



THE REGIONAL MUNICIPALITY OF NIAGARA  
PUBLIC HEALTH & SOCIAL SERVICES COMMITTEE  
AGENDA

PHSSC 5-2025

Tuesday, May 6, 2025

1:00 p.m.

Council Chamber - In Person and Electronic Meeting

Niagara Region Headquarters, Campbell West

1815 Sir Isaac Brock Way, Thorold, ON

To view live stream meeting proceedings visit: [niagararegion.ca/government/council](https://niagararegion.ca/government/council)

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1. <u>CALL TO ORDER</u>	
2. <u>LAND ACKNOWLEDGEMENT STATEMENT</u>	
3. <u>DISCLOSURES OF PECUNIARY INTEREST</u>	
4. <u>PRESENTATIONS</u>	
4.1 <u>Reach Niagara</u> Carolyn Dyer, Executive Director	3 - 16
5. <u>DELEGATIONS</u>	
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6. <u>ITEMS FOR CONSIDERATION</u>	
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## **7. CONSENT ITEMS FOR INFORMATION**

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## **8. OTHER BUSINESS**

## **9. CLOSED SESSION**

- 9.1 Confidential COM 12-2025  
A Matter of Labour Relations/Employee Negotiations and Personal Matters about Identifiable Individuals Pursuant to Sections 239(2)(d)(b) of the Municipal Act, 2001: Special Needs Program Update
- A presentation will precede the consideration of this item.

## **10. BUSINESS ARISING FROM CLOSED SESSION ITEMS**

## **11. NEXT MEETING**

The next meeting will be held on Tuesday, June 10, 2025, at 1:00 p.m. in the Council Chamber, Regional Headquarters.

## **12. ADJOURNMENT**

If you require any accommodations for a disability in order to attend or participate in meetings or events, please contact the Accessibility Advisor at 905-980-6000 ext. 3252 (office), 289-929-8376 (cellphone) or [accessibility@niagararegion.ca](mailto:accessibility@niagararegion.ca) (email).



# Niagara Region's Public Health & Social Services Committee

May 6, 2025

Presented by:

**Carolyn Dyer**, Executive Director



# OUR VISION & MISSION

## MISSION

Together, with our community partners, we will provide compassionate care and reduce barriers to healthcare for the homeless and marginalized.



## VISION

All individuals who are homeless or marginalized have equitable access to healthcare in the Niagara Region.



# Snapshot of REACH Niagara

- “Young” organization
  - Founded in 2019 with a focus on bringing care directly to individuals experiencing homelessness
- Partner driven
- No base funding - rely on grants and donations
- Over 14 family physicians are part of this work



# Who We Serve

- Equity deserving populations of the Niagara Region who:
  - Are or is at risk of experiencing homelessness
  - Are experiencing (including families) gender-based violence
  - Struggle with substance use and/or mental health
  - Are exiting the justice system
  - Recently immigrated to Canada
  - Impacted by social factors (food insecurity; employment; education)



# Understanding Barriers to Care

## Barriers

## How we address barriers

Transportation

- Go to where people are at

Competing life priorities

- Focus on building trust and engaging when ready

No identification and/or health insurance

- Do not require a health card or any form of health insurance
- Created pathways where identification is required

Ability to make or keep appointments

- No appointment required

Stigma

- Focus on trust; addressing immediate healthcare concerns



# Our Programming



# REACH Across Niagara

 Mobile Health  
Clinic Location

 PATH  
Location

 Welcoming  
Streets

**Pope John Francis**

**Hope Centre •  
Encampment Care •  
The Welland Shelter •**

**Port Cares •**

- Southridge Shelter
- Start Me Up Niagara
- Gillian's Place
- Westview Centre for Women
- Riordan Shelter
- Bethlehem Housing
- Queenston Neighbourhood (CTS)
- Welcoming Streets Initiative

- Bridge Housing
- Summer St. Shelter
- Howard Johnson
- Encampment Care
- Birchway Niagara

**Mrs O's Pharmacy •  
Fort Erie Native •  
Friendship Centre**



# Programs at a Glance

## **Indoor and Telus Health Mobile Clinics:**

- Bring low-barrier primary care, system navigation, peer led services, and mental health and addictions counselling directly to community members

