

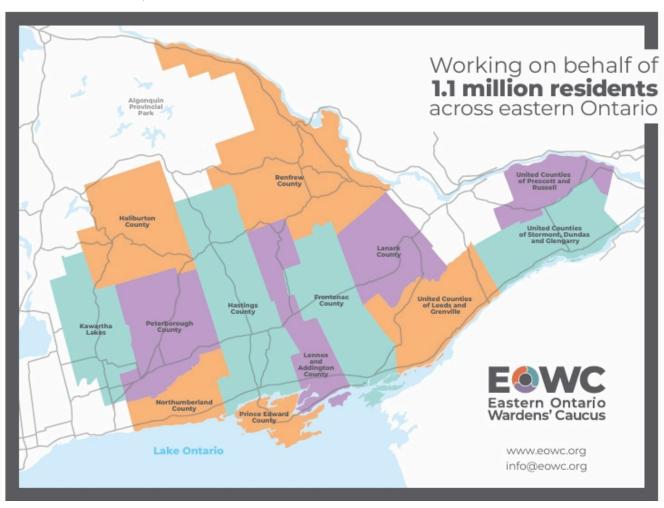
AMO CONFERENCE 2025

AUGUST 17-20, 2025



About the EOWC

The EOWC Inc. is a non-profit organization advocating for 103 small urban and rural municipalities across eastern Ontario. The EOWC covers an area of 50,000 square kilometres, serving 1.1 million residents. For more than 20 years, the EOWC has gained support and momentum by speaking with a united voice to champion regional municipal priorities and work with the government, businesses, non-profit organizations, Indigenous leaders, the media, and the public.



EOWC Members

County of Frontenac
County of Haliburton
County of Hastings
City of Kawartha Lakes
County of Lanark
United Counties of Leeds and Grenville
County of Lennox and Addington

County of Northumberland
County of Peterborough
United Counties of Prescott and
Russell
Prince Edward County
County of Renfrew
United Counties of Stormont,
Dundas and Glengarry

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2024-2027 Strategic Plan

ECONOMIC RESILIENCE

The Bridge to Opportunity, Equity, and Growth

INFRASTRUCTURE

The Foundation for Local Prosperity

HOUSING

The Backbone of Thriving and Supportive Communities

HEALTH CARE

The Engine for Healthy and Resilient Communities



VISION

The respected voice of eastern Ontario that ignites a vibrant, thriving and inclusive region through strategic municipal partnerships and advocacy.

MISSION

The EOWC elevates eastern
Ontario through collaborative
leadership, innovative
solutions, and sustainable
development
for a prosperous and
connected future.



LEADERSHIP

COLLABORATION AND PARTNERSHIPS

EVIDENCE-BASED AND SOLUTION DRIVEN

INCLUSION

RESPECT FOR RURAL AND SMALL URBAN



Rural and Small Urban Eastern Ontario is Different



Cost to Taxpayers to Maintain a Municipal Bridge

Across the EOWC region, **236 households** must maintain a bridge.
In separated cites and towns, that cost is spread over 709 households.

Cost to Taxpayers to Maintain 1km of Paved Municipal Road

- In rural Ontario = 10 households
- In separated cites and towns
 = 28 households

Development Charges Impact Rural Communities Differently



Less than half of the EOWC's municipalities have development charges (49 out of 103).

Some examples of development charges for a single detached home:

- City of Toronto: \$137,846 per unit
- City of Ottawa: \$56,399 per unit
- United Counties of Prescott & Russell: \$0 per unit
- Haliburton County: \$0 per unit

Same Tool, Big Difference in Revenue Generation

What a 5% increase in municipal own-purpose revenue would look like: one city vs. 103 municipalities

\$235M

Toronto

\$93M

Ottawa EOW

\$64M

EOWC's 103 municipalities



Issue

Asset Management Plans are essential to enabling infrastructure funding to flow strategically and efficiently. The EOWC's municipalities have worked hard to fulfill their obligation to develop and finance Asset Management Plans, under the *Infrastructure for Jobs and Prosperity Act, 2015*. While developing these provincially mandated plans has been a major undertaking, implementation remains a significant challenge, particularly given the limited fiscal flexibility to raise local revenues and proximity of municipal elections (October 2026).

