



The Regional Municipality of Durham

COUNCIL INFORMATION PACKAGE

September 8, 2017

Information Reports

There are no Information Reports

Early Release Reports

There are no Early Release Reports

Staff Correspondence

1. Memorandum from [R. Anderson, Regional Chair and CEO](#) – re: Comments on Metrolinx 2017-2018 Business Plan
2. Memorandum from [Dr. R. Kyle, Commissioner and Medical Officer of Health](#) – re: Health Information Update – September 1, 2017
3. Memorandum from [Dr. R. Kyle, Commissioner and Medical Officer of Health](#) – re: Harm Reduction Program Enhancement

Durham Municipalities Correspondence

1. [City of Oshawa](#) – Recommendation adopted at their Council meeting held on August 22, 2017, regarding the Application Under the Region's Revitalization Program for the Genosha Hotel

Other Municipalities Correspondence/Resolutions

There are no Other Municipalities Correspondence/Resolutions

Miscellaneous Correspondence

1. [Suzanne H. Crowhurst Lennard](#), Co-founder, Director, International Making Cities Livable – re: Newsletter informing of upcoming Conference on Public Places – October 2-6, 2017 in Santa Fe.
2. [Canadian National Exhibition Association](#) – re: Community-at-Large Opportunities for Individuals

3. [Blackbird Infrastructure Group](#) – Traffic Distribution Notice #225 – Temporary Road Closure, Taunton Road, between Solina Road and Holt Road, September 8, 2017 to September 14, 2017

Advisory Committee Minutes

There are no Advisory Committee Minutes

Action Items from Council (For Information Only)

[Action Items](#) from Committee of the Whole and Regional Council meetings

Members of Council – Please advise the Regional Clerk at clerks@durham.ca by 9:00 AM on the Monday one week prior to the next regular Committee of the Whole meeting, if you wish to add an item from this CIP to the Committee of the Whole agenda.



September 1, 2017

Mr. Robert Prichard
Chair
Metrolinx Board
97 Front Street West
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The Regional
Municipality
of Durham

Office of the Regional Chair

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Roger M. Anderson
Regional Chair and CEO

Dear Mr. Prichard:

Re. Comments on Metrolinx 2017-2018 Business Plan

We appreciate that the Metrolinx Board delayed approving the 2017-2018 business plan until its September meeting so that partner municipalities and the public would have an opportunity to provide input. We offer our comments grouped by key themes below.

Project Advancement and Priority Setting

The first sections of the 73 page business plan provide a helpful overview of Metrolinx's recent activities and the strategies that Metrolinx has adopted to guide its work. It offers context for the 2017-2018 operations but outlines a remarkable array of related (but not necessarily aligned) principles, priorities and directions. However, despite the guiding strategies, it appears that the mandated directions from the Minister and recommendations from the Provincial Auditor carry more weight in priority setting.

Geographic Distribution of Investment

Laudably, Metrolinx identifies that their main focus is always on the end user. However, based on this document, the end users Metrolinx seems to be most interested in serving are TTC customers. The bulk of current rapid transit capital investments are within Toronto. Six new stations are to be built in Toronto and PRESTO implementation is focused in Toronto (p.18).

A thorough read of the document confirms that, compared to our GTHA neighbours, Metrolinx has invested very little to improve and expand transit services to meet the needs of the growing population in Durham Region. None of the service expansions or transit investments listed on page 14 is in Durham. Given that an entire new community of 70,000 residents and 35,000 jobs is now under construction in Durham Region in the Seaton community, it is surprising that no work is identified by Metrolinx in 2017-2018 to develop service to this location. It is even more perplexing considering that Seaton started as a provincial initiative and was to be a "transit-first" community. In addition to Seaton, significant new development is also underway in areas like West Whitby and Kedron (Oshawa).

If this information is required in an accessible format, please contact 1-800-372-1102, ext. 2009.

The only major Metrolinx project now underway specifically focused on improving service within Durham is the GO rail extension to Bowmanville scheduled to be delivered in 2024.

The Metrolinx Detailed Capital Investment Chart (p.24) highlights the uneven geographic distribution of projects and funding. Of the \$5.075 billion in capital spending planned for 2017-2018, we estimate less than \$200 million will accrue to projects in Durham Region. Of that, \$172 million is for the East Rail Maintenance Facility which benefits the GO system as a whole. We understand that this facility is a vital support to the growth of the GO Rail system and later RER services, and appreciate the job creation associated with it. Some small investments to begin early work on expanding the GO system and RER in Durham Region are welcomed. However, "state of good repair" work such as parking lot and station improvements will be the only 2017-2018 investments on this chart visible to Durham transit users. All of these expenditures address GO Transit system needs. None is focused on improving local transit.

While short extensions of BRT projects in York and Mississauga are identified on page 26, recent progress on the Durham BRT is not mentioned. Later in Section 10.2, there is a one-line reference to the planning and design of the Durham-Scarborough Highway 2 BRT project. This stands in sharp contrast to the many paragraphs and billions of dollars devoted to projects planned or underway in Toronto, Hamilton, Mississauga and York Region.

Evidence and Accountability

The charts found in the business plan provide many statistics about the length of rail and bus routes, numbers of passengers carried, and numbers of parking spots. We suggest that some additional metrics would give a fuller picture of how the system is being used and what it costs, such as:

- passengers per kilometre of service for various lines or segments, to indicate the intensity of use across the network,
- average annual cost of providing and maintaining vehicle parking spots, and
- passengers per car pool.

Where trends are observed, deeper analysis would be a helpful addition. For example, the graph on page 27 shows the cost recovery ratio for Metrolinx services has declined from 78.0% (total Metrolinx) in 2012-2013 to 68.4% in 2016-2017 and is projected to decline by another 10% by 2019-2020. That significant decline is barely addressed in the text that accompanies the graph other than to say it is related to PRESTO. The projection is a concern to Durham Region since we are going to be paying significantly more to participate in PRESTO in the coming years. As Ontario taxpayers, Durham residents will also be paying more for the provincial subsidy that keeps the growing GO system operating. As stewards of

significant public expenditures, I hope the Metrolinx Board will seek more analysis and explanation from staff.

Communications and Community Engagement

The business plan also describes the new Metrolinx community charter. The charter promises that communities will be consulted when new infrastructure is coming their way, which is welcomed. The communications plan outlined for 2017-2018 is a visible step to implementing that objective.

In Durham, we look forward to being engaged by Metrolinx on a more regular basis. In November 2016 when Metrolinx consulted on the directions for the Regional Transportation Plan and the Lakeshore East TPAP, no session was held in Durham. In contrast, four sessions were held in York and five in Toronto. We were glad to see that Metrolinx staff recently engaged with local and regional staff on the design of the proposed GO Stations for the Lakeshore East rail extension to Bowmanville. We welcome increased dialogue and engagement.

Successful community engagement involves listening to the affected community **before** the project design is finalized so that local input can shape the outcome. When consulting on "infrastructure projects" like station design, we suggest that Metrolinx also be open to service-based solutions, as well as structural options. For example, increasing local transit service to a station may be a better long-term investment than equivalent expenditures to create a large parking lot, particularly in intensifying urban environments. Finally, we suggest that community partners will view engagement processes as more effective if Metrolinx follows up by reporting how public input was integrated into the end product.

