauga.ca>, Medeiros, Martin - Councillor <martin.medeiros@brampton.ca>, Matt Mahoney <Matt.Mahoney@mississauga.ca>, Palleschi, Michael - Councillor <michael.palleschi@brampton.ca>, Iannicca, Nando <nando.iannicca@mississauga.ca>, Saito, Pat <pat.saito@mississauga.ca>, Pat Fortini Councillor <pat.fortini@brampton.ca>, <Patrick.Brown@brampton.ca>, <paul.vicente@brampton.ca>, Starr, Ron <ron.starr@mississauga.ca>, <rowena.santos@brampton.ca>, <stephen.dasko@mississauga.ca>, McFadden, Sue <sue.mcfadden@mississauga.ca>, Mayor Allan Thompson <mayor@caledon.ca>, <mayor_tory@toronto.ca>, <jbachetti@tecumseh.ca>, [REDACTED], <rtonial@tecumseh.ca>, <baltenhof@tecumseh.ca>, <bhouston@tecumseh.ca>, [REDACTED], Laura Moy <lmoy@tecumseh.ca>, <ffrancis@city.windsor.on.ca>, <jelliott@city.windsor.on.ca>, <rbortolin@city.windsor.on.ca>, <cholt@city.windsor.on.ca>, <esleiman@city.windsor.on.ca>, <joagnac@city.windsor.on.ca>, <irek@city.windsor.on.ca>, <bmarr@city.windsor.on.ca>, <hpayne@city.windsor.on.ca>, <pborrelli@city.windsor.on.ca>, <mayoro@city.windsor.on.ca>, <mayor@town.lasalle.on.ca>, <mbondy@town.lasalle.on.ca>, <makpata@town.lasalle.on.ca>, <tburns@town.lasalle.on.ca>, <sdesjarlais@town.lasalle.on.ca>, <cmeloche@town.lasalle.on.ca>, <jrenaud@town.lasalle.on.ca>, cc: ZYG-RegionalClerk <ZZG-Regionalclerk@peelregion.ca>, Szwarc, David <David.Szwarc@peelregion.ca>, <andrew.farr@peelregion.ca>, <ocwa@ocwa.com>, <alane@ocwa.com>, Aimee Hennessy <ahennessy@ocwa.com>, <nbaker@ocwa.com>, <tsmider@ocwa.com>, <jmuller@ocwa.com>, Canadian Waterman <jkingbury@ocwa.com>, <MPontone@ocwa.com>, <sbudden@ocwa.com>, ControlChem Info <info@controlchem.com>, Premier of Ontario | Première ministre de l'Ontario <premier@ontario.ca>, <dr.david.williams@ontario.ca>, Health Minister Jaczek Ontario <ccu.moh@ontario.ca>, <mcssinfo.css@ontario.ca>, Prime Minister/Premier ministre <pm@pm.gc.ca>, <themayor@calgary.ca>, <ward.sutherland@calgary.ca>, <joe.magliocca@calgary.ca>, <jyoti.gondek@calgary.ca>, Chu, Sean <sean.chu@calgary.ca>, <george.chahal@calgary.ca>, <jeff.davison@calgary.ca>, <Druh.Farrell@calgary.ca>, <Evan.woolley@calgary.ca>, <Gian-carlo.carra@calgary.ca>, <ray.jones@calgary.ca>, <Shane.keating@calgary.ca>, <Peter.demong@calgary.ca>, Ilone Harrison <Ilone.Harrison@oahpp.ca>, <newsroom@bramptonguardian.com>

Dear Councillors, Mayors, Ministers, Premier, Prime Minister, etc.,

Please be advised:

FAN Comments on NTP Study: "Fluoride is presumed to be a cognitive neurodevelopmental hazard to humans"

NEW YORK, Oct. 25, 2019 /PRNewswire/ -- On Oct 22, the National Toxicology Program (NTP) published a [draft review](#) of fluoride's neurotoxicity concluding:

"...fluoride is presumed to be a cognitive neurodevelopmental hazard to humans. This conclusion is based on a consistent pattern of findings in human studies across several different populations showing that higher fluoride exposure is associated with decreased IQ or other cognitive impairments in children."

For years the [Fluoride Action Network](#) (FAN) has been drawing attention to fluoride's neurotoxicity. There [are 61 human IQ studies](#) linking lowered IQ with fluoride exposure, many of which FAN had translated from the original Chinese.

FAN disagrees with NTP's conclusion that studies "with [fluoride] exposures in ranges typically found in the water distribution systems in the United States (i.e., approximately 0.03 to 1.5 ppm) ...are inconsistent and therefore unclear (our emphasis)."

FAN's director Paul Connett, PhD, says, "the studies funded by US government agencies (Bashash et al. [2017](#), [2018](#); [Green et al., 2019](#)) were at exposure levels commonly experienced with fluoride water concentrations below 1.5 ppm, and are consistent, very clear and stronger than the earlier Chinese studies at levels above 1.5 ppm ([Choi et al, 2012](#)) because they were based on individual exposures, with many confounding variables carefully controlled. In reality, it is the studies with lower fluoride levels of exposure that have provided the strongest evidence."

Connett continued, "We hope that, when the [National Academy of Sciences](#) completes its peer review, NTP will raise the classification of fluoride to a 'known' from 'presumed' neurodevelopmental hazard to humans. Whether they do or not, the weight of scientific evidence in the NTP review should be sufficient to force an end to fluoridation."

Dr. William Hirzy, former Environmental Protection Agency risk assessment specialist, says, "Damage at a concentration of 1.5 ppm in water offers no meaningful margin of safety to protect the brains of a whole population of infants drinking fluoridated water at 0.7 ppm. Without going into detailed calculations of total dose, a safety factor of ten (to account for the expected range of sensitivity in a large populations), would reduce the allowed level in water to less than 0.1 ppm in water."

Connett asks, "How can anyone now claim that community water fluoridation is safe? And why allow it to continue when safer and more effective programs (e.g., [Childsmile](#)) exist?"

SOURCE Fluoride Action Network

<https://www.prnewswire.com/news-releases/fan-comments-on-ntp-study-fluoride-is-presumed-to-be-a-cognitive-neurodevelopmental-hazard-to-humans-300945698.html>

Christine Massey, M.Sc.



[Fluoride Free Peel](#)

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 DIRECTION REQUIRED _____
 RECEIPT RECOMMENDED _____

From: Christine Massey [REDACTED]
 Date: Wed, Oct 23, 2019 at 3:03 PM
 Subject: new York U study: water fluoridation & ADHD
 To: Nancy Polsinelli <nancy.polsinelli@peelregion.ca>, Hopkins, Jessica <Jessica.hopkins@peelregion.ca>, Eileen de Villa <Eileen.deVilla@toronto.ca>
 Cc: <Nando.iannicca@peelregion.ca>, <annette.groves@caledon.ca>, Crombie, Bonnie <bonnie.crombie@mississauga.ca>, Carolyn Parrish <carolyn.parrish@mississauga.ca>, Chris Fonseca <chris.fonseca@mississauga.ca>, <dipika.damerla@mississauga.ca>, George Carlson <george.carlson@mississauga.ca>, <gurpreet.dhillon@brampton.ca>, [REDACTED]
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Dear Commissioner Polsinelli, Dr. Hopkins and Dr. de Villa,

Following on my email of October 4th, to which none of you have replied:

a new study has just been published by researchers from York University and the Department of Environmental Medicine and Public Health, Icahn School of Medicine at Mount Sinai, New York.

[Association of water fluoride and urinary fluoride concentrations with attention deficit hyperactivity disorder in Canadian youth](#)

Excerpts:

Higher tap water fluoride was associated with higher odds of an ADHD diagnosis.

Higher water fluoride was associated with more ADHD-type symptoms for adolescents.

Adolescents living in a fluoridated region had higher odds of an ADHD diagnosis.

Adolescents living in fluoridated regions had more ADHD-type symptoms.

17.2-2

Discussion We found that Canadian youth exposed to higher tap water fluoride levels had a higher risk of receiving an ADHD diagnosis and reported more symptoms of hyperactivity and inattention.

Specifically, an increase of 1.0 mg/L in water fluoride concentration was associated with a 6.1 times higher odds of an ADHD diagnosis after accounting for potential confounding variables, such as exposure to second-hand smoke, household income, and blood lead level.