If Ontario is to achieve its goals on trade, health, and housing-enabling infrastructure, as outlined in the 2025 Budget: A Plan to Protect Ontario, then predictable investment in municipal infrastructure is essential, as municipalities are the foundation of local project delivery. The next step requires the Province to provide multi-year financial tools necessary to support their implementation, especially for smaller municipalities with less capacity and revenue.

The EOWC acknowledges Premier Ford's direction to streamline municipal processes. The EOWC has listened, and our members are working to find ways to cut red-tape locally to improve processes around housing and infrastructure. To enhance our local efforts, adequate funding for infrastructure will directly support this objective by enabling municipalities to prioritize projects, accelerate approvals, and get shovels in the ground more efficiently.

The EOWC is committed to working in partnership with the Ontario Government to ensure that existing assets can be maintained and that new infrastructure can be delivered to support the economy, trade, and growth across eastern Ontario.

Municipal Funding Gaps for Asset Management Plans in Small Urban and Rural Communities

Recommendations

- Provide predictable, multi-year infrastructure investments that support small-urban and rural municipalities to deliver on the projects identified in their provincially legislated Asset Management Plans.
- Ensure a 'rural lens' is applied in the development and allocation of municipal infrastructure funding programs. The financial tools currently implemented by the Province do not have the same impact in small urban and rural communities. A targeted rural lens is necessary to ensure that funding programs and policies reflect the unique challenges, costs, and capacities of these municipalities.
- Establish an Ontario-wide centralized, standardized assessment system for asset management data collection and condition ratings. This system should support more streamlined and effective investment decisions, while respecting local autonomy.



Key Evidence

Based on local asset management plan data, **significant disparities exist across the EOWC's 103 municipalities in their capacity to invest** in infrastructure assets. For example, the City of Kawartha Lakes is investing approximately \$1 billion over 10 years, while Haliburton County is investing just \$14.2 million over the same period (2025-2035). This contrast highlights the wide variation within rural and small urban communities in terms of fiscal capacity to maintain existing infrastructure and invest in new assets.

The EOWC's 103 member municipalities manage over \$12 billion in physical assets and spend more than \$403 million annually on maintaining them in a state of good repair. This figure excludes new infrastructure investments needed for housing, transportation, water and wastewater systems, recreation, and community services.

Canadian municipalities are responsible for 60% of public infrastructure, but receive only 10% of total tax revenues.

Despite substantial local investment, **eastern**Ontario's infrastructure deficit now exceeds
\$6 billion—a 58% increase since 2011, as
highlighted in the EOWC's Mind the Gap policy
paper.

EOWC Municipalities Manage

\$12 B

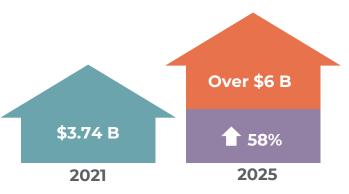
in Physical Assets and Spend More Than

\$403 M

Annually on Maintaining Them

Infrastructure in rural and small urban eastern Ontario is falling behind the rest of the province, with a larger share of assets in poor or very poor condition. Across Canada, municipalities are responsible for 60% of public infrastructure but receive just 10% of total tax revenues.

EOWC Local Investment in Infrastructure



The EOWC continues to analyze data as it is collected around Asset Management Plans from across our region to inform provincial decision-making and to promote the concept of developing a province-wide central asset management system.

Background

Ontario's Central Asset Assessment System: A Smarter Way to Invest

To deliver housing and infrastructure where it is needed most, Ontario must modernize how it assesses municipal infrastructure needs. A centralized, standardized asset assessment system would:

- Accelerate project delivery
- Support data-driven, transparent funding decisions
- Enable consistent province-wide comparisons
- Improve accountability and fairness in how funds are allocated

Modelled after the Financial Information Return (FIR) framework, this approach would create an "apples-to-apples" view of infrastructure condition and need—critical to deploying funds strategically and getting shovels in the ground. The EOWC is ready to collaborate on this initiative by offering feedback, testing models, and piloting implementation across eastern Ontario.