PRESTO

Section 9.3 PRESTO Business Model and Service Provider Engagement provides significant details of the agreement in principle with the 905 partners. However, there is no parallel outline of the agreement with the TTC. Surely with so much PRESTO activity dedicated to the TTC over the past year and upcoming year, these details would be of interest and offer context to the Board, the Province and the public.

Planned Projects

Sections 8, 9 and 10 of the business plan provide a handy overview of Metrolinx project commitments. As a municipal partner, we appreciated seeing confirmation of the Metrolinx financial commitment of \$550 million to the Bowmanville extension. In Section 10.2, we would have welcomed a written commitment to advance the Durham-Scarborough BRT project including aspirations to partner with the federal government (i.e. infrastructure funding programs such as PTIF 2). A commitment to this project beyond the planning and design phase would provide more support and certainty. We appreciate the regular Metrolinx interaction with Regional staff on these projects.

Section 11.2 on Mobility Management indicates that in 2017-2018 the Metrolinx team will support mode shift targets which are important to achieving RER ridership targets. Since no RER ridership will actually occur for several years, perhaps a shorter-term focus on supporting mode shift would be in order. For example, a pilot project to charge for parking and use the revenue to boost local transit to 905 GO Stations could be explored in the interim. This would also help address, in a sustainable way, the first and last mile barriers to off-peak ridership and incremental ridership growth identified in Section 12.1 on Enhancing the Customer Experience.

Exhibit 26: Metrolinx Detailed Deliverables provides a helpful outline of your ongoing priorities. We suggest that under Strategic Deliverable 19, Metrolinx should invest in creating local transit service solutions to offset demand at existing parking infrastructure rather than expanding parking at 905 GO Stations.

We hope the Board will review and seriously consider these comments and suggestions.

In closing, please accept our congratulations on GO's 50th Anniversary. The Durham community is proud of its role in the history and development of GO Transit since 1967. Concepts like the dial-a-ride service, pioneered in Pickering as a way to connect to GO in those early days, still resonate today albeit with a different technology platform.

We urge Metrolinx to once again focus on the opportunities to make innovative transit investments in Durham Region.

Yours truly,



Roger Anderson
Regional Chair and CEO

cc: Janet Ecker, Metrolinx Board Member
Garry Cubitt, Chief Administrative Officer, Region of Durham
Ralph Walton, Regional Clerk, Region of Durham
Chrystine Langille, CEO, Ajax-Pickering Board of Trade
Natalie Prychitko, CEO, Whitby Chamber of Commerce
Nancy Shaw, CEO, Greater Oshawa Chamber of Commerce
Sheila Hall, CEO, Clarington Board of Trade



Interoffice Memorandum

Date: September 8, 2017

To: Committee of the Whole

From: Dr. Robert Kyle

Subject: Health Information Update – September 1, 2017

Health
Department

Please find attached the latest links to health information from the Health Department and other key sources that you may find of interest. Links may need to be copied and pasted directly in your web browser to open, including the link below.

You may also wish to browse the online Health Department Reference Manual available at [Health Department Reference Manual](#), which is continually updated.

Boards of health are required to “superintend, provide or ensure the provision of the health programs and services required by the [Health Protection and Promotion] Act and the regulations to the persons who reside in the health unit served by the board” (section 4, clause a, HPPA). In addition, medical officers of health are required to “[report] directly to the board of health on issues relating to public health concerns and to public health programs and services under this or any other Act” (sub-section 67.(1), HPPA).

Accordingly, the Health Information Update is a component of the Health Department’s ‘Accountability Framework’, which also may include program and other reports, Health Plans, Quality Enhancement Plans, Durham Health Check-Ups, Performance Reports, business plans and budgets; provincial performance indicators and targets, monitoring, compliance audits and assessments; RDPS certification; and accreditation by Accreditation Canada.

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

UPDATES FOR COMMITTEE OF THE WHOLE

September 1, 2017

Health Department Media Releases/Advisories/Publications

<https://goo.gl/7ZsUXU>

- Information on Beach-Postings (Aug 17)

<https://goo.gl/nePKQh>

- Health Department reports additional mosquito pools testing positive for West Nile virus (Aug 17)

<https://goo.gl/5m5ZPs>

- Information on Beach-Postings (Aug 24)

<https://goo.gl/P85yZM>

- Durham Region reports first human case of West Nile virus this season (Aug 25)

<https://goo.gl/vCQ2gf>

- Health Department reminds the public to take precautions against Lyme Disease (Aug 30)

<https://goo.gl/6kcjqv>

- Information on Beach-Postings (Aug 31)

FAX Abouts (on DurhamMD.ca – UserID: drhd; Password: health)

- Lyme Disease Update (Aug 18)

GOVERNMENT OF CANADA

Employment and Social Development Canada

<https://goo.gl/A32chv>

- Government of Canada launches student work placements (Aug 28)

Environment and Climate Change Canada

<https://goo.gl/BujaAG>

- The Government of Canada creates an expert panel on adapting to climate change (Aug 29)

<https://goo.gl/AGzzUa>

- Minister McKenna announces creation of new NAFTA Advisory Council on the Environment (Aug 31)

Health Canada

<https://goo.gl/A32chv>

- Federal, provincial and territorial Health Ministers agree on collaborative approach to improve access to mental health and addiction services, home and community care (Aug 21)

<https://goo.gl/erKCep>

- Government of Canada celebrates 10 years of human biomonitoring with the release of the latest results of the Canadian Health Measures Survey (Aug 24)

Indigenous and Northern Affairs Canada

<https://goo.gl/MQxV4g>

- The Government of Canada Works with First Nation to end three long-term Drinking Water Advisories at Mississaugas of Scugog Island First Nation (Aug 15)

Prime Minister's Office

<https://goo.gl/eDDDrM>

- Statement by the Prime Minister of Canada on changes in Ministry (Aug 28)

GOVERNMENT OF ONTARIO

Office of the Premier

<https://goo.gl/Lqw5VC>

- Ontario Boosting Support for Thriving Arts and Culture Sector (Aug 29)

Ontario Ministry of Advance Education and Skills Development

<https://goo.gl/LRqs7m>

- Province Creating First French-Language University in Ontario (Aug 28)

Ontario Ministry of Community and Social Services

<https://goo.gl/oKBUws>

- Ontario Boosting Social Assistance to Help People Get Ahead (Sept 1)

Ontario Ministry of Education

<https://goo.gl/jrrWZb>

- Ontario and Anishinabek Nation Sign Historic Education Agreement (Aug 16)

<https://goo.gl/EgEA2b>

- New and Improved Schools Opening Across Ontario this Fall (Aug 31)

Ontario Ministry of Environment and Climate Change

<https://goo.gl/LJQdnc>

- Ontario Supporting Municipalities in Fighting Climate Change (Aug 14)

<https://goo.gl/FicrT6>

- Ontario Launches the Green Ontario Fund to Help People Save Money and Fight Climate Change (Aug 30)

Ontario Ministry of Health and Long-Term Care

<https://goo.gl/edd3zB>

- Protect Your Children from Vaccine-Preventable Diseases (Aug 23)

<https://goo.gl/YQdNmA>

- Ontario Providing Support to Those Affected by the Opioid Crisis (Aug 29)

<https://goo.gl/15AY68>

- New, Modern Dialysis Facility Coming to Scarborough (Aug 30)

<https://goo.gl/BG7Aaa>

- Ontario Increasing Access to End-of-Life Care in Durham Region (Aug 31)