Likewise, water fluoride concentration was positively associated with hyperactive/inattentive symptoms, especially among older youth.

To contextualize these results, the difference in water fluoride concentration between cities with and without fluoridation is approximately 0.5 mg/L. Our finding of a 1.5-point increase in the SDQ hyperactive/inattentive symptom subscale for each increase of 1 mg/L in water fluoride level implies a 0.75-point increase per 0.5 mg/L water fluoride; this result is remarkably consistent with our finding of a 0.7-point increase on the SDQ's hyperactivity/inattention subscale observed among older youth living in a fluoridated versus non-fluoridated region.

Possible scores on the SDQ hyperactive/inattentive symptom subscale range from 0 to 10.

Best wishes,

Christine Massey M.Sc.

<https://www.fluoridefreepeel.ca>

From: Christine Massey [REDACTED]

Date: Mon, Nov 11, 2019 at 12:39 PM

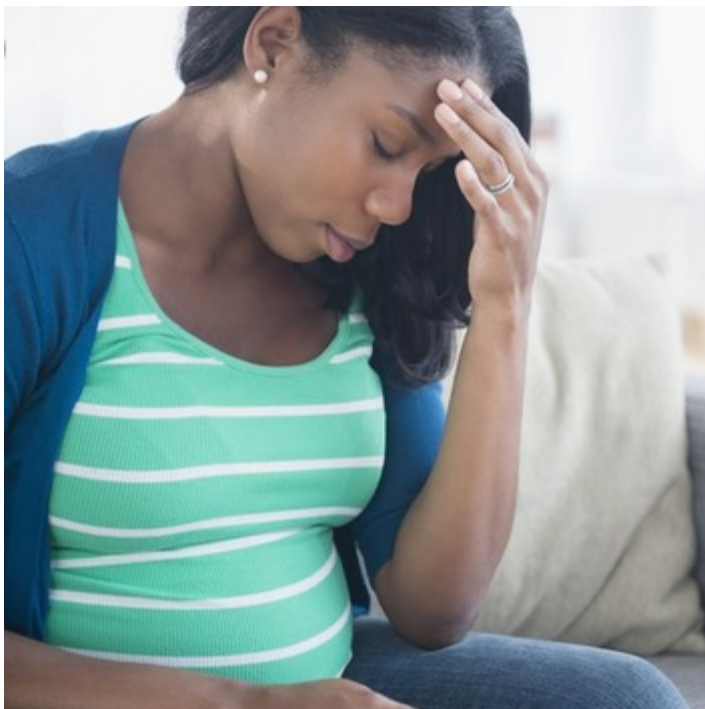
Subject: FOI reveals NO fluoride / pregnancy studies suggest safety re: childhood IQ or ADHD symptoms

To: <Nando.Iannicca@peelregion.ca>, <annette.groves@caledon.ca>, Crombie, Bonnie <bonnie.crombie@mississauga.ca>, Carolyn Parrish <carolyn.parrish@mississauga.ca>, Chris Fonseca <chris.fonseca@mississauga.ca>, <dipika.damerla@mississauga.ca>, George Carlson <george.carlson@mississauga.ca>, <gurpreet.dhillon@brampton.ca>, [REDACTED], Jennifer Innis <Jennifer.Innis@caledon.ca>, Johanna Downey <johanna.downey@caledon.ca>, John Kovac <John.Kovac@mississauga.ca>, Karen Ras <karen.ras@mississauga.ca>, Medeiros, Martin - Councillor <martin.medeiros@brampton.ca>, Matt Mahoney <Matt.Mahoney@mississauga.ca>, Palleschi, Michael - Councillor <michael.palleschi@brampton.ca>, Iannicca, Nando <nando.iannicca@mississauga.ca>, Saito, Pat <pat.saito@mississauga.ca>, Pat Fortini Councillor <pat.fortini@brampton.ca>, <Patrick.Brown@brampton.ca>, <paul.vicente@brampton.ca>, Starr, Ron <ron.starr@mississauga.ca>, <rowena.santos@brampton.ca>, <stephen.dasko@mississauga.ca>, McFadden, Sue <sue.mcfadden@mississauga.ca>, Mayor Allan Thompson <mayor@caledon.ca>, <mayor_tory@toronto.ca>, <jbachetti@tecumseh.ca>, [REDACTED], <rtonial@tecumseh.ca>, <baltenhof@tecumseh.ca>, <bhouston@tecumseh.ca>, [REDACTED], Laura Moy <lmoy@tecumseh.ca>, <mayor@town.lasalle.on.ca>, <mbondy@town.lasalle.on.ca>, <makpata@town.lasalle.on.ca>, <tburns@town.lasalle.on.ca>, <sdesjarlais@town.lasalle.on.ca>, <cmeloche@town.lasalle.on.ca>, <jrenaud@town.lasalle.on.ca>, cc: ZYG-RegionalClerk <ZYG-Regionalclerk@peelregion.ca>, Szwarc, David <David.Szwarc@peelregion.ca>, <andrew.farr@peelregion.ca>, <ocwa@ocwa.com>, <alane@ocwa.com>, Aimee Hennessy <ahennessy@ocwa.com>, <nbaker@ocwa.com>, <tsmider@ocwa.com>, <jmuller@ocwa.com>, Canadian Waterman <jkingsbury@ocwa.com>, <MPontone@ocwa.com>, <sbudden@ocwa.com>, ControlChem Info <info@controlchem.com>, Premier of Ontario | Première ministre de l'Ontario <premier@ontario.ca>, <dr.david.williams@ontario.ca>, Health Minister Jaczek Ontario <ccu.moh@ontario.ca>, <mccsinfo.css@ontario.ca>, Prime Minister/Premier ministre <pm@pm.gc.ca>, <kathy.lofy@doh.wa.gov>, <gchiod@uw.edu>, <pramsey@u.washington.edu>, <ondean@uw.edu>, <Sdsull@uw.edu>, <hgodwin@uw.edu>, <sswdean@uw.edu>, Gandhi, Priya <Priya.Gandhi@brampton.ca>, Carter, Candace <Candace.Carter@brampton.ca>, <ffrancis@citywindsor.ca>, <fcostante@citywindsor.ca>, <rbortolin@citywindsor.ca>, <cholt@citywindsor.ca>, <esleiman@citywindsor.ca>, <joagignac@citywindsor.ca>, Kusmierczyk, Irek <irek@citywindsor.ca>, <gkaschak@citywindsor.ca>, <kmckenzie@citywindsor.ca>, <jmorrison@citywindsor.ca>, Drew Dilkins <mayoro@citywindsor.ca>, Nancy Polsinelli <nancy.polsinelli@peelregion.ca>, Granger, Cathy <Cathy.Granger@peelregion.ca>

Dear Councillors, Mayors, Ministers, Premier, Prime Minister, etc.,

FOIs reveal: Ontario, Alberta and Washington State institutions have no fluoride / pregnancy studies to suggest safety with respect to childhood IQ or ADHD

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<https://www.fluoridefreepeel.ca/no-fluoride-pregnancy-studies-suggest-safety-re-iq-or-adhd/>

In 2017 and 2018 high quality, U.S. government-funded studies published by an international team of top public health departments found that fluoride exposure during pregnancy is associated with lower **IQs** and increased **ADHD** symptoms.

The maternal fluoride exposures in these studies were very similar to those for pregnant women in Canadian fluoridated cities, **reported** by a team from York University in 2018.

This research prompted a series of Freedom of Information requests submitted by myself to various institutions in Ontario, Alberta and Washington State, asking for the primary, peer-reviewed scientific studies relied upon when assuring the public that fluoridated water is a safe for everyone.

As expected, every single institution failed to provide or cite even one primary study showing evidence of safety during pregnancy with respect to childhood IQ or ADHD symptoms.

This is all the more disturbing given that on August 19, 2019 another high quality, government funded study was published, indicating that higher fluoride exposure in pregnant Canadian women is associated with lower IQs in their children (you can access and read about that study **here**, or watch an interview with the lead author **here**), and on October 22, 2019 a new Canadian study of youth aged 6 to 17 years found that higher fluoride exposures are associated with a much higher odds of an ADHD diagnosis.

Six human studies now suggest that fluoride exposure during pregnancy results in lowered IQs.