Small urban and rural municipalities within the EOWC's region face significant fiscal limitations compared to larger cities. They lack the tax base to fund the full maintenance of existing infrastructure, let alone build new assets required to support growth. This funding gap is outlined in the EOWC's 'Mind the Gap' Municipal Infrastructure Policy Paper.

Under the <u>EOWC 2024–2027 Strategic Plan</u>, municipal infrastructure is a top priority. Increased funding is necessary to reduce the infrastructure deficit, prevent critical asset failures, and build infrastructure that supports population growth and economic development.

EOWC Resources

- The EOWC's 'Mind The Gap' Municipal Infrastructure Policy Paper, May 2024
- The EOWC's Mind The Gap Handout, May 2024



Primary Care to Support Small Urban and Rural Communities

The <u>Eastern Ontario Wardens' Caucus</u> (EOWC) thanks the Minister of Health for primary care investments included in the 2025 Ontario Budget: <u>A Plan to Protect Ontario</u>, and commends the government's commitment to connect every Ontarian to primary care by 2029 through the <u>Primary Care Action Plan</u>.

To achieve these goals within four years, municipalities must be formally recognized as health care partners and granted a dedicated role at decision-making tables to ensure meaningful involvement and timely, effective implementation.

Representing 103 municipalities across eastern Ontario's small urban and rural communities, the EOWC remains committed to serving as the government's municipal voice and expert. As co-funders and service delivery agents, our municipalities are strategically positioned on the front lines to provide meaningful input into health care planning and local operations.

Recommendations

To ensure the Primary Care Action Plan achieves its mandate by 2029, the EOWC recommends the following actions to the Ministry of Health:

- Expand eligibility criteria for health-related funding programs to allow municipalities, particularly in small urban and rural areas, to *directly access* funding for family physician support and family care initiatives where other delivery models, such as Family Health Teams, are not available.
- Strengthen support mechanisms for communities and health human resources, including expanded training pathways, workforce stabilization initiatives, and practical tools to support compliance, staff retention, and care quality across all community types.
- Include municipalities of all sizes and regions, especially those representing small urban and rural communities, in the implementation of the Primary Care Action Plan. A governance model must be established to ensure municipalities have "say for pay" which is the ability to influence program development and delivery where financial contributions are required.
- Recognize municipal elected officials as local decision-makers. As
 representatives of their communities, municipal leaders understand local
 health care challenges and are best positioned to guide resource allocation
 and service design. Their involvement will enhance efficiency, community fit,
 and health outcomes across Ontario.

Key Evidence

Municipalities are Key Partners in Health Care

The EOWC values our strong relationship with the Ontario Government. We understand the importance of working collaboratively to build a world-class health care system. Municipalities are the largest contributors to health care outside of the Province itself and are deeply invested in health care systems and services.

The EOWC is committed to ensuring that eastern Ontario residents have access to the same quality of care as their urban counterparts. A guiding principle of the EOWC is 'say for pay', which underscores that where municipalities are required to contribute financially, they must also have a meaningful voice in the development and delivery of policy, programs and services.

The EOWC's members have a vested interest in shaping high quality care for rural and small urban eastern Ontario. However, as primary health care is fundamentally a provincial responsibility, the Province must be the primary funder. When municipalities step in to bridge service and funding gaps, it places a significant and unsustainable burden on property tax base and diverts resources from other essential priorities such as affordable housing, infrastructure, and other legislated municipal services.

Municipal financial and service contributions continue to rise—without the modernized fiscal tools necessary to sustainably manage these responsibilities—creating increasing pressure on already constrained municipal budgets



The EOWC's Municipalities Are Stepping Up Where the System Falls Short

Despite health care being a provincial responsibility, municipalities are going above their legislative responsibility and contributing critical municipal dollars to keep health care close to home as residents cannot afford to wait.