Ontario Ministry of Housing

<https://goo.gl/8ehcQU>

- Ontario Making Major Investments in Social Housing Repairs and Retrofits (Aug 24)

<https://goo.gl/zKkQAP>

- Ontario Curbing Abuse of Unlawful Evictions (Sept 1)

Ontario Ministry of Natural Resources and Forestry

<https://goo.gl/qZLATF>

- Ontario Protecting the Environment and Fighting Climate Change (Aug 22)

Ontario Ministry of Research, Innovation and Science

<https://goo.gl/B1w3at>

- Ontario Supporting Projects to Reduce Greenhouse Gases (Aug 29)

Ontario Ministry of Tourism, Culture and Sport

<https://goo.gl/T4EjND>

- Team Ontario Tops the Medal Standings at Canada Summer Games (Aug 14)

Ontario Ministry of Transportation

<https://goo.gl/yzhNDN>

- Ontario Fighting Climate Change with New Electric School Buses (Aug 18)

OTHER ORGANIZATIONS

Canadian Concussion Collaborative

<https://goo.gl/dm4i6x>

- Canadian Concussion Collaborative identifies characteristics of good concussion clinics (Aug 28)

Canadian Human Rights Commission

<https://goo.gl/zRqmWD>

- Canada's human rights watchdog calling for collaborative effort against hate (Aug 22)

Canadian Institutes of Health Research

<https://goo.gl/5DXhR7>

- The Government of Canada invests over \$21 million in innovative health research (Aug 21)

Canadian Medical Association

<https://goo.gl/C7MRRk>

- Canadians seeking more federal innovation to improve health care system (Aug 21)

<https://goo.gl/bYz83R>

- 2017 CMA Workplace Survey highlights doctors' concern over patient access to care (Aug 31)

Canadian Nuclear Safety Commission

<https://goo.gl/TPx69y>

- Public invited to comment on discussion paper DIS-17-01, *Framework for Recovery in the Event of a Nuclear or Radiological Emergency* (Aug 25)

<https://goo.gl/bnoMkb>

- The Canadian Nuclear Safety Commission re-publishes three regulatory documents (Aug 30)

Education Quality and Accountability Office

<https://goo.gl/PfxCxm>

- Math Results Stable in Grade 6 and 9 Academic Course, But Show Small Decline in Grade 3 and Grade 9 Applied Course (Aug 30)

Institute of Clinical Evaluative Sciences

<https://goo.gl/Zcp2ye>

- Prolonged standing on the job more likely to lead to heart attack than prolonged sitting (Aug 17)

<https://goo.gl/9jzU3M>

- New report finds number of people being prescribed opioids to treat pain in Ontario stabilized, but many still exceed recommended daily dose (Aug 22)

<https://goo.gl/TcC6J6>

- Antipsychotics common for adults with intellectual and developmental disabilities (Aug 23)

<https://goo.gl/Jgstbm>

- One in five opioid overdoses involve alcohol: study (Aug 31)

National Energy Board

<https://goo.gl/RGQsXR>

- Expanded focus for Energy East assessment (Aug 23)

Office of the French Language Services Commissioner

<https://goo.gl/ihHWuv>

- The Consultation on the Revocation of the Designation of Penetanguishine General Hospital: Too Little, Too Late (Aug 21)



Interoffice Memorandum

Date: September 8, 2017

To: Committee of the Whole

From: Dr. Robert Kyle

Subject: Harm Reduction Program Enhancement

Health
Department

On June 12, 2017, the Ontario Ministry of Health and Long-Term Care (MOHLTC) announced that funding will be provided to boards of health to build on existing harm reduction programs and services and improve local opioid response capacity and initiatives. The attached informational webinar, delivered by the province on August 23, 2017, provided an overview of the Harm Reduction Program Enhancement (HRPE) and expectations of public health units.

In summary, the scope of work for public health units includes three components: local opioid response; naloxone distribution and training; and opioid overdose early warning and surveillance.

Local opioid response requirements include building on and leveraging existing programs and services to increase access to programs and services. It is expected that public health units will engage stakeholders and identify partners to support development and implementation of a local overdose response plan, informed by a population health and situational assessment to identify local needs, gaps, community challenges and issues.

Naloxone distribution requirements for public health units include assuming the role of naloxone ordering and distribution leads for community organizations, which are responsible for distributing naloxone to their clients/patients. Responsibilities will also include providing training on: recognizing the signs of overdose; reducing the risk of overdose; and administering naloxone in cases of opioid overdose. Public health units will be required to collate data from community organizations, support policy development at community organizations, and increase awareness of community organizations of naloxone availability. As of September 1, 2017, naloxone kits can be ordered on behalf of eligible community organizations.

The opioid overdose early warning and surveillance requirements include involving relevant sector partners to establish formal data collection and reporting mechanisms to identify surges in opioid overdoses, and development of an integrated community response including an action plan to respond to

surges in opioid overdoses.

The Health Department is in the process of identifying the capacity and resources required to implement the new provincial HRPE requirements.

The MOHLTC will be developing supports and tools to provide additional guidance on the implementation of the HRPE requirements. The province is also planning to evaluate the HRPE and will share additional information once it is available.

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

Harm Reduction Program Enhancement: Public Health Unit Webinar Update

Population and Public Health Division
Ministry of Health and Long-Term Care
August 23, 2017

Purpose

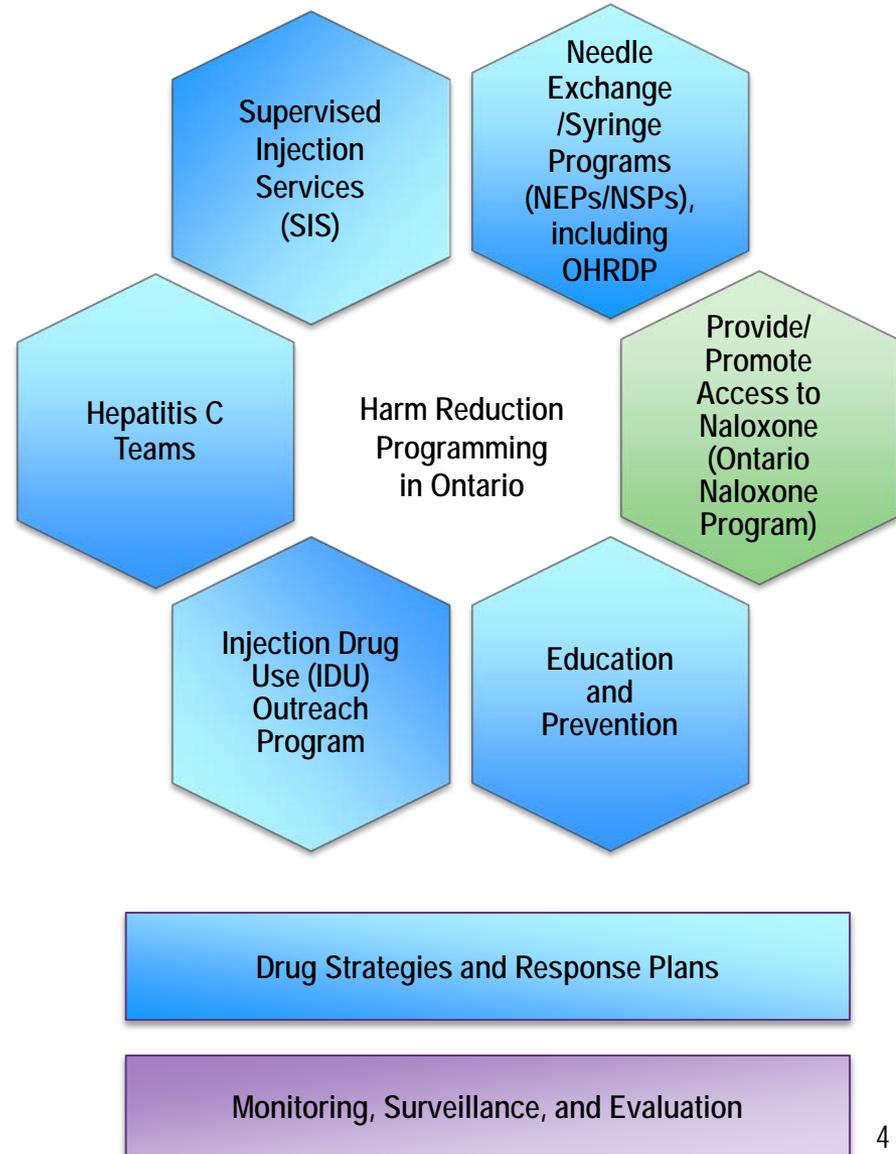
- To provide Public Health Units (PHUs) with an overview of the Harm Reduction Program Enhancement (HRPE) and the scope of work for each component:
 - Local opioid response
 - PHU-led naloxone distribution to eligible community organizations
 - Early warning and surveillance
- To discuss potential HRPE implementation supports for PHUs