On Oct 22, 2019 another important event took place: the U.S. National Toxicology Program published a [draft review](#) concluding that:

"...fluoride is presumed to be a cognitive neurodevelopmental hazard to humans. This conclusion is based on a consistent pattern of findings in human studies across several different populations showing that higher fluoride exposure is associated with decreased IQ or other cognitive impairments in children."

The links below provide access to the various responses I received to my information requests.

Region of Peel: <https://www.fluoridefreepeel.ca/region-of-peel-has-no-evidence-of-fluoride-safety-during-pregnancy-with-respect-to-childhood-iq-or-adhd/>

Ontario Ministry of Health and Long-term Care: <https://www.fluoridefreepeel.ca/ontario-ministry-of-health-no-evidence-of-fluoride-safety-during-pregnancy-re-childhood-iq-adhd/>

Public Health Ontario: <https://www.fluoridefreepeel.ca/public-health-ontario-no-evidence-of-fluoride-safety-during-pregnancy-re-childhood-iq-adhd/>

Windsor Essex County Health Unit and the Town of Tecumseh, Ontario:
<https://www.fluoridefreepeel.ca/wechu-tecumseh-fluoridepregnancy-foi-reply-no-responsive-studies/>

Alberta Ministry of Health: <https://www.fluoridefreepeel.ca/alberta-min-of-health-foip-response-no-evidence-of-fluoride-safety-during-pregnancy/>

City of Calgary: <https://www.fluoridefreepeel.ca/city-of-calgary-foip-response-no-evidence-of-fluoride-safety-during-pregnancy/>

Washington State Department of Health: <https://www.fluoridefreepeel.ca/washington-state-dept-of-health-foi-response-zero-fluoride-pregnancy-studies-to-suggest-safety-re-childhood-iq-or-adhd/>

City of Toronto: To be uploaded. City of Toronto Staff refused to acknowledge my information request as "legitimate". In a lengthy email exchange, they provided an ever-changing array of arguments for its alleged illegitimacy and they provided/cited no primary research to suggest that fluoride exposure during pregnancy is safe with respect to childhood IQ or ADHD.

Best wishes,
Christine Massey, M.Sc.



[Fluoride Free Peel](#)

17.4-1

REFERRAL TO _____
RECOMMENDED
DIRECTION REQUIRED _____
RECEIPT RECOMMENDED

From: Christine Massey [REDACTED]

Date: Thu, Oct 17, 2019 at 11:54 AM

Subject: Re: IPC appeal MA19-00550

To: Adrian Espinosa <Adrian.Espinosa@ipc.on.ca>, ZZG-RegionalClerk <ZZG-Regionalclerk@peelregion.ca>, Hopkins, Jessica <Jessica.hopkins@peelregion.ca>, Granger, Cathy <Cathy.Granger@peelregion.ca>, Nancy Polsinelli <nancy.polsinelli@peelregion.ca>, <Nando.Iannicca@peelregion.ca>
Cc: <andrew.farr@peelregion.ca>

Dear Adrian, Regional Clerk, Regional Chair, CAO, Commissioner Granger and Dr. Hopkins,

Regarding my records request #123-19-161, I'm told that the Region insists full access has been granted to responsive records.

This is false. The Region has provided access to **zero** responsive records.

It is understandable if Staff in the Regional Clerk's Office or the IPC do not have enough scientific background to understand the difference between what I requested and the irrelevant publications cited in the Region's so-called "*full disclosure*" document.

I requested primary, peer-reviewed scientific research papers. Reviews, companion reports and guidelines are irrelevant to my request (especially when they are based on **zero** relevant primary research papers), as are descriptions of Peel Public Health's mandate, commitment, approach to assessing evidence, and everything else included in their "*disclosure*" document.

The Region's Health Commissioner and/or Public Health Staff, who obviously prepared the Region's response, know the difference between a primary peer-reviewed research paper and a review or government guideline, and classified their citations accordingly.

They listed only 4 citations under "Primary studies".

The first 2 primary studies that they listed, by Broadbent et al. and Barberio et al., are not responsive to my request because my request was for primary, peer-reviewed scientific research papers on fluoride exposure during pregnancy. As acknowledged by the Region's Health Commissioner and/or Public Health Staff in their footnotes (#4, #5) under the list, these listed studies "*Did not meet request criteria as research question does not pertain to pregnancy*". These papers are irrelevant to my request, but the Region's Health Commissioner and/or Public Health Staff listed them anyways, for political purposes, because it does not look good when you have assured everyone for years that water fluoridation is perfectly safe for everyone but you actually have zero research indicating that fluoride exposure is safe during pregnancy.

The next 2 primary studies that they listed, both by Bashash et al., are not responsive to my request because my request was for primary, peer-reviewed scientific research papers showing that fluoride exposure during pregnancy is safe with respect to IQ and/or ADHD symptoms in human offspring.

17.4-2

These studies by Bashash et al. are the exact studies that I cited in my request; they are the 2017 and 2018 rigorous, government-funded studies that found higher fluoride exposure during pregnancy is associated with **lower IQs** and **increased ADHD symptoms** in offspring, not safety.

Here is the authors' conclusion from their first study, [Prenatal Fluoride Exposure and Cognitive Outcomes in Children at 4 and 6–12 Years of Age in Mexico](#):

Conclusions: In this study, higher prenatal fluoride exposure, in the general range of exposures reported for other general population samples of pregnant women and nonpregnant adults, was associated with lower scores on tests of cognitive function in the offspring at age 4 and 6–12 y.

This study does not show, or claim to show, that fluoride exposure during pregnancy is safe.

Here is a quote from [Public Health Ontario's review](#) of the first study:

"...a 0.5mg/L increase in maternal urinary fluoride was associated with a decrease in GCI of 3.15 points (95% CI: -5.42,-0.87), and a decrease in IQ of 2.50 points (95%CI: -4.12, -0.59)."

Here are quotes from the authors' highlights and conclusion from their second study, [Prenatal fluoride exposure and attention deficit hyperactivity disorder \(ADHD\) symptoms in children at 6–12 years of age in Mexico City](#):

Highlights ...Findings are consistent with the growing body of evidence suggesting neurotoxicity of early-life exposure to fluoride.

Conclusion Higher levels of fluoride exposure during pregnancy were associated with global measures of ADHD and more symptoms of inattention as measured by the CRS-R in the offspring.

This study does not show, or claim to show, that fluoride exposure during pregnancy is safe.

Here is a quote from an October 10, 2018 Press Release from Dalla Lana School of Public Health, University of Toronto regarding the second study:

"Our findings are consistent with a growing body of evidence suggesting that the growing fetal nervous system may be negatively affected by higher levels of fluoride exposure," said Dr. Morteza Bashash, the study's lead author and researcher at the Dalla Lana School of Public Health...

[Regarding the Bashash et al. studies, the Region's Health Commissioner and/or Public Health Staff falsely claimed in their footnotes (#6, #7) that "Study findings are not relevant to the Peel Public Health context" because "the method of fluoridation is through salt, not water, in the jurisdiction of study. A controlled community water fluoridation program is also not practiced; fluoridation levels are endemic, and levels were not ascertained in study for comparability."

The Bashash et al. studies used a measure of total fluoride exposure from all sources (the mother's urine fluoride concentration) and found that higher levels are associated with worse childhood outcomes. And, the Till study published in late 2018 found that the total fluoride exposures of Canadian pregnant women in fluoridated cities are very similar to those of the mothers in the Bashash et al. studies. Yet the Region's Health Commissioner and/or Public Health Staff would like everyone to believe

17.4-3

that the Bashash studies are somehow irrelevant to water fluoridation, the intentional addition of fluoride to the drinking water consumed by pregnant women.]

In summary, the Region has provided/cited **zero** primary, peer-reviewed scientific research papers showing that fluoride exposure (from water fluoridation, or from all sources, or from any source) during pregnancy is safe with respect to IQ and/or ADHD symptoms in human offspring. And, for the record and even more disturbingly, the reviews and government guidelines in their possession also cite **zero** such studies.

The Region, its Commissioner of Health, and its Medical Officer of Health Dr. Jessica Hopkins clearly have and know of no such studies (no responsive records) or they would have cited them within their 4 pages of so-called "*disclosure*".

Section 22 (1) (a) (i) of *MFIPPA* states:

Contents of notice of refusal

29 (1) Notice of refusal to give access to a record or a part thereof under section 19 shall set out, (a) where there is no such record, (i) that there is no such record, and ...