In 2025 alone, across the EOWC's municipalities:

- A range of \$20,000 to \$490,000 per municipality is being invested directly in
 physician recruitment to combat doctor shortages—costs we shoulder
 because losing even one physician in a small community can leave residents
 without timely care.
- A range of \$10,000 to \$500,000 per municipality is being donated to local hospitals capital infrastructure, filling funding gaps to keep essential services and infrastructure in place.

Background

For more than 150 years, Ontario municipalities have delivered health and community services to their residents. The EOWC's members are critical partners in health care delivery and are responsible for co-funding and implementing provincial health programs such as paramedic services, long-term care, and public health. To address local needs, municipalities also contribute beyond their required cost-share to hospitals, family health teams, medical centres, and physician recruitment and retention.

The EOWC joins the Federation of Canadian Municipalities and the Association of Municipalities of Ontario in their joint call for the <u>Social and Economic Prosperity</u> <u>Review</u> around the need for an updated financial framework between all orders of government.

Strengthening Paramedic Services and Community Paramedicine

The EOWC thanks the Minister of Health and the Minister of Long-Term Care for their continued investment in paramedic services—particularly community paramedicine programs—across the EOWC region. The EOWC applauds the Province's recent investment to make the Community Paramedicine Long-Term Care Program permanent. These programs reduce emergency department visits, connect people with the right care at the right time, and ultimately, save lives.

Municipalities are proven and reliable partners in the delivery of paramedic services. Over the past decade, their role has evolved significantly, with paramedics stepping up to fill service gaps and strengthen Ontario's health care system. With continued support, paramedic services can drive better health outcomes and reduce strain across the system.



Recommendations

To ensure the continued success of community paramedicine and the overall strengthening of paramedic services, the EOWC recommends the following actions to the Ministry of Health and the Ministry of Long-Term Care (where applicable):

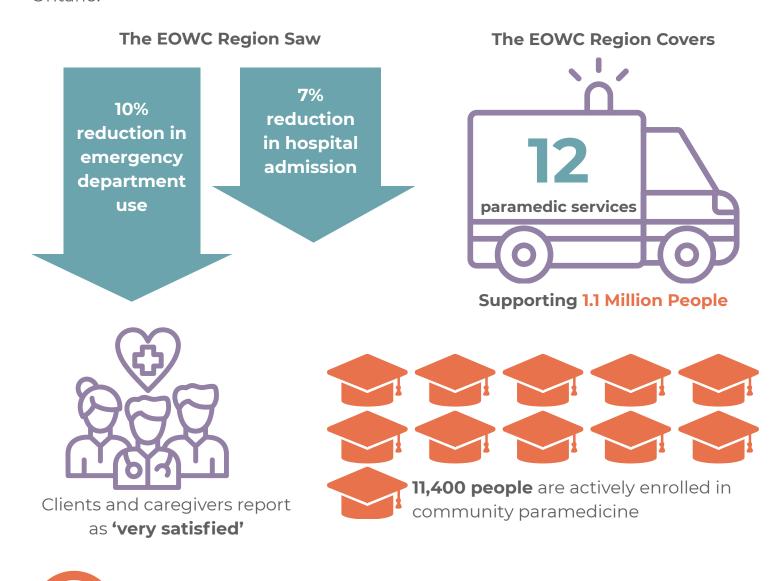
- Integrate community paramedicine as a permanent solution and ensure its funding continues after 2026. Evidence is clear that it works for patients, reduces costs, and eases systemic pressures particularly in rural and remote areas.
- Enhance dispatch protocols to improve triaging by adding clinicians and integrating community paramedicine into paramedic dispatch. This will ensure the right resource is sent to the right patient at the right time—improving system efficiency, protecting emergency paramedic capacity, and enabling appropriate use of community paramedics and inter-facility transfers.
- Create a regulated paramedic college to enhance oversight, accountability, and professional and educational standards. This would enable paramedics to further step up to solve systems pressures, especially in more rural areas where travelling times and access to care may be more limited.
- **Expand Learn and Stay grants** to all regions of the province, including eastern Ontario. This will help address health human resources challenges now and in the future.
- Streamline and reduce red-tape to approved WSIB claims. Set clear standards for what is covered that includes rehabilitation, and reduce the number of time-wasting appeals.
 - Lower the unreduced WSIB retirement age to align with the employee's earliest unreduced retirement date.
 - Continue to invest in more mental health professionals. Paramedics require timely access to psychologists in-person or virtually to improve individual recovery outcomes and return paramedics safely to the workplace.