Background

- In 2015, 711 people died of an opioid overdose in Ontario, a 194% increase in deaths since 2003.
- From 2003 to 2015, there were 18,829 hospital admissions and 34,612 emergency department visits related to opioid toxicity in Ontario. Hospitalizations increased by 149% across all age groups in the same time period.
- In October 2016, the Minister of Health and Long-Term Care released a comprehensive *Strategy to Prevent Opioid Addiction and Overdose (Opioid Strategy)*, which includes ongoing work to enhance data collection and surveillance; modernize prescribing and dispensing practices; improve access to high quality addiction treatment services; and, enhance harm reduction services and supports.
- To support implementation of the harm reduction pillar of the Opioid Strategy, on June 12, 2017, the Minister of Health and Long-Term Care announced that funding will be provided to boards of health to build on existing harm reduction programs and services and improve local opioid response capacity and initiatives.

Harm Reduction Program Enhancement (HPRE) Overview

- A range of harm reduction programs and services are offered across the province.
- The Harm Reduction Program Enhancement will build on / leverage programs and services already offered by PHUs and community partners.
- The enhancement will work to build sustainable community outreach and response capacity to address drug and opioid-related challenges in local communities.



Harm Reduction Program Enhancement (HPRE) Overview (cont'd)

The scope of work for this program enhancement is divided into three components:

Local Opioid Response

- PHUs will implement, maintain and/or expand local opioid-related programming based on an assessment of local data and community needs.

Naloxone Distribution and Training

- PHUs, or their designated organization, will act as naloxone distribution leads for community organizations in order to increase dissemination of naloxone kits to priority populations by agencies where individuals are already receiving services.

Opioid Overdose Early Warning and Surveillance

- PHUs will support the implementation and/or enhancement of early warning systems in their catchment areas that will allow for the timely identification of, and response to, a surge in opioid overdoses.

Harm Reduction Program Enhancement (HPRE) Overview (cont'd)

- PHUs have received funding letters from the Minister of Health and Long-Term Care and Assistant Deputy Minister (ADM).
- Funding will flow to PHUs once they return Appendix B in the ADM letter.
- PHUs are encouraged to initiate work on the local opioid response and early warning system components of the enhancement; it is understood some PHUs will start this once funding is received.
- The ministry is currently working to procure the naloxone kits required to support this enhancement.
- PHUs will be able to order naloxone kits on behalf of eligible community organizations as of September 1, 2017.

Local Opioid Response Requirements

- Should build on existing plans where appropriate (e.g. drug strategies, overdose action plans)
- Should leverage existing program and services to contribute to increased access to programs and services and improved health outcomes (e.g. decreased overdoses and overdose deaths, emergency room visits, hospitalizations).

Activity	Scope of Work
Engage stakeholders	<ul style="list-style-type: none">• Identify and leverage community stakeholders to support the end-to-end process of implementing a local overdose response plan (or drug strategy) which includes a significant opioid-related component.• Includes all aspects of local opioid response initiatives — conducting a population health/situational assessment, developing a local response plan, and evaluation.• Community stakeholders, including First Nations, Métis and Inuit communities and persons with lived experience, should be meaningfully engaged in the planning and implementation of all initiatives.
Conduct a population health/situational assessment	<ul style="list-style-type: none">• Continue working with community stakeholders to identify opioid-related community challenges and issues. Information sources could include local data, community engagement, early warning systems, etc.• Build on existing surveillance efforts to identify local needs and gaps to inform the development of the local overdose response plan (or drug strategy).

Local Opioid Response Requirements (cont'd)

Activity	Scope of Work
Lead/support the development, implementation, and evaluation of a local overdose response plan (or drug strategy)	<ul style="list-style-type: none">• The local overdose response plan (or drug strategy) should be based on the needs and gaps identified in the local population health/situational assessment.• The plan or strategy should be reflective of current evidence or promising practices and work to achieve a positive population level health outcome (e.g. decreased overdoses and overdose deaths, emergency room visits, hospitalizations).• The plan or strategy may include building community outreach and response capacity, enhancing harm reduction services, increasing public awareness, improving data collection, and/or implementing education/prevention programs and services.• Communities that already have a local overdose response plan in place can amend, if necessary, or use their existing plan to meet the Harm Reduction Program Enhancement requirements.
Adopt and ensure timely data entry into the Ontario Harm Reduction Database	<ul style="list-style-type: none">• All PHUs will be expected to transition to the Ontario Harm Reduction Database and ensure timely collection and entry of minimum data set as per ministry direction.• Further direction on timing and next steps will be provided by the ministry over the next couple of weeks.

Naloxone Distribution Requirements

- Expanding access to opioid overdose medication is a key component of MOHLTC's Strategy to Prevent Opioid Addiction and Overdose.
- PHUs will be established as naloxone ordering and distribution leads for community organizations who would then distribute naloxone to their clients/patients.
 - Existing Ontario Naloxone Program (ONP) sites will continue to order their own naloxone.
- PHUs will be able to order naloxone kits on behalf of eligible community organizations as of September 1, 2017.
- PHUs that already participate in the ONP will continue to order via the existing process.
 - Any changes to the naloxone ordering process would be communicated in advance.

Naloxone Distribution Requirements: Eligibility

- The following types of community-based agencies would be eligible to receive naloxone for distribution to their clients:
 - Community Health Centres, including Aboriginal Health Access Centres;
 - AIDS service organizations;
 - Shelters;
 - Outreach programs; and
 - Withdrawal management programs.
- To determine if an organization is eligible to receive and distribute naloxone, public health units should confirm the organization:
 - Works directly with drug-using populations at risk of opioid overdose through harm reduction programming, outreach and/or social determinants of health;
 - Reaches a difficult to reach (priority) population not otherwise served where there is known drug using/opioid activity; and,
 - Has demonstrated staffing capacity to manage naloxone distribution/training with clients, inventory, and reporting to the ONP site.
- The ministry continues to review the eligibility criteria on an ongoing basis.