Instead of setting out that there is no responsive record, the response to my records request has been "hijacked" for political purposes, pretending that studies that suggest harm from fluoride actually suggest safety and that wasting everyone's time with irrelevant descriptions and lists of citations (for which the Region attempted to bill me >\$1000) constitutes provision of access to responsive records when in fact it does nothing of the sort.

I can only imagine how horrified the public will be upon learning that the Region of Peel is actually attempting to pass the Bashash et al. studies off as evidence that fluoride exposure during pregnancy is safe.

Best wishes,
Christine Massey, M.Sc.

On Wed, Oct 16, 2019 at 10:54 AM Adrian Espinosa <Adrian.Espinosa@ipc.on.ca> wrote:

Hello Ms. Massey,

As you know, you submitted an access to records request under the *Municipal Freedom of Information and Protection of Privacy Act* (the Act) to the Region of Peel.

On July 16, 2019, the Region of Peel issued a decision in response to your request indicating that access is granted to "4 pages regarding your request."

On August 7, 2019, the Information and Privacy Commissioner/Ontario received your appeal of the Region of Peel's decision. MA19-00550 was opened to deal with this matter. I am the analyst assigned to your appeal.

In your appeal, you indicated that the Region of Peel's decision appears to allude that no responsive records exists and that its decision is not in accordance with section 22(1)(a)(i) of the *Act*.

I contacted the Region of Peel to discuss the appeal. According to the Region of Peel, full access was granted to records responsive to your request and full disclosure was provided.

Can you please clarify the issues of your appeal and how this appeal can be resolved. Please do not hesitate to contact me if you have any questions. Thank you very much.

Sincerely,

Adrian Espinosa

Analyst

Information and Privacy Commissioner/Ontario

2 Bloor Street East, Suite 1400

Toronto, Ontario. M4W 1A8

Email: adrian.espinosa@ipc.on.ca

Phone: [REDACTED]

Fax: [REDACTED]

From: Christine Massey <[REDACTED]>

Date: Wed, Oct 30, 2019 at 2:11 PM

Subject: PRESS RELEASE: Fluoride Brain Research is Alarming and Growing

To: Granger, Cathy <Cathy.Granger@peelregion.ca>, <Nando.Iannicca@peelregion.ca>, <annette.groves@caledon.ca>, Crombie, Bonnie <bonnie.crombie@mississauga.ca>, Carolyn Parrish <carolyn.parrish@mississauga.ca>, Chris Fonseca <chris.fonseca@mississauga.ca>, <dipika.damerla@mississauga.ca>, George Carlson <george.carlson@mississauga.ca>, <gurpreet.dhillon@brampton.ca>, [REDACTED], Jennifer Innis <Jennifer.Innis@caledon.ca>, Johanna Downey <johanna.downey@caledon.ca>, John Kovac <John.Kovac@mississauga.ca>, Karen Ras <karen.ras@mississauga.ca>, Medeiros, Martin - Councillor <martin.medeiros@brampton.ca>, Matt Mahoney <Matt.Mahoney@mississauga.ca>, Palleschi, Michael - Councillor <michael.palleschi@brampton.ca>, Iannicca, Nando <nando.iannicca@mississauga.ca>, Saito, Pat <pat.saito@mississauga.ca>, Pat Fortini Councillor <pat.fortini@brampton.ca>, <Patrick.Brown@brampton.ca>, <paul.vicente@brampton.ca>, Starr, Ron <ron.starr@mississauga.ca>, <rowena.santos@brampton.ca>, <stephen.dasko@mississauga.ca>, McFadden, Sue <sue.mcfadden@mississauga.ca>, Mayor Allan Thompson <mayor@caledon.ca>, <mayor_tory@toronto.ca>, <jbachetti@tecumseh.ca>, [REDACTED], <rtonial@tecumseh.ca>, <baltenhof@tecumseh.ca>, <bhouston@tecumseh.ca>, [REDACTED], Laura Moy <lmoy@tecumseh.ca>, <mayor@town.lasalle.on.ca>, <mbondy@town.lasalle.on.ca>, <makpata@town.lasalle.on.ca>, <tburns@town.lasalle.on.ca>, <sdesjarlais@town.lasalle.on.ca>, <cmeloche@town.lasalle.on.ca>, <jrenaud@town.lasalle.on.ca>, cc: ZYG-RegionalClerk <ZYG-Regionalclerk@peelregion.ca>, Szwarc, David <David.Szwarc@peelregion.ca>, <andrew.farr@peelregion.ca>, <ocwa@ocwa.com>, <alane@ocwa.com>, Aimee Hennessy <ahennessy@ocwa.com>, <nbaker@ocwa.com>, <tsmider@ocwa.com>, <jmuller@ocwa.com>, Canadian Waterman <jkingsbury@ocwa.com>, <MPontone@ocwa.com>, <sbudden@ocwa.com>, ControlChem Info <info@controlchem.com>, Premier of Ontario | Première ministre de l'Ontario <premier@ontario.ca>, <dr.david.williams@ontario.ca>, Health Minister Jaczek Ontario <ccu.moh@ontario.ca>, <mcssinfo.css@ontario.ca>, Prime Minister/Premier ministre <pm@pm.gc.ca>, <themayor@calgary.ca>, <ward.sutherland@calgary.ca>, Magliocca, Joe <joe.magliocca@calgary.ca>, <[jyoti.gondek@calgary.ca](mailto: jyoti.gondek@calgary.ca)>, Chu, Sean <sean.chu@calgary.ca>, <george.chahal@calgary.ca>, <jeff.davison@calgary.ca>, <Druh.Farrell@calgary.ca>, <Evan.woolley@calgary.ca>, <Gian-carlo.carra@calgary.ca>, <ray.jones@calgary.ca>, <Shane.keating@calgary.ca>, <Peter.demong@calgary.ca>, Ilone Harrison <Ilone.Harrison@oahpp.ca>, <newsroom@bramptonguardian.com>, <ffrancis@citywindsor.ca>, <fcostante@citywindsor.ca>, <rbortolin@citywindsor.ca>, <cholt@citywindsor.ca>, <esleiman@citywindsor.ca>, <joagignac@citywindsor.ca>, Kusmierczyk, Irek <irek@citywindsor.ca>, <gkaschak@citywindsor.ca>, <kmckenzie@citywindsor.ca>, <jmorrison@citywindsor.ca>, Drew Dilkens <mayoro@citywindsor.ca>

Dear Councillors, Mayors, Ministers, Premier, Prime Minister, etc.,

Please be advised:

Fluoride Brain Research is Alarming and Growing

Without Brain/Safety Evidence, Governments Protect Fluoridation

<https://www.prnewswire.com/neides-brain-research-is-alarmin-and-growing-300948328.html>

News provided by

[New York State Coalition Opposed to Fluoridation, Inc.](#)

Oct 30, 2019, 11:39 ET

NEW YORK, Oct. 30, 2019 /PRNewswire/ -- Water fluoridation is linked to Attention-Deficit/Hyperactivity Disorder (ADHD) (*Environment International* December 2019), adding to the growing pile of scientific literature linking fluoride to neurological disorders e.g. [lower IQ](#), [Autism](#), [poor memory](#), [dementia](#), [Alzheimer's Disease](#). Governments failed to determine fluoride's toxic brain effects before declaring fluoridation safe in the early 1900's, reports the New York State Coalition Opposed to Fluoridation, Inc. (NYSCOF).

Fluoridation, the purposeful addition of non-essential fluoride chemicals into public water supplies, attempts to reduce tooth decay in tap water drinkers.

"Fluoride is presumed to be a cognitive neurodevelopmental hazard to humans," concludes the US HHS's [National Toxicology Program's](#) monograph, *Systematic Review of Fluoride Exposure and Neurodevelopmental and Cognitive Health Effects* (Draft 9/6/2019).

NTP writes: "This conclusion is based on a consistent pattern of findings in human studies across several different populations showing that higher fluoride exposure is associated with decreased IQ or other cognitive impairments in children."

[Six Mother-Child studies](#) link fluoride to offspring's lower IQ. Over [400 more fluoride/neurotoxic studies](#) (including 50+ human) support its biological plausibility.