Background and Key Evidence

Strong municipal commitment is part of why the EOWC's communities are seeing better outcomes that reduce pressures in emergency waiting rooms, long-term care, and public health. The EOWC works closely with our municipalities' Paramedic Chiefs, and supports joint advocacy with the Ontario Association of Paramedic Chiefs.

Community Paramedicine

Provincial investments in community paramedicine are going farther in eastern Ontario.



Expanded scope of care that fits

a small rural context

Regulated Paramedic College

Paramedics are vital to Ontario's health system but are not formally recognized as regulated health care professionals. This limits their role in health workforce planning and constrains their scope of practice. Recognizing paramedics as regulated professionals would help address health human resource challenges and expand their ability to deliver care in community and non-emergency settings—enhancing system capacity and efficiency.

Creating a regulated paramedic college would help to address:

- Health human resource issues, such as certification and qualifications and Continuing Medical Education (CME), while working with partners in the ministry, hospitals and education.
- Benefits cross-certification related to interprovincial workforce mobility.
- Strengthen the paramedic voice to be more effective among other regulated health professionals.
- Helps expand the reach of community paramedicine as an evidence-based, onthe-ground solution.

The Cost of WSIB Claims to Municipalities

WSIB continues to pose a significant financial cost to municipalities, and is showing to continuously increase.



For example, in one of our upper-tier municipalities, for every dollar spent on county paramedic employee wages, 19 percent goes toward WSIB costs. Therefore, approximately 19 percent of the paramedic staff budget goes towards WSIB.

Municipal Case Example

Renfrew County VTAC: A Rural Health Innovation Success

Renfrew County is the largest geographic county in rural Ontario and faces significant health care accessibility challenges. With no walk-in clinics or urgent care centres, many residents rely on emergency departments for non-urgent care, contributing to overcrowding and hallway medicine. About 28% of the population—approximately 30,000 people (2023)—do not have a family doctor or primary care provider, a number expected to rise due to upcoming retirements.

In response, the Renfrew County Virtual Triage and Assessment Centre (RC VTAC) was launched during the COVID-19 pandemic. This innovative model provides virtual access to family physicians and in-person care through community paramedics. Since its inception in 2020, RC VTAC has delivered over 146,000 virtual assessments and thousands of on-site visits, now averaged 3,000 assessments and avoided 1,000 unnecessary Emergency Department visits monthly (2023).

RC VTAC primarily serves patients without a family doctor, with 86% reporting their concerns were resolved in the first encounter and 93% expressing satisfaction. Fewer than 3% require escalation to emergency services (2023). RC VTAC has reduced pressure on hospitals, improved access to care, and proven to be a cost-effective, scalable model for rural and small-urban health care delivery.



EOWC Resources

The EOWC remains a reliable, trusted partner. The EOWC encourages government and sector partners to learn more about the EOWC's paramedic services and municipal long-term care sector policy papers and data.

- EOWC Paramedic Services Situational Overview, May 2023
- <u>EOWC Key Takeaways Review of Eastern Ontario Long-Term Care Facilities,</u> January 2021
- <u>EOWC Phase Two Report Review of Eastern Ontario Long-Term Care</u> <u>Facilities</u>, January 2021
- <u>EOWC Phase One Report Review of Eastern Ontario Long-Term Care</u> <u>Facilities</u>, January 2021





Issue

The EOWC recognizes and thanks the Ontario Government's efforts to strengthen Ontario's long-term care system through <u>Bill 14, Support for Seniors</u> <u>and Caregivers Act, 2025</u>.

The legislation includes several positive reforms, particularly in dementia care, caregiver support, and oversight. However, the proposed expansion of individual liability and the harmonization of fines across homes imposes substantial penalties on administrators, municipal officials, and board members. This may result in discouraging qualified leadership and further exacerbate staffing pressures.