Naloxone Distribution Requirements (cont'd)

Activity	Scope of Work
Order naloxone for eligible community organizations	<ul style="list-style-type: none">• As of September 1, 2017 PHUs will be able to submit orders for naloxone kits for eligible community organizations within their region who will distribute naloxone to their clients.• PHUs are to collate their eligible community organization orders and submit one order to the ministry.• In order to manage inventory and ensure an appropriate stockpile, the ministry will review and approve each order. PHUs should ensure eligible community organizations do not stockpile large amounts of naloxone.• Initially, orders can be placed every 2nd week. It is expected the frequency of ordering will change as the program evolves and new community agencies come onboard. It may also need to change in response to changes or adulterants in the street-level local drug supply.• The ministry recognizes that in some communities, naloxone distribution is primarily done by community-based organizations and not the PHU. PHUs may choose to delegate the naloxone distribution lead role to a community agency. The PHU will be responsible for program oversight and meeting all reporting requirements under the Harm Reduction Program Enhancement.

Naloxone Distribution Requirements (cont'd)

Activity	Scope of Work
Coordinate and manage naloxone inventory	<ul style="list-style-type: none">• PHUs will receive complete naloxone kits and are required to manage their own naloxone supply and storage and maintain appropriate inventory records for reporting and monitoring purposes.<ul style="list-style-type: none">• The ministry is currently exploring the feasibility of ordering naloxone refills (without the kit).• PHU's are responsible for coordinating naloxone deliveries and shipping to eligible community organizations.
Train community organization staff on naloxone administration	<ul style="list-style-type: none">• PHUs are to provide ongoing training on preventing, recognizing, and responding to overdose to eligible community organization staff. This includes instructing community organization staff on how to administer naloxone in cases of opioid overdose, recognize the signs of overdose, and reduce the risk of overdose.• PHUs can use a “train-the-trainer” approach to instruct community organization staff on how to distribute naloxone to end users (i.e. people who use drugs, their friends and family). This will include details on how to train clients, how to determine which clients are eligible to receive naloxone and the recommended quantity to dispense.• PHU staff are not expected to train the clients of eligible community organizations.

Naloxone Distribution Requirements (cont'd)

Activity	Scope of Work
Ensure appropriate collection of data by community organizations	<ul style="list-style-type: none">• PHUs will collate naloxone-related data from their community organizations and submit this to the ministry on a quarterly basis.• PHUs should work with staff at community organizations in the development or adoption of system(s) to collect and store naloxone data to be reported to the ministry. This may involve training for management and staff at community organizations distributing naloxone.
Support policy development at community organizations	<ul style="list-style-type: none">• Many community organizations will require support in developing their own naloxone-related policies and procedures. PHUs should support this development by providing advice, sharing resources, and connecting local organizations in order to facilitate the sharing of materials.
Promote naloxone availability and engage in community organization outreach	<ul style="list-style-type: none">• PHUs should work to increase awareness of naloxone availability to eligible community organizations in their regions.• While some local community organizations will be aware of the Harm Reduction Program Enhancement and may reach out proactively to enrol, others will need to be contacted and encouraged to provide naloxone kits to their clients.

Naloxone Distribution to First Nations Communities

- MOHLTC is currently working with Health Canada on an approach to provide access to naloxone kits in on-reserve communities.
- Eligible community organizations that are located in, or work with, First Nations communities are eligible to obtain naloxone through this expansion. This includes, but is not limited to Aboriginal Health Access Centres.
- PHUs should consider First Nations communities and organizations when they establish eligible community organizations as access points for naloxone.

Early Warning System Requirements

- Public Health units will be required to support the implementation and/or enhancement of opioid overdose early warning systems in their jurisdictions that will allow for the timely identification of, and response to, a surge in opioid overdoses.
- Key components of an opioid overdose early warning system include:

Activity	Scope of Work
Establishing membership of an integrated community response	<ul style="list-style-type: none"> The response should include regional surveillance and front line services, such as harm reduction programs; paramedic, fire and police services; and acute care organizations. Others involved in the local response could include addiction services, community health and social services and the Local Health Integration Network (LHIN). Membership of the community response may vary between Public Health Unit jurisdictions.
Establishing formal collection and reporting mechanisms for local data sources used to identify observed changes in the community (“triggers”) that would lead one to believe that a surge in opioid overdoses is occurring.	<ul style="list-style-type: none"> Identifying relevant local quantitative and qualitative data sources, that can include: <ul style="list-style-type: none"> People who use drugs Harm reduction programs Emergency departments Law enforcement First responders Prisons Coroners Toxicology Laboratories Establish formal collection and reporting mechanisms to ensure that the relevant data is received and analyzed in a timely fashion.

Opioid Overdose Early Warning System Requirements (cont'd)

Activity	Scope of Work
<p>Development of an action plan to respond to a surge in opioid overdoses.</p>	<ul style="list-style-type: none"> • Work collaboratively with members of the community response to develop an action plan that would implement measures to respond to a surge in opioid overdoses. This could include: <ul style="list-style-type: none"> ○ Expanded harm reduction service delivery – increased outreach, health education, and access to existing safer injection services; ○ Redirection of naloxone; ○ Diversion of contaminated drugs from the street by law enforcement; ○ Rapid access to evidence-based treatment options for opioid use disorder and opioid withdrawal; ○ Enhanced surveillance/data collection related to the immediate surge in opioid overdoses; and ○ Formal communications mechanisms and structures to share information with stakeholders, including: <ul style="list-style-type: none"> ▪ People who use drugs ▪ Harm reduction programs, first responders and health care providers ▪ Law enforcement ▪ Public, media, school boards and others ▪ Pharmacists ▪ The LHIN • Ensure that the necessary infrastructure and resources are readily accessible to implement the action plan. • Incorporate a formal feedback mechanism to ensure quality improvement of plan enactment.

HRPE Evaluation and Accountability

- The ministry will evaluate the Harm Reduction Program Enhancement, and is seeking approval to fund an organization to lead the evaluation.
- The evaluation will look at the overall impact of the local opioid response, naloxone distribution, and early warning system components. The evaluation will also consider outcomes related to the updated Ontario Standards for Public Health Programs and Services as well as others such as:
 - Priority populations have access to harm reduction services and supports necessary to adopt healthy living behaviors and practices that prevent substance-related harms.
- PHUs may be required to collect and submit additional data to support the evaluation.
- The evaluation will be used to shape the future direction of the program and will also support continuous quality improvement of the enhancement.
- More information on the evaluation and potential data requirements will be shared once it is available.

HRPE Monitoring and Reporting

- PHUs will be responsible for ensuring actions from the Harm Reduction Program Enhancement are implemented according to the requirements of the Ministry of Health and Long-Term Care Public Health Funding and Accountability Agreement, and for reporting results to the ministry as per the Accountability Framework under the Ontario Standards for Public Health Programs and Services.
- Reporting requirements, which align with the overall evaluation, are outlined below:

HPRE Component	Reporting Requirements
Population Health Outcomes	<ul style="list-style-type: none"> • Emergency room visits due to opioid overdose • Hospitalizations due to opioid overdose • Drug-toxicity deaths • Opioid-related drug toxicity deaths
Local Opioid Response	<ul style="list-style-type: none"> • Status of the development, implementation, and evaluation of the local opioid response plans and early warning and surveillance system
Naloxone Distribution (by sub-organization / organization type)	<ul style="list-style-type: none"> • # of eligible community organizations distributing naloxone • # of clients trained to administer naloxone • # of family and/or friends of clients trained to administer naloxone • # of naloxone kits distributed to clients • # of naloxone kits distributed to family and friends • # of clients who reported administering naloxone, including how many doses were given per overdose • # of family/friends of clients who reported administering naloxone, including how many doses were given per overdose • # of times that 911 was called when naloxone was administered
Opioid Overdose Early Warning System	<ul style="list-style-type: none"> • Status of the development and implementation of the local opioid overdose early warning system. • # of times the system has been used, including details regarding the relevant surge and actions taken to reduce risk. • Lessons learned and what quality improvement actions have been undertaken.