EPA admits that fluoride is a chemical with "[Substantial Evidence of Developmental Neurotoxicity](#)."

At EPA's request, the National Research Council (NRC) reviewed fluoride toxicology research to [conclude in 2006](#), "fluorides have the ability to interfere with the functions of the brain." Since NRC's review, hundreds of fluoride/brain studies were published; yet EPA has taken no action.

Based on this evidence and more, [consumer groups are suing the EPA](#) to recognize fluoride's brain effects when setting safe water fluoride levels now based solely on fluoride's adverse bone and teeth effects.

A July 2019 [University of Calgary public health fluoride report](#) admits "there is some new emerging evidence that fluoride exposure during pregnancy may be harmful to the brain development of children."

Attorney Paul Beeber, NYSCOF President says, "Government agencies and organized dentistry were irresponsible to instigate fluoridation without brain-safety evidence. Instead, they continue to protect fluoridation and their own carelessness by demanding more research. Shouldn't that have been done 75 years ago?"

"The precautionary principle dictates that, at least, pregnant women should be advised to avoid ingesting fluoride. The fetus derives no benefit from fluoride, anyway. Brains don't need fluoride. At best, put fluoride on your teeth not in your brain or the water," says Beeber.

Contact: Paul Beeber, JD, 516-433-8882 nyscof@aol.com
<http://twitter.com/nyscof>

SOURCE New York State Coalition Opposed to Fluoridation, Inc.

Christine Massey, M.Sc.



[Fluoride Free Peel](#)

From: Krystal Christopher [<mailto:Krystal.Christopher@mississauga.ca>]
Sent: November 20, 2019 4:02 PM
To: Lockyer, Kathryn
Cc: Kavelaar West, Helena
Subject: Mississauga City Council Resolutions (3)

RECEIVED
November 20, 2019
REGION OF PEEL
OFFICE OF THE REGIONAL CLERK

Good Afternoon:

Please see attached resolutions adopted by Mississauga City Council on November 20, 2019 regarding the following:

- 0264-2019 – Peel Outdoor No Smoking By-law
- 0272 – 2019 – Sharing of Peel Regional Police Costs
- 0273 -2019 - Chair of Region of Peel Council

Mississauga City Council requests that these matters be added to the next Regional Council Agenda.

Regards,

Krystal Christopher

Legislative Coordinator
Corporate Services Department | Legislative Services Division
300 City Centre Drive, 2nd Floor | T 905-615-3200 ext.5411
krystal.christopher@mississauga.ca



[City of Mississauga](http://www.mississauga.ca)

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REFERRAL TO _____
RECOMMENDED _____
DIRECTION REQUIRED _____
RECEIPT RECOMMENDED _____



MISSISSAUGA

RESOLUTION 0264-2019
 adopted by the Council of
 The Corporation of the City of Mississauga
 at its meeting on November 20, 2019

0264-2019

Moved by: S. McFadden

Seconded by: P. Saito

WHEREAS on September 12, 2009 Regional Council approved Resolution 2019-799 related to restricting outdoor smoking and vaping;

AND WHEREAS Resolution 2019-799 states that the “Peel Outdoor No Smoking or Vaping By-law” (By-law) be enacted and further that the Cities of Brampton and Mississauga and the Town of Caledon be requested to rescind the resolutions that consented to the enactment of By-law 20-2013 (Peel Outdoor Smoking By-law) as required under s.115(6) of the Municipal Act, 2001 as outlined in the report from the Acting Commissioner of Health Services and the Medical Officer of Health, Region of Peel;

NOW THEREFORE BE IT RESOLVED:

1. That the City of Mississauga consents to the enactment of the “Peel Outdoor No Smoking or Vaping By-law” to prohibit smoking and vaping in outdoor public places, outdoor municipal properties, outdoor construction sites and within nine metres of indoor places and indoor workplaces;
2. That staff be directed to report back on signage related to no smoking or vaping within the City;
3. That Resolution 0037-2013 be rescinded.

Recorded Vote	YES	NO	ABSENT	ABSTAIN
Mayor B. Crombie	X			
Councillor S. Dasko	X			
Councillor K. Ras	X			
Councillor C. Fonseca	X			
Councillor J. Kovac	X			
Councillor C. Parrish	X			
Councillor R. Starr	X			
Councillor D. Damerla	X			
Councillor M. Mahoney	X			
Councillor P. Saito	X			
Councillor S. McFadden	X			
Councillor G. Carlson	X			

Carried (12, 0, 0 – Absent)

RECEIVED**November 21, 2019**REGION OF PEEL
OFFICE OF THE REGIONAL CLERK

November 21, 2019

Helena West
Legislative Specialist
Office of the Regional Clerk
Corporate Servicesvia e-mail: helena.west@peelregion.ca

The Council of The Corporation of the City of Brampton passed the following resolution at its meeting of November 20, 2019:

1. That the correspondence from Helena West, Legislative Specialist, Region of Peel, dated September 24, 2019, to the Council Meeting of November 20, 2019, re: **Region of Peel Resolutions 2019-799 and 2019-804 – By-Law to Prohibit Smoking and Vaping in Outdoor Public Places and Workplaces and to Repeal the Peel Outdoor Smoking By-law 20-2013 (Related to By-law 49-2019)**, be received; and,
2. Whereas, the Council of The Regional Municipality of Peel enacted By-law 49-2019 on September 12, 2019, known as the “Peel Outdoor No Smoking or Vaping By-law” to regulate smoking and vaping in public places and workplaces within the municipality;

Whereas the Regional Municipality of Peel has requested the municipalities within the Region to rescind consent to the previous Regional By-law 20-2013 (Peel Outdoor Smoking Bylaw), pursuant to section 115(6) of the *Municipal Act, 2001*, in order for the Regional Municipality of Peel Council to repeal By-law 20-2013;

Whereas the Council of The Corporation of the City of Brampton provided its consent to Regional By-law 20-2013 by Resolution C071-2013 (Recommendation CW098-2013) pursuant to 115(5) of the *Municipal Act, 2001*;

Whereas the Regional Municipality of Peel Council has also requested the municipalities within the Region to consent to the passing of Regional By-law 49-2019, to satisfy the requirements of section 115(5) of the *Municipal Act, 2001*;

REFERRAL TO _____

RECOMMENDED

DIRECTION REQUIRED _____

RECEIPT RECOMMENDED _____

Therefore Be It Resolved:

- a. That the Council of The Corporation of the City of Brampton rescinds Clause 2 of Recommendation CW098-2013, as contained in Resolution C071-2013; as follows:

“That the City of Brampton consents to the enactment of the "Peel Outdoor Smoking Bylaw" (By-law 20-2013) to regulate smoking in areas where children play outdoors and at entrances and exits to municipal buildings and facilities.”

- b. That the Council of The Corporation of the City of Brampton consents to the enactment of the "Peel Outdoor No Smoking or Vaping By-law" (By-law 49-2019).

Yours truly,

Terri Brenton
Legislative Coordinator, City Clerk's Office
Tel: 905.874.2106 / Fax: 905.874.2119 / TTY: 905.874.2130
e-mail: terri.brenton@brampton.ca

(CL– 13.1)

cc: Lowell Rubin-Vaughan, Manager, Government Relations and Public Policy,
Office of the Chief Administrative Officer, City of Brampton

Summary

Title	Peel Waterpipe Smoking By-law Update: Leave to Appeal to the Supreme Court of Canada of Peel's By-law to Regulate Waterpipe Smoking (By-law 30-2016) Is Dismissed
From	Dr. Jessica Hopkins, Medical Officer of Health Patrick O'Connor, Regional Solicitor
Author(s)	Louise Aubin, Liz Isajiw
Publication Date	December 5, 2019
Subject Area	Public Health

Summary

On November 28, 2019, the Supreme Court of Canada ('Supreme Court') dismissed the application for leave to appeal the validity of Peel's Waterpipe Smoking By-law (By-law 31-2016) with costs, thus upholding By-law 30-2016 in its entirety. By-law 30-2016, Peel's By-law to Regulate Waterpipe Smoking (the "By-law"), prohibits the smoking of waterpipes (both non-tobacco and tobacco) in enclosed public places, including restaurants, lounges, cafés and bars, and on associated patios. The By-law has now been adjudicated by the highest court in Canada to be valid, with no further appeal available.