Additionally, municipal long-term care homes across eastern Ontario are increasingly being asked to admit patients with complex mental health, addictions, and behavioural challenges—often without the clinical infrastructure, staffing, or support required to ensure safety. These admissions frequently involve individuals who would be more appropriately served in specialized psychiatric or community settings. Without clear protocols and coordinated assessment processes, these placements pose growing risks to both resident and staff safety, and place unsustainable pressure on the municipal long-term care system.

Bill 14, Support for Seniors and Caregivers Act: Impact on Municipal Long-Term Care Homes in Small Urban and Rural Communities

The <u>Eastern Ontario Wardens' Caucus</u> (EOWC) thanks the Minister of Long-Term Care for addressing certain needs of seniors through <u>Bill 14, Support for Seniors and Caregivers Act, 2025</u> and its focus on dementia care, resident and caregiver support, strengthened oversight, and infection control.

While Bill 14 includes positive reforms, it also introduces serious challenges for municipal long-term care operators, such as those previously raised in <u>Bill 235</u>, which the EOWC addressed <u>in a formal letter to the Minister of Long-Term Care</u>. The introduction of new individual offences and harmonized maximum fines for long-term care home directors and officers increase personal liability, hinder the already challenging staff recruitment and retention, and risk weakening leadership capacity in the municipal sector.

Individual Offences Will Worsen Staff Recruitment and Retention

Recommendations

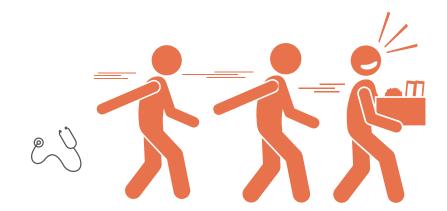
To protect resident safety while maintaining stable leadership and staffing in municipal long-term care homes, the EOWC recommends the following to the Ministry of Long-Term Care:

- Remove or narrow the scope of individual liability for municipal officials, administrators, and board members who are not directly involved in care delivery and who have taken reasonable steps to fulfill their obligations under the <u>Fixing</u> <u>Long-Term Care Act, 2021</u> (FLTCA).
- Align enforcement provisions with those in other health care sectors to ensure fairness and avoid discouraging leadership participation in municipal homes.
- Strengthen existing oversight and support mechanisms, including training, staffing resources, and compliance tools, to enhance care quality without compromising leadership stability

Key Evidence

Ontario's long-term care sector is already governed by the FLTCA, which outlines offences for failing to protect residents from abuse or neglect.

Harsh individual penalties are increasing stigma and making the sector less attractive to qualified leaders and staff.



In some cases, supervisors could be held liable for situations

beyond their control such as when residents do not receive adequate care due to understaffing, despite leaders' best efforts. Although insurance is available for administrators and supervisors, **compliance-related claims are excluded**, leaving individuals personally liable.

Hospitals are not subject to the same personal liability provisions, creating a perception of double standards for those working in long-term care.

Background

The EOWC is concerned about the **unintended consequences of Bill 14**, which introduces a new offence for individuals found to have abused or neglected a resident in a long-term care home.

While resident safety is a shared priority, the proposed legislation extends liability beyond frontline care workers to include licensees, administrators, board members, and municipal officials regardless of whether they are involved in care delivery.

This expanded individual liability creates **significant legal risk for municipal homes**, especially in small urban and rural communities already struggling with staff recruitment and retention. The provision may **further deter professionals from taking on leadership roles**, undermining the stability and sustainability of municipal long-term care services.

Harmonized Fines Could Deter Volunteer Leadership in Municipal and Non-Profit Long-Term Care Homes

Recommendations

To ensure fair treatment and sustain strong governance in municipal and non-profit long-term care homes, the EOWC recommends the following to the Ministry of Long-Term Care:

- Continue to apply lower fine thresholds to officers and directors of municipal, First Nations, and non-profit homes, recognizing their public service role and the voluntary nature of their contributions.
- **Create enforcement frameworks** that reflect the distinct accountability, governance models, and resource constraints of non-profit and municipal operators, rather than imposing one-size-fits-all penalties.
- Provide clear legal protections for board members and municipal officials acting in good faith within their scope of responsibilities, such as statutory indemnity or access to government-supported insurance.