Public Health Unit Implementation Supports

- Reference Document
 - The ministry is developing a Reference Document to provide PHUs with additional guidance on the implementation of the requirements of the HRPE.
 - The document outlines MOHLTC's guidance on the activities to be undertaken by PHUs and/or their designated organization(s).
 - It also provides an overview of the supports that will be made available to PHUs as well as the ministry's reporting and monitoring requirements.
- Community of Practice
 - To support PHUs, the ministry is seeking approval to fund a Community of Practice (CoP) to facilitate sharing of knowledge, experience, and resources to support the efficient development, implementation, and evaluation of local overdose response plans as well as opioid overdose early warning systems.
 - The proposed CoP will include PHU members (or their designated organizations) and would provide support and opportunity to discuss:
 - Conducting population health/situational assessments;
 - Engaging stakeholders, including people with lived experience;
 - Leading or supporting the development, implementation, and evaluation of a local overdose response plan (or drug strategy); and,
 - Leading or supporting the development of opioid overdose early warning systems
- Further information on the expected CoP will be communicated to PHUs once it is available.

Public Health Unit Implementation Supports cont'd

- Naloxone Distribution Toolkit
 - The ministry is seeking approval to fund an organization to develop a toolkit that will provide operational support and outreach materials for the Naloxone Distribution component of HRPE.
 - The toolkit will provide training and support on naloxone distribution to community-based organizations. This includes guidance on:
 - Promoting naloxone availability and recruiting eligible community organizations to participate in the enhanced Ontario Naloxone Program;
 - Managing inventory and related business processes (ordering, distribution, etc.);
 - Training community organization staff; and,
 - Supporting naloxone-related policy development at community organizations.
 - PHUs (or their designated agencies) will be consulted in the development process.

Next Steps

- MOHLTC will continue to work on potential implementation supports for PHUs implementing and/or their designated agencies involved in the Harm Reduction Program Enhancement.
- Relevant documents such as the Reference Document, Qs and As, and webinar slides will be circulated as soon as possible.

Question or Comments?

addictionandsubstances@ontario.ca

File: A-2100

August 31, 2017

DELIVERED BY E-MAIL

(clerks@durham.ca)

Ralph Walton, Regional Clerk/Director of Legislative Services
Regional Municipality of Durham

Re: Application Under the Region's Revitalization Program for the Genosha Hotel

Please be advised that City Council considered the above noted matter at their Council meeting held on August 22, 2017 and adopted the following recommendation of the Development Services Committee:

"Whereas the City and the Region of Durham have supported previous applications under the Regional Revitalization Program for the redevelopment of the Genosha Hotel at 68-72 King Street East in the Downtown Oshawa Urban Growth Centre; and,

Whereas on May 24, 2016 Council requested the Region's continued support for the redevelopment project under the Regional Revitalization Program for 2199957 Ontario Inc., the then owner of the subject site; and,

Whereas TT7 Inc. is now the new owner of the subject site; and,

Whereas by correspondence dated August 10, 2017 TT7 Inc. has requested the City's continued support for the proposed redevelopment of the Genosha Hotel into a mixed use building with apartment units and ground floor commercial uses under the Regional Revitalization Program;

Therefore be it resolved that the Region of Durham be requested to continue to support the redevelopment project under the Regional Revitalization Program for TT7 Inc."

If you need further assistance concerning the above-referenced matter, please contact Warren Munro, Director, Planning Services at the address below or by email at wmunro@oshawa.ca.

A handwritten signature in black ink, appearing to read 'MM', with a stylized flourish extending to the right.

Mary Medeiros
Manager, Support Services/Acting City Clerk

/ld

c: R. Summers, TT7 Inc.
Planning Services



MAKING CITIES LIVABLE LLC
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Making Cities Livable Publications

AUG 31 '17 AM 11:07

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Dr. Sven von Ungem-
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 State of South-Baden
 Freiburg i.B. GERMANY
 www.livablecities.org

August 24, 2017

Dear Mayor and Council,

Please join colleagues October 2-6 in Santa Fe for the 54th IMCL Conference on **Public Places**. Share your city's achievements and learn from others how to ensure that our streets are walkable and bikeable, that green spaces are easily accessible for all, and that every neighborhood has safe, hospitable places where social networks and community can flourish.

The IMCL Conference is unique. It brings together elected officials, professionals and scholars from diverse disciplines committed to the mission of making our cities more healthy and livable.

At this conference, we hear from some of the best models from around the world, we examine innovative new ideas and the latest findings. In discussion groups and workshops we share viewpoints and experience.

This year, Barcelona will receive the IMCL **City of Vision Award**. Freiburg, Germany, Bristol, UK, Carmel, Indiana, and Québec, Canada will be specially featured, and we shall hear about outstanding projects and programs from across the US and Canada, as well as Australia, Italy, Brazil, China, and around the world.

Please circulate the enclosed brochures among council members, and with your planning and parks department staff. They will also be interested in the opportunity to obtain 30 AICP CM credits.

The IMCL Board and I look forward to seeing you in Santa Fe!

With best regards,

Suzanne H Crowhurst Lennard

Suzanne H. Crowhurst Lennard, Ph.D.(Arch.)
 Co-founder, Director, International Making Cities Livable

C.S. - LEGISLATIVE SERVICES

Original	To: <i>Brulegan</i>
Copy	To: <i>CIP</i>
C.C. S.C.C. File	
Take Appr. Action ¹	

Public places – our streets, plazas, squares, and green spaces – belong to all of us! They are our democratically shared common wealth - the most important aspect of every city. How we treat the public realm demonstrates how we value our fellow citizens, our democratic principles, and our community.

Public places are the essential key to a livable city. Join us in Santa Fe to share your achievements and learn from others how we can take back our streets and squares - and in the process, strengthen community, civic engagement, health, and equity.

Our program of speakers includes

Mayor Jim Brainard, Mayor, Carmel, IN.

Richard M. Economakis, Architect, Professor, University of Notre Dame, South Bend, IN, USA.

George Ferguson, CBE, PPRIBA, RWA. Former Mayor of Bristol, UK, Architect.

Javier Gonzales, Mayor, Santa Fe, New Mexico.

Richard J. Jackson, MD, MPH, Professor, Dept. of Environmental Sciences, University of California Los Angeles, Los Angeles, CA.

Setha Low, Professor, Environmental Psychology and Anthropology, The Graduate Center, The City College of New York.

Ettore Maria Mazzola, Architect & Urbanist, Professor, University of Notre Dame, Rome Global Gateway, Italy.

Phillip B. Stafford, Ph.D., Director, Center on Aging and Community, Indiana Institute on Disability and Community, Indiana University, Bloomington, IN, USA.