As a result of the Supreme Court decision, Peel Public Health staff will be notifying the waterpipe establishments of the decision and will continue to carry out inspections to determine compliance with the By-law.

There are currently 33 known facilities in the Region of Peel. To date, 28 charges have been issued for non-compliance with the By-law. Continued failure to comply with the provisions of the By-law will result in further legal action being taken. Peel Public Health publishes convictions under legislation enforced by Public Health Inspectors on the Region of Peel website. This includes the By-law and the *Smoke-Free Ontario Act, 2017*.

Previously known

The Peel Waterpipe Smoking By-law was approved by Regional Council on April 28, 2016. The By-law was created to protect the public and staff who work in waterpipe establishments from the negative health effects associated with exposure to waterpipe smoking. The By-law was drafted as a recommended outcome of several evidence reviews including Peel Public Health's 2012 "Burden of Tobacco: The Use and Consequence of Tobacco in Peel" as well as a 2015 review entitled "Health Effects from the Uses of, and Exposure to, Tobacco and Non-tobacco Waterpipes". The health unit was also receiving complaints about the poor indoor air quality and the consumption of tobacco within waterpipe establishments. Lastly, since 2009, there has been an increase in the number of waterpipe establishments operating in the Region of Peel.

REFERRAL TO
RECOMMENDED
DIRECTION REQUIRED

RECEIPT RECOMMENDED ✓

18.1-2

Prior to the By-law implementation date of November 1, 2016, five owners of six waterpipe establishments in Peel challenged the validity of the By-law in the Ontario Superior Court of Justice. On June 5, 2018, Regional Senior Justice Peter A. Daley released his in-depth written decision which upheld the By-law and dismissed the case with costs. He concluded that the Region does have statutory authority to enact the By-law, the purpose of the By-law was to protect public health and safety and that there were very diligent and thorough levels of inquiry, research and consultation by the Region prior to the enactment of the By-law.

The dismissal of the court application was appealed by the waterpipe establishment owners and that hearing was held in February 2019. On May 21, 2019, a three-judge panel of the Ontario Court of Appeal dismissed the appeal with costs. The lengthy written decision clearly upheld the public health purpose of the By-law as valid and within the Region's jurisdiction to pass; i.e., that Peel Region is protecting the health, safety and well-being of persons by prohibiting waterpipe use in the named locations, as it has the power to do, authorized by the *Municipal Act, 2001*. The Court of Appeal upheld the conclusion that the potential economic impact on the appellants' waterpipe business is but an unfortunate incidental result of the by-law, not determinative of its purpose. This same conclusion had been reached in a similar case against the City of Toronto. In the Peel decision, the judges found there was no bad faith on the part of Council, as had been alleged by the appellants, related to the process under which the By-law was passed.

On August 20th, 2019 the Region of Peel was notified that the same waterpipe establishment owners sought leave to appeal to the Supreme Court of Canada.

Next steps

Staff will continue to enforce the By-law. Costs were ordered at all three levels of court, payable to the Region of Peel, which staff will take all reasonable steps to collect.



Resolution

Moved By: Councillor Parrish	Date: December 12, 2019
Seconded By: Councillor	Item Number

Whereas, 323 municipalities in Ontario, including Caledon, are policed by the Ontario Provincial Police (O.P.P.);

And whereas, the O.P.P. funding model developed in 2014 assigns costs roughly based on number of households (50%) and number and type of calls (50%), with adjustments for any specialized or enhanced services contracted by the municipality;

And whereas, the O.P.P. budget for Caledon in 2019 proposed 56.2% based on number of households and contracted extra services, and 43.8% on service calls weighted by officers' allocated time;

And whereas, the budget allocations for Peel Regional Police (P.R.P.) are based solely on assessment, with Brampton paying 37.3% and Mississauga 62.7% in 2019;

And whereas, the Mayor of Brampton recognized the shortcomings of this formula in the Brampton Guardian; *"the per capita formula does not speak to demand which isn't always based on population or tax base"* November 28, 2019;

And whereas, the 'Regional Apportionment Plan' allows flexibility to allocate various regional costs on a basis other than assessment, in fact allowing Caledon to be served by the O.P.P. with costs being assigned only to Caledon, and P.R.P. serving Brampton and Mississauga with those costs only assigned to Brampton and Mississauga;

And whereas, an independent financial analysis was recently conducted by Ernst & Young (E&Y) - overseen by a Steering Committee comprised of the Chief Administrative Officers and Chief Financial Officers of the Region of Peel, the cities of Mississauga and Brampton and the Town of Caledon - resulting in the conclusion that P.R.P. costs shared by Mississauga and Brampton would be more equitable if assigned using the O.P.P. formula;

And whereas, as Brampton and Mississauga grow and mature, the O.P.P. formula applied to P.R.P. costs would evolve and change depending on the dynamics of both cities;

Therefore be it resolved, that the 'Regional Apportionment Plan' allowing regions to allocate various costs on a basis other than assessment, be utilized for a change in Peel Regional Police cost allocation;

And further, that the formula used by the O.P.P. in 323 Ontario municipalities be applied to Peel Regional Police cost sharing for the cities of Brampton and Mississauga;

And further, that the new formula be applied to the Peel Regional Police Budget allocations for Mississauga and Brampton for Budget 2021.

CARRIED	LOST	REFERRED
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Chair



Resolution

Moved By: Councillor Ras	Date: December 12, 2019
Seconded By: Councillor Downey	Item Number 19.2

Whereas the safety of students in Peel Region is of paramount concern and whereas the City of Brampton, the Town of Caledon and the City of Mississauga, as well as the Region of Peel have adopted Vision Zero policies;

And whereas, between May 24 and June 10, 2016, the Peel School Board conducted a pilot project wherein stop arm cameras were installed on two school buses resulting in 491 violations in just 14 school days;

And whereas, the Province of Ontario, through the adoption of Bill 174, will produce regulations allowing for the use of stop arm camera video evidence to be used as stand-alone evidence in court to lay fines on drivers who pass a stopped school bus;

And whereas, the province has indicated through correspondence, it is up to the municipalities, with the cooperation of School Boards, to implement this technology, and it is up to the municipalities to solely administer any program in their jurisdictions, and submit their programs to the province to assist in the development of the regulations;

And whereas, police are not in a position to adequately police all school buses operating in Peel Region and would be greatly assisted by this technology and its effect of making our roads safer for students;

And whereas, the City of Brampton, the Town of Caledon and the City of Mississauga have all passed resolutions in support of implementing and employing this technology on school buses in Peel Region;

And whereas, Peel Region is home to multiple School Boards and Private Schools serving the transportation interests of a combined 1,450 buses per day;

And whereas, to properly implement this technology requires the coordination and collaboration between Brampton, Caledon and Mississauga, as well as the Region of Peel, and Student Transportation of Peel Region (STOPR), the consortium that operates school buses in Peel Region;

Therefore be it resolved, that the Region of Peel supports the implementation of cameras on school buses to promote the safety of our students and their families;

And further, that Peel Region staff oversee the formation of a working group comprising the following membership:

- one staff representative each of the City of Brampton, the Town of Caledon, the City of Mississauga, and the Region of Peel; (4)
- one Regional Council representative each of the City of Brampton, the Town of Caledon and the City of Mississauga. (3)
- one representative from Peel Region Police and one Representative from Ontario Provincial Police (OPP); (2)
- Representative(s) from STOPR (maximum of 3);

19.2-2

And further, that through Region of Peel staff, this working group provide options and recommendations to the April 9, 2020 Peel Regional Council meeting, on how best to proceed with the implementation of a stop-arm camera program for Peel Region.

CARRIED	LOST	REFERRED	
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Chair



Resolution

Moved By: Councillor	Date: December 12, 2019
Seconded By: Councillor	Item Number 19.3

Whereas the Municipal Act states that the office of a member of Council becomes vacant if the member of council is absent from the meetings of Council for three successive months without being authorized to do so by a resolution of Council;

And whereas, Councillor Sue McFadden has advised Council that she will be unable to attend the meetings of Council for a number of weeks due to medical reasons and has requested that her absence be authorized by Council;

Therefore be it resolved, that Regional Council authorizes the absence of Councillor Sue McFadden from the meetings of Council, for medical reasons, for a period of approximately 12 weeks, commencing December 31, 2019.