Key Evidence

The proposed changes represent a **5,000%** increase for a first offence and a **10,000%** increase for subsequent offences—a drastic jump from \$4,000 to up to \$400,000.



Although insurance is available

for non-profit directors and municipal board members, **compliance-related claims** are excluded, leaving individuals personally liable.

For-profit operators are compensated and supported through robust legal and financial infrastructure—conditions **not shared** by municipal or non-profit boards.

This shift could have a detrimental effect on volunteerism and governance, worsening existing challenges with recruitment and retention across the EOWC's small urban and rural communities.

Background

The proposed amendment in Bill 14 that would eliminate reduced fine amounts for officers and directors of non-profit, municipal, and First Nations homes and harmonize them with for-profit homes will have consequences for the municipal long-term care sector.

This harmonization fails to recognize the unique roles and responsibilities of municipal and non-profit long-term care boards. Board members are often unpaid volunteers who take on significant public accountability without the financial compensation or protections provided in the for-profit sector.

Increasing their legal and financial risk will discourage civic participation, make it harder to recruit qualified board members, and may prompt municipalities to reconsider their role in long-term care service delivery.



Inappropriate Admissions Undermining Safety in Long-Term Care Homes

The EOWC thanks the Minister of Long-Term Care for the needed investments to support complex care residents through the <u>Local Priorities Fund</u>, which will reduce emergency department visits and connect people with the right care.

Across the region, municipal long-term care homes have been reporting an increase in admissions of people with serious mental illness and addictions issues. Municipal long-term care homes do not have the capacity to appropriately manage, especially given the staffing challenges.

Recommendations

To protect resident and staff safety, and ensure appropriate care environments, the EOWC recommends the following to the Ministry of Long-Term Care:

- Ensure that patients referred to municipal homes are clinically and behaviorally appropriate for the setting and do not pose undue risk to other long-term care residents and staff.
- Require comprehensive clinical assessments and collaborative decision-making between hospitals, long-term care homes, and placement coordinators prior to transfer.
- Establish clear safety protocols and invest in additional resources where longterm care homes are asked to accept residents with known behavioral or security risks.

Key Evidence

The <u>More Beds, Better Care Act, 2022 (Bill 7)</u> permits hospitals to transfer Alternate Level of Care (ALC) patients to long-term care without patient consent to ease bed pressures.

In the **first seven months** after Bill 7 was enacted,

7,600 Alternate Level of Care Patients

were transferred **from hospitals to long-term care homes**—an **18% increase** over the previous year.



Patients who refuse to leave hospital care face a mandatory fine of **\$400 per day** causing them to be forced out of hospitals.

Long-term care settings lack essential safety infrastructure—such as 24/7 security and access to acute psychiatric support—and are further constrained by legislation that limits the use of antipsychotic medications and physical restraints, making it extremely difficult to manage residents with severe responsive behaviours.

Pre-admission documentation is often incomplete or inaccurate, leading to an increase in high-risk referrals to municipal long-term care homes without adequate support, assessment, or transition planning. In some cases, individuals are transferred who are nearing end of life, but this is not reflected in their referral information, making it difficult to ensure appropriate care and planning.

Adults aged 60+ with complex mental health and medical conditions would benefit more from a group home setting than long-term care placement.

Municipal Case Example 1

Effects of Inappropriate Admissions in Eastern Ontario Long-Term Care Homes

At a municipal long-term care home in eastern Ontario, a resident in their 50s with significant mental health and addiction challenges was believed to have accidentally started a fire by leaving a lit cigarette in a chair. Despite safety protocols and staff efforts to prevent such incidents—particularly given the resident's repeated attempts to smoke in their room—a serious event occurred.

The fire activated the sprinkler system, resulting in smoke and water damage, the displacement of seven residents, and the temporary relocation of the nursing station. Five staff members were taken to the hospital for assessment due to smoke inhalation; four were released the same day, while one remained overnight for observation and was discharged the next day.