Sven von Ungern-Stenberg, Dr., Former Mayor of Freiburg, and Governor for the State of South Baden, Freiburg, Germany.

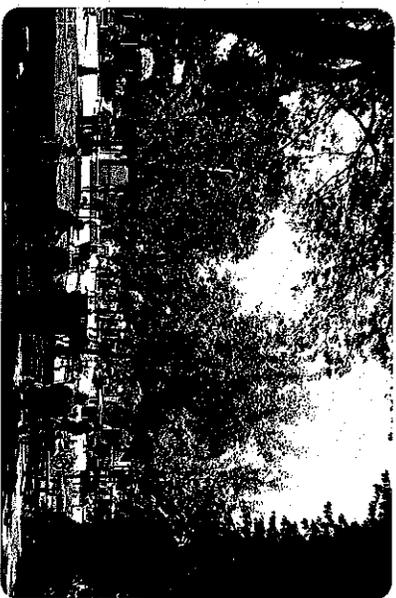
Topics

Public Places for Community and Democratic Dialogue

- Streets for People
- "Eyes on the Street"
- Children and Elders
- Reclaiming Public Space
- Generating Social Life
- Market Places
- Neighborhood Squares
- Urban Fabric Shaping Public Space
- Place-Based Community

Public Places for Social Equity

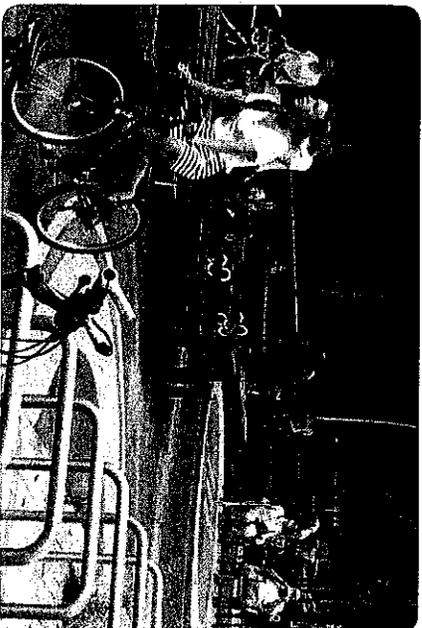
- Social Justice and Diversity
- Healthy Communities
- Access to Public Space
- Reclaiming Neglected Neighborhoods
- Public Transit and Equity
- Inclusive Public Places
- Public Space and Migrant Workers
- Design Engagement
- Combating Food Deserts



Public Places for Health

- Planning for Mobility
- Green Corridors
- Bicycle Planning
- Rails to Trails
- Complete Streets
- 10-minute Community
- Effects of the Built Environment on Health
- Combating Climate Change
- Access to Nature
- Water Urbanism
- The "Social Immune System"
- Urban Agriculture
- Transit-Oriented Development

The 2017 IMCL City of Vision Award



This year's City of Vision Award will be presented to the City of Barcelona in Spain for their dedication to making the city more healthy, and equitable through the Superblock Program – traffic calming 2 out of 3 streets throughout the city, increasing pedestrian, bike, and public transit networks, and introducing neighborhood squares.

Janet Sanz, Deputy Mayor for Ecology, Urbanism and Mobility will receive the Award on behalf of the City of Barcelona, and will speak about the Superblock Program.



Registration Form

The 54th Annual International Making Cities Livable Conference on Public Places for Community, Democratic Dialogue, Health, & Equity and Design Awards Competition on Designing Public Places

La Fonda Hotel, Santa Fe, NM
October 2nd - 6th, 2017

\$695.00

Registration Fee:

Special Rates

Speaker: \$495.00

Junior Speaker: \$325.00

Student Non-Presenter: \$225.00

Design Awards Program (Includes Discussion Dinner/Awards Ceremony): \$584.50

Optional Events: \$89.50

Discussion Dinner/Awards Ceremony: \$89.50

(Spouse/Partner): \$42.00

Tuesday Lunch (Spouse/Partner):

To register online please go to

<http://www.livablecities.org/conferences/54th-conference-santa-fe/registration>

To register by mail please fill out and mail the following:

Name	
Title	
Organization	
Address	
City	
State/Prov	ZIP
Telephone	
E-mail	

And a check for USD \$ _____ enclosed, made to

Making Cities Livable

Send to:

Making Cities Livable, 1209 SW 6th Ave,
Suite 404, Portland, OR, 97204, USA



Dear International Making Cities Livable,

Welcome to Santa Fe! Our community thanks you very much for choosing The City Different for the fifth time to host your conference, and for coming at such a beautiful time of our year.

This year's conference theme of "Public Places for Community, Democratic Dialogue, Health and Equity" is one that Santa Fe relates to strongly. As you may know from previous visits, we preserve, protect and produce our public spaces with those principles in mind. We've been recognized by the American Planning Association, who named the Santa Fe Railway as one of the Great Places in America, and last December we were named one of three finalists in the world for the National Geographic World Legacy Awards in the Sense Of Place category.

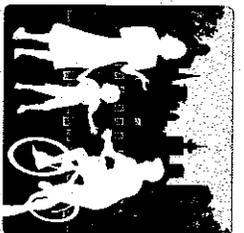
Your continued visits to us also reaffirm our commitment as a livable, sustainable city with treasured community places and other features of "True Urbanism" as you define it. For example, in addition to preserving the long and low architectural style that protects our mountain views, Santa Fe provides free transit through the Santa Fe Pick-Up service. In addition to our Green Lodging Initiative, over the last dozen years the city has added 19 miles of paved, off-road hike/bike trails and another 12 miles of designated bike routes—in part leading to a Silver Ride Level Destination award from the International Mountain Biking Association. Currently we work to unify the entire trail system around the city.

From our historic public square and marketplaces to outdoor cafes, farmers markets, and community festivals, and from human-scale architecture and balanced transportation to pedestrian and bicycle networks, we share our values with you. Santa Fe is also full of public art, but also an artwork itself, and is designed to be safe, creative and inspiring for young and old, families of all kinds, and everyone else who comes down the trail to see us.

We are especially honored to have International Making Cities Livable with us at this important time and wish you all the best this week in Santa Fe and in all your endeavors beyond the conference.

Javier M. Gonzales,

Mayor, City of Santa Fe



The 54th Annual International Making Cities Livable Conference on

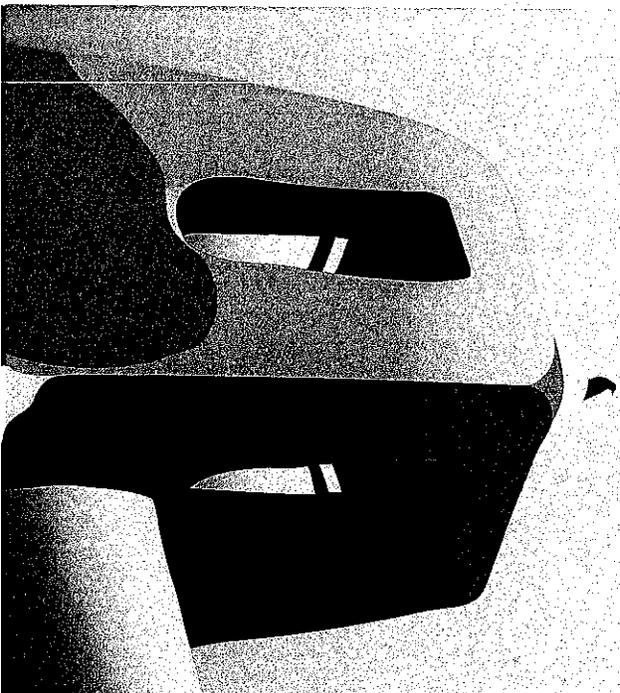
Public Places

for Community, Democratic Dialogue, Health, & Equity & Design Awards Competition on Designing Public Places

La Fonda Hotel, Santa Fe, NM

October 2nd - 6th, 2017

30 AICP CM Credits Available



AUG 30 11:17 AM '17

Maria Flammia

From: CNE Association <cnea@TheEx.com>
Sent: August-29-17 6:31 PM
To: CNE Association
Subject: Canadian National Exhibition Association Membership Community-at-Large Opportunities for Individuals

Original
To: CIP
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Take Appr. Action

To: The CNE Association Membership and Member Organizations

The application process is open for the next round of the CNE Association Community-At-Large opportunities for individuals.