CARRIED	LOST	REFERRED
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Chair



Resolution

Moved By: Councillor Fonseca	Date: December 12, 2019
Seconded By: Councillor	Item Number 19.4

Whereas, the Region of Peel's yard waste program's last service is set for December 12, 2019;

And whereas, weather has specifically impacted the Vacuum Leaf Collection Program locally in Mississauga;

And whereas, the weather has made it difficult to bag the leaves in the last two weeks;

Therefore be it resolved, that the Region of Peel support extending the yard waste pick-up till December 20, 2019.

CARRIED	LOST	REFERRED
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Chair

THE REGIONAL MUNICIPALITY OF PEEL

BY-LAW NUMBER 73-2019

A by-law to accept, assume and dedicate lands for public highway purposes.

WHEREAS it is deemed prudent to accept and assume lands described in Schedule "A" attached hereto and forming part of this by-law received from various owners and dedicate same for Highway purposes pursuant to Section 31 of the *Municipal Act, 2001*, S.O. 2001, c.25;

NOW THEREFORE, the Council of the Regional Corporation enacts as follows:

That part of the lands described in Transfers of Land to the Regional Municipality of Peel and Expropriation Plans, listed in Schedule "A" attached hereto and forming part of this by-law, more particularly described in Schedule "B" attached hereto and forming part of this by-law, be accepted, and the said lands are assumed and dedicated as part of the Public Highway adjacent thereto.

READ THREE TIMES AND FINALLY PASSED IN OPEN COUNCIL this 12th day of December, 2019.

Regional Clerk

Regional Chair

Date Registered	Instrument Number	Municipality	From
(a) March 19, 2019	PR3458591	Town of Caledon (Formerly Township of Albion)	Rossi Quality Services Inc. Mayfield Road (Regional Road 14) Part of Lot 1, Concession 5
(b) March 27, 2019	PR3461553	City of Brampton (Formerly Township of Toronto Gore)	Dufferin-Peel Catholic District School Board The Gore Road (Regional Road No. 8) Part of Lot 17, Concession 9 Northern Division
(c) April 15, 2019	PR3468596	Town of Caledon (Formerly Township of Albion)	Brigitte Moricz Mayfield Road (Regional Road 14) Part of Lot 1, Concession 2
(d) April 24, 2019	PR3471235	Town of Caledon (formerly Township of Chinguacousy)	Prologis Caledon Canco, Inc. Dixie Road (Regional Road No. 4) Part Lots 19 and 20, Concession 3 East of Hurontario Street
(e) May 1, 2019	RO1185303	Town of Caledon (formerly Township of Chinguacousy)	Shelley Ann Craig and John Alan Lyons, Estate Trustees, Jewel Ethel Lyons Estate Part Lot 28, Concession 5 West of Hurontario Street
(f) August 17, 2018	PR3366144	City of Brampton	Tri-Cav Investments Limited Queen Street East (Regional Road No. 107) Part Lot 1, Plan 43M-772

(g)	March 18, 2009	PR1615907	City of Brampton	Joseph Cavallo and Vincenzo John Cavallo Queen Street East (Regional Road No. 107) Part Lot 1, Plan 43M-772
(h)	May 15, 2019	PR3480235	Town of Caledon (formerly Township of Albion)	Caterina D'Agostino, Cosimo D'Agostino and Vincenzo D'Agostino Mayfield Road (Regional Road No. 14) Part of Lot 1, Concession 5
(i)	May 15, 2019	PR3480273	City of Brampton (formerly Township of Toronto Gore)	Rajiv Chopra, Jyoti Chopra, Davinder Kumar and Pardeep Kumar Mayfield Road (Regional Road No. 14) Part of Lot 17, Concession 10 Northern Division
(j)	May 15, 2019	PR3480221	Town of Caledon (Formerly Township of Albion)	2635922 Ontario Inc. Mayfield Road (Regional Road No. 14) Part of Lot 1, Concession 5
(k)	May 29, 2019	PR3485001	Town of Caledon (Formerly Township of Albion)	1418196 Ontario Inc. Mayfield Road (Regional Road No. 14) Part of Lot 1, Concession 1
(l)	May 29, 2019	PR3485008	Town of Caledon (Formerly Township of Albion)	Sukhvinder Gill and Sarbjit Gill Mayfield Road (Regional Road No.14) Part of Lot 1, Concession 3
(m)	May 28, 2109	PR3484179	Town of Caledon (formerly Township of Albion)	Wyndcliffe Developments Inc. Highway 50 (Regional Road No. 50) Part Lot 12, Concession 7

(n)	May 28, 2019	PR3484114	City of Brampton (formerly Township of Toronto Gore)	Toronto and Region Conservation Authority Finch Avenue (Regional Road No. 2) Part Lots 14 and 15, Concession 9 East of Hurontario Street
(o)	June 4, 2019	PR3488324	Town of Caledon (formerly Township of Albion)	Antonio Chiodo Mayfield Road (Regional Road No.14) Part of Lot 1, Concession 3
(p)	June 6, 2019	PR3489449	Town of Caledon (formerly Township of Albion)	Daniel Paul O'Reilly Mayfield Road (Regional Road No.14) Part of Lot 1, Concession 4
(q)	June 6, 2019	PR3489442	City of Brampton (formerly Township of Toronto Gore)	1334717 Ontario Inc. Mayfield Road (Regional Road No.14) Part of Lot 17, Concession 11 Northern Division
(r)	April 16, 2012	PR2179450	City of Brampton (formerly Township of Chinguacousy)	Gerda Natterer and Hans Natterer Queen Street West (Regional Road No. 6) Part Lot 6, Concession 3 West of Hurontario Street
(s)	June 18, 2019	PR3493900	City of Brampton (formerly Township of Chinguacousy)	Peel Regional Police Association Mississauga Road (Regional Road No. 1) Part Lot 14, Concession 4 West of Hurontario Street

(t)	June 25, 2019	PR3497212	Town of Caledon (formerly Township of Albion)	Francesco Giglio, Pasquale Giglio, Dominic Giglio and Caterina Giglio Mayfield Road (Regional Road No.14) Part Lot 1, Concession 3
(u)	June 25, 2019	PR3497298	City of Brampton (formerly Township Or Toronto Gore)	Bhupinder Singh Bajwa and Rosy Bajwa Mayfield Road (Regional Road 14) Part of Lot 17, Concession 11 Northern Division
(v)	July 8, 2019	PR3503970	Town of Caledon (formerly Township of Albion)	London Excavators and Trucking Limited Mayfield Road (Regional Road 14) Part Lot 1, Concession 4
(w)	July 12, 2019	PR3506572	City of Brampton (formerly Township of Toronto Gore)	Adriano Iori, Genevieve Iori, Gaetano Iori, Anna Iori and Rose Iaboni Mayfield Road (Regional Road 14) Part Lot 17, Concession 11 Northern Division
(x)	July 12, 2019	PR3506543	City of Brampton (formerly Township of Toronto Gore)	Vinfab Investments Inc. Mayfield Road (Regional Road 14) Part Lot 17, Concession 11 Northern Division
(y)	July 16, 2019	PR3508004	City of Brampton (formerly Township of Toronto)	HMTQ in Right of Ontario as Represented by the Minister of Government and Consumer Services Part Lot 15, Concession 6 West of Hurontario Street
(z)	December 13, 2001	PR179302	City of Brampton	Dufferin-Peel Catholic District School Board Mayfield Road (Regional Road 14) Part of Lot 17, Concession 9 Northern Division

THE REGIONAL MUNICIPALITY OF PEEL
SCHEDULE "B" to BY-LAW NUMBER 73-2019

(a) INSTRUMENT NUMBER PR3458591

Part Lot 1, Concession 5, Town of Caledon (formerly Township of Albion) Regional Municipality of Peel designated as Part 1, 43R-38646

(b) INSTRUMENT NUMBER PR3461553

Part Lot 17, Concession 9 Northern Division, City of Brampton (formerly Township of Toronto Gore) Regional Municipality of Peel designated as Part 1 and 2, 43R-38581

(c) INSTRUMENT NUMBER PR3468596

Part Lot 1, Concession 2, Town of Caledon (formerly Township of Albion) Regional Municipality of Peel designated as Part 1, 43R-38468

(d) INSTRUMENT NUMBER PR3471235

Part Lots 19 and 20, Concession 3 East of Hurontario Street, Town of Caledon (formerly Township of Chinguacousy) Regional Municipality of Peel designated as Part 12, 43R-38915