Prior to this incident, police had been involved due to the resident's aggressive behaviour toward staff. The resident has demonstrated an ongoing pattern of high-risk behaviour.

This incident underscores critical gaps in the long-term care system's capacity to safely support residents with complex, high-risk needs.

Municipal Case Example 2

Effects of Inappropriate Admissions in Eastern Ontario Long-Term Care Homes

At a municipal long-term care home in southeastern Ontario, a resident in their 40s with a history of emotional dysregulation, substance use, and prior incarceration exhibited escalating behaviours within days of admission.

Despite initial stability in hospital, the individual quickly began refusing medication, attempted to leave the premises repeatedly, and entered vehicles and nearby businesses.

Within two weeks, a high-risk behavioural incident occurred, requiring police intervention and resulting in the resident's removal.

The incident exposed critical limitations in the home's ability to safely manage younger, physically robust individuals with complex behavioural needs in an unsecured environment, and underscored the risks to resident and staff safety when transitioning individuals from structured psychiatric or hospital settings into long-term care.

Background

Municipal long-term care homes across eastern Ontario are increasingly being asked to accept ALC patients discharged from hospitals under the <u>More Beds, Better Care Act, 2022</u>.

While freeing up acute care capacity is important, many of these patients present complex physical, mental health, or behavioral challenges that municipal long-term care homes are neither designed nor equipped to manage. Some referrals involve individuals with serious mental illness, substance use disorders, aggressive behaviours, or histories of incarceration. Others are experiencing homelessness or require treatment such as methadone maintenance.

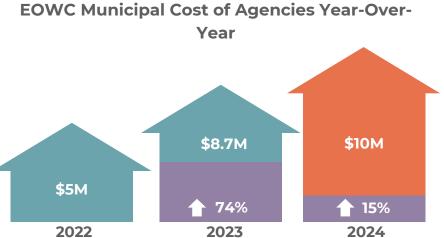


EOWC Data and Resources

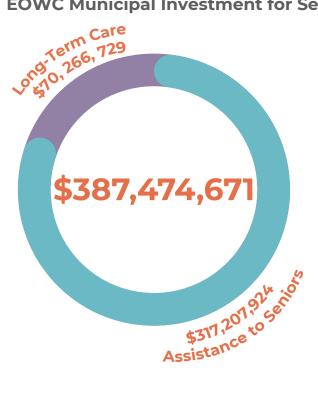
Across our region, the EOWC's municipalities own and operate 18 long-term care **homes**, with two more homes currently in development. By the end of 2024, the EOWC's municipal long-term care homes provided residents with an average of **3.62 hours of care per day per resident** putting the region well on the path to achieving the provincial target of four hours per day.



In 2024, municipalities across the region invested between \$96,458 and \$3,958,013 in private staffing agencies to address workforce shortages in their long-term care homes, with an average investment **of \$1,224,613** per municipality.



EOWC Municipal Investment for Seniors



The EOWC maintains that these taxpayerfunded contributions—ultimately going toward private profit—could be used more effectively within the public system.

The reliance on agency staff not only places a higher financial burden on municipalities but also undermines workplace culture, diminishes staff morale, and is associated with increased critical incidents, as well as disruptions in the continuity and quality of resident care.

Resources

Strong municipal commitment is part of why municipal homes consistently achieve better outcomes than those in the private sector, as highlighted in reports by Ontario's Auditor General, AdvantAge, KPMG, and the Institute of Municipal Finance and Government.

The EOWC remains a reliable, trusted partner. The EOWC encourages government and sector partners to learn more about the EOWC's municipal long-term care sector policy papers and data.

- <u>EOWC Key Takeaways Review of Eastern Ontario Long-Term Care Facilities</u>, January 2021
- <u>EOWC Phase Two Report Review of Eastern Ontario Long-Term Care Facilities,</u> January 2021
- <u>EOWC Phase One Report Review of Eastern Ontario Long-Term Care Facilities,</u> January 2021





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