Please help get the word out through your organization and network about opportunities for individuals representing the community-at-large to be a part of Canada's largest community event.

If you or anyone you know are interested in applying or receiving more information about the **fifteen Community-At-Large appointment opportunities**, kindly share this email communication or the link below to our website.

Questions or for further information, please contact the Corporate Secretariat at **416-263-5201** or by replying to this email cnea@theex.com

Please note that a separate communication and process is underway with CNEA member organizations regarding the annual representative from your organization.

Be a part of Canada's largest community event!

CNE Association Community-At-Large Member Opportunities

Established in 1879, the Canadian National Exhibition (CNE) is Canada's largest annual event and the fifth largest fair in North America.

A non-profit, the CNEA became independent from the City of Toronto in 2013. As a 139-year-old startup, the organization is at an exciting juncture in its distinguished history. The organization has recently filed two of the most highly attended fairs in the past 18 years in its record books. The current Strategic Plan is guiding the organization toward new and innovative opportunities, and we are seeking individuals to help support and foster this process as Community-at-Large Members.

We are currently recruiting for five community-at-large members in each of the CNE Association's Membership Sections (total 15 positions available): Manufacturers & Industry; Agriculture; and General & Liberal Arts. Particular focus will be placed on competencies that align with the Strategic Plan, which include: innovation; indigenous peoples, and their contributions, culture and traditions; and accessibility & inclusivity.

Please follow the link below or click on the graphic to be directed to full details and application process: <https://theex.com/footer/about-the-cne/cnea-membership-community-at-large/>



The website includes pertinent information related to the application process on: CNEA Membership opportunities recruitment, information about the CNEA, membership section purpose statements, information about the application and selection process, accessibility, inclusivity and diversity self-declaration, **online application**, diversity self-declaration form (optional) and annual report (background information).

Thank you for your interest in the CNEA. While we appreciate all applications, only those selected for interviews will be contacted. Apply by Friday, September 15th 2017.

Contact the Corporate Secretariat with questions at **416-263-5201** or cnea@theex.com



Traffic Disruption Notice
Highway 407 East Phase 2 Project

Notice # 225

Date: August 24, 2017

New Notice **Revised Notice #**

Temporary Road Closure **Temporary Lane Restrictions** **Permanent Road Closure**

LOCATION:

Taunton Road, between Solina Road and Holt Road

AREA(S) AFFECTED:

Clarington

START DATE:

September 8, 2017
22:00

END DATE:

September 14, 2017
05:00

More Details:

Full temporary closure of Taunton Road, between Solina Road and Holt Road for road construction works. Signposted detour will be provided. All businesses inside the closure will be open during the closure and access will be provided. On September 14th; road will be reopened on its new permanent alignment.

We apologize for any inconvenience.

ATTENTION EMERGENCY RESPONSE DISPATCH CENTRES:

Please ensure this information is passed along immediately to all appropriate supervisors and field units.

Blackbird Constructors 407 GP

78 Richmond Street West, 2nd Floor
Oshawa ON, L1G 1E1

In case of an emergency please contact:

Dario Barac
Phone: +1 (289) 928 4332

Action Items Committee of the Whole and Regional Council

Meeting Date	Request	Assigned Department(s)	Anticipated Response Date
September 7, 2016 Committee of the Whole	Staff was requested to provide information on the possibility of an educational campaign designed to encourage people to sign up for subsidized housing at the next Committee of the Whole meeting. (Region of Durham's Program Delivery and Fiscal Plan for the 2016 Social Infrastructure Fund Program) (2016-COW-19)	Social Services / Economic Development	October 5, 2016
September 7, 2016 Committee of the Whole	Section 7 of Attachment #1 to Report #2016-COW-31, Draft Procedural By-law, as it relates to Appointment of Committees was referred back to staff to review the appointment process.	Legislative Services	First Quarter 2017
October 5, 2016 Committee of the Whole	That Correspondence (CC 65) from the Municipality of Clarington regarding the Durham York Energy Centre Stack Test Results be referred to staff for a report to Committee of the Whole	Works	
December 7, 2016 Committee of the Whole	Staff advised that an update on a policy regarding Public Art would be available by the Spring 2017.	Works	Spring 2017
January 11, 2017 Committee of the Whole	Inquiry regarding when the road rationalization plan would be considered by Council. Staff advised a report would be brought forward in June.	Works	June 2017

Meeting Date	Request	Assigned Department(s)	Anticipated Response Date
January 18, 2017	In light of the proposed campaign self-contribution limits under Bill 68 and the recent ban on corporate donations which will require candidates for the elected position of Durham Regional Chair to raise the majority of their campaign funds from individual donors, staff be directed to prepare a report examining the potential costs and benefits of a contribution rebate program for the Region of Durham.	Legislative Services	Fall 2017
March 1, 2017 Committee of the Whole	Staff was directed to invite the staff of Durham Region and Covanta to present on the Durham York Energy Facility at a future meeting of the Council of the Municipality of Clarington.	Works	
March 1, 2017 Committee of the Whole	Staff was requested to advise Council on the number of Access Pass riders that use Specialized transit services.	Finance/DRT	March 8, 2017
March 1, 2017 Committee of the Whole	A request for a report/policy regarding sharing documents with Council members.	Corporate Services - Administration	Prior to July 2017

Meeting Date	Request	Assigned Department(s)	Anticipated Response Date
<p>May 3, 2017 Committee of the Whole</p>	<p>Discussion ensued with respect to whether data is collected on how many beds are created through this funding; and, if staff could conduct an analysis of the Denise House funding allocation to determine whether an increase is warranted. H. Drouin advised staff would investigate this and bring forward this information in a future report.</p>	<p>Social Services</p>	
<p>May 3, 2017 Committee of the Whole</p>	<p>Discussion ensued with respect to whether staff track the job loss vacancies in Durham Region, in particular the retail market. K. Weiss advised that staff will follow-up with the local area municipalities and will report back on this matter.</p>	<p>Economic Development & Tourism</p>	
<p>June 14, 2017 Council</p>	<p>That staff be authorized to distribute the Draft Transportation Master Plan to the area municipalities and other stakeholders for their review and comment and report back to Regional staff by the end of September 2017.</p>	<p>Works</p>	
<p>June 14, 2017 Council</p>	<p>That the concerns raised from the John Howard Society of Durham Region be referred to Social Services staff to provide assistance or advice to the John Howard Society and that a report be brought back to Council in September, 2017.</p>	<p>Social Services</p>	<p>September 2017</p>