(e) INSTRUMENT NUMBER RO1185303

Part Lot 28, Concession 5 West of Hurontario Street, Town of Caledon (formerly Township of Chinguacousy) Regional Municipality of Peel designated as Part 1, 43R-38794

(f) INSTRUMENT NUMBER PR3366144

Part Lot 1, Plan 43M-772, City of Brampton, Regional Municipality of Peel designated as Parts 1 and 5, 43R-38278

(g) INSTRUMENT NUMBER PR1615907

Part Lot 1, Plan 43M-772, City of Brampton, Regional Municipality of Peel designated as Parts 12 and 13, 43R-31891

(h) INSTRUMENT NUMBER PR3480235

Part Lot 1, Concession 5, Town of Caledon (formerly Township of Albion) Regional Municipality of Peel, designated as Part 1 on Plan 43R-38639

(i) INSTRUMENT NUMBER PR3480273

Part Lot 17, Concession 10 Northern Division, City of Brampton (formerly Township of Toronto Gore) Regional Municipality of Peel designated as Part 1, 43R-38659

(j) INSTRUMENT NUMBER PR3480221

Part Lot 1, Concession 5, Town of Caledon (formerly Township of Albion) Regional Municipality of Peel designated as Parts 1 and 2, 43R-38632

(k) INSTRUMENT NUMBER PR3485001

Part Lot 1, Concession 1, Town of Caledon (formerly Township of Albion) Regional Municipality of Peel designated as Part 1, 43R-38414

(l) INSTRUMENT NUMBER PR3485008

Part Lot 1, Concession 3, Town of Caledon (formerly Township of Albion) Regional Municipality of Peel designated as Part 1, 43R-38490

(m) INSTRUMENT NUMBER PR3484179

Part Lot 12, Concession 7, Town of Caledon (formerly Township of Albion) Regional Municipality of Peel designated as Parts 3 and 4, 43R-38843

(n) INSTRUMENT NUMBER PR3484114

Part Lots 14 and 15, Concession 9 East of Hurontario Street, City of Brampton (formerly Township of Toronto Gore) Regional Municipality of Peel designated as Parts 2 and 4, 43R-37961

(o) INSTRUMENT NUMBER PR3488324

Part Lot 1, Concession 3, Town of Caledon (formerly Township of Albion) Regional Municipality of Peel designated as Part 1, 43R-38516

(p) INSTRUMENT NUMBER PR3489449

Part Lot 1, Concession 4, Town of Caledon (formerly Township of Albion) Regional Municipality of Peel designated as Part 1, 43R-38612

(q) INSTRUMENT NUMBER PR3489442

Part Lot 17, Concession 11 Northern Division, Town of Caledon (formerly Township of Toronto Gore) Regional Municipality of Peel, designated as Part 1, 43R-38742

(r) INSTRUMENT NUMBER PR2179450

Part Lot 6, Concession 3 West of Hurontario Street, City of Brampton (formerly Township of Chinguacousy) Regional Municipality of Peel designated as Part 5, 43R-38993

(s) INSTRUMENT NUMBER PR3493900

Part Lot 14, Concession 4 West of Hurontario Street, City of Brampton (formerly Township of Chinguacousy) Regional Municipality of Peel, designated as Part 1, 43R-38892

(t) INSTRUMENT NUMBER PR3497212

Part Lot 1, Concession 3, Town of Caledon (formerly Township of Albion) Regional Municipality of Peel designated as Part 1, 43R-38498

(u) INSTRUMENT NUMBER PR3497298

Part Lot 17, Concession 11 Northern Division, City of Brampton (formerly Township of Toronto Gore) Regional Municipality of Peel designated as Part 1, 43R-38700

(v) INSTRUMENT NUMBER PR3503970

Part Lot 1, Concession 4, Town of Caledon (formerly Township of Albion) Regional Municipality of Peel designated as Part 1, 43R-38989

(w) INSTRUMENT NUMBER PR3506572

Part Lot 17, Concession 11 Northern Division, City of Brampton (formerly Township of Toronto Gore) Regional Municipality of Peel designated as Part 1, 43R-38667

(x) INSTRUMENT NUMBER PR3506543

Part Lot 17, Concession 11 Northern Division, City of Brampton (formerly Township of Toronto Gore) Regional Municipality of Peel designated as Part 1, 43R-38682

(y) INSTRUMENT NUMBER PR3508004

Part Lot 15, Concession 6 West of Hurontario Street, City of Brampton, Regional Municipality of Peel designated as Parts 1, 2, 3 and 4, 43R-35665

(z) INSTRUMENT NUMBER PR179302

Part of Lot 17, Concession 9, Northern Division, City of Brampton, Regional Municipality of Peel designated as Part 1, 43R-24941

THE REGIONAL MUNICIPALITY OF PEEL

BY-LAW NUMBER 75 - 2019

A by-law to requisition from the lower-tier municipalities a sum not exceeding 50 per cent of the amount that in By-law 28-2019 was to be raised in each lower-tier municipality, before the adoption of the final Regional estimates for the year 2020.

WHEREAS, Section 316(1) of the *Municipal Act, 2001*, S.O. 2001, c. 25 (hereinafter referred to as the "Act") provides that Regional Council, before the adoption of the estimates for the year under Section 289 of the Act, may by by-law requisition a sum from each lower-tier municipality not exceeding an amount determined by:

(a) adding the prescribed percentage (or 50 per cent if no percentage is prescribed) of the amount that, in the upper-tier rating by-law for the previous year, was estimated to be raised in the particular lower-tier municipality;

(b) subtracting the prescribed percentage (or 50 per cent if no percentage is prescribed) of the upper-tier municipality's share of the costs, for the previous year, of deferrals, cancellations or other relief under a by-law under Sections 319, 361, 362 or 364; and

(c) adding the prescribed percentage (or 50 per cent if no percentage is prescribed) of the upper-tier municipality's share of any taxes, deferred under a by-law under Subsection 319(1), that were due in the previous year;

AND WHEREAS, the amounts under Subsections 316(1)(b) and 316(1)(c) of the Act are not significant and have not been reflected in the requisition amount;

AND WHEREAS, Council has by resolution adopted on the 12th of December, 2019 authorized the presentation of this by-law for enactment;

NOW THEREFORE be it resolved, that the Council of the Regional Corporation enacts as follows:

1. That a requisition be and the same is hereby made in respect of the year 2020 from the lower tier municipalities as follows:

Municipality	Requisition
City of Mississauga	\$ 321,848,454
City of Brampton	\$ 195,446,264
Town of Caledon	\$ 25,404,417
Total	\$ 542,699,135

2. That the payments by each of Mississauga, Brampton and Caledon to the Regional Corporation under this by-law shall be made, in accordance with Section 316(2) of the Act as follows:

2020 Due Dates	Mississauga	Brampton	Caledon
January 15	\$ 16,414,271		
February 18	\$ 16,092,424		
February 20		\$ 65,148,755	
March 6	\$137,751,138		\$ 12,702,209
March 16	\$ 16,414,271		
March 19		\$ 65,148,755	
April 3	\$ 42,805,844		
April 15	\$ 16,414,271		
April 23		\$ 65,148,754	
May 8	\$ 43,127,693		\$ 12,702,208
May 15	\$ 16,414,271		
June 15	\$ 16,414,271		

3. That a lower-tier municipality may request an adjustment under Subsections 316(1)(b) and 316(1)(c) of the Act by identifying the said adjustments to the Regional Corporation prior to the due dates identified in this by-law and upon validation by the Chief Financial Officer following upon such a request, if any, adjustments to the requisition amount and payment schedule shall be made accordingly.

4. That any amounts not received at the Region's bank via electronic funds transfer by the due date, or by the Regional Corporation before the close of business on the due date, that being by 4:30 p.m., to allow the Region to receive value for the funds on that day, shall bear interest at a rate equivalent to the prime rate of the Region's bank on the due date plus 2 per cent per annum to a maximum rate of 15 per cent per annum.
5. That the Chief Financial Officer is hereby directed and authorized to do all acts necessary to collect these amounts.

READ THREE TIMES AND PASSED IN OPEN COUNCIL this 12th day of December, 2019.

Regional Clerk

Regional Chair