## **Program for Addiction Treatment and Healthcare (PATH):**

- Improve access to addictions medicine options and address client goals and social needs
- Increase access to financial assistance (for example, ODSP)
- Build access to dedicated gender informed case management support

## **Encampment Care:**

- In collaboration with NASO, bring Primary Care and Counselling directly to encampments



# Programs (Cont.)

## **Justice System Transitional Integrative Care & Empowerment (JSTICE):**

- Team based approach to enhance community reintegration for individuals exiting the corrections system by connecting them with essential health and social services

## **Welcoming Streets (in collaboration with Positive Living Niagara):**

- Pilot focuses on community safety and fostering relationships with the unhoused, business owners, and the community

## **Monthly ODSP Clinics:**

- Improve access to financial assistance for those with a disability
- Collaboration with a number of community partners
- Supported 121 ODSP applications (Sept. 2024 - March, 2025)



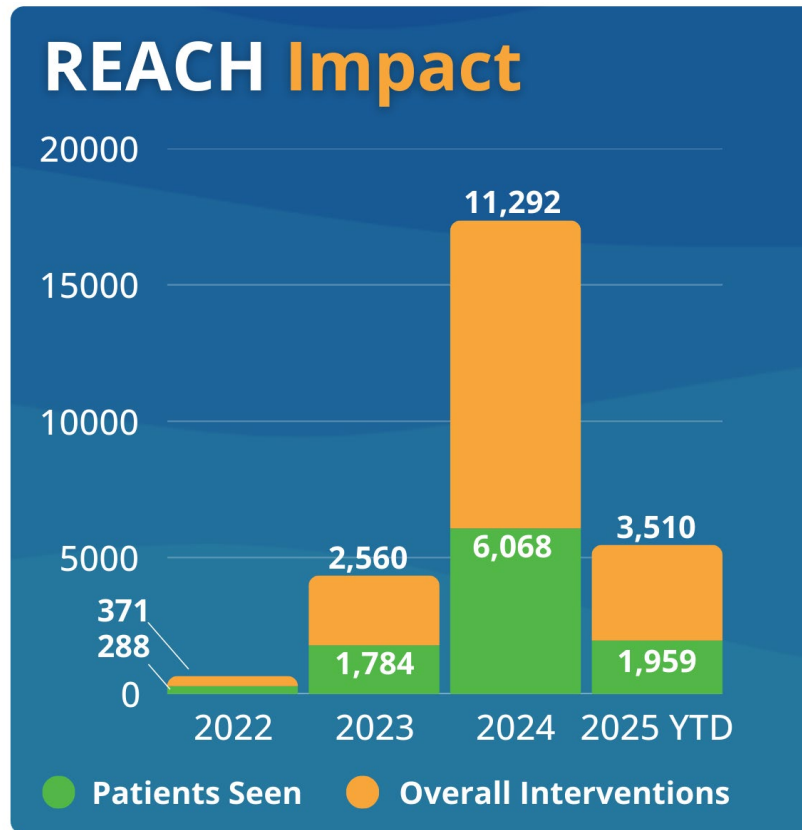
# Impact

## In 2024:

- We provided care to 6,000 community members
- Diverted 249 Emergency Department visits
- 47% of our clients have stated 'without REACH' they would go NO WHERE for their care

## In 2025 (Jan. - March):

- We have seen more patients than all of 2023



# Client Impact Story: Full Circle



## Client's Background:

- Recent immigrant from Nigeria
  - Fled to Canada because their life was in danger
- Came in Contact with REACH through staying at a partnered shelter
  - Shelter staff referred client because of trauma and night terrors

## What REACH was able to do:

- Provide timely trauma informed counselling
- Received immediate primary care
- Attended ODSP Clinic while providing a real time psychiatrist assessment



# Client Impact Story: Full Circle (Cont.)



## Outcomes:

- Mental health care plan by a psychiatrist
- Now receives ODSP
- Ongoing trauma specific counselling
- Was able to get housed through support of community partner



# What's Next for REACH Niagara

1. Secure sustainable, provincial base funding
2. Expansion of gender based violence mental health support and dedicated gender based care
3. Implement new programs and evaluate outcomes
4. Key partner in the HART Hub





## Questions & Comments



**From:** [PF-Mailbox-01](#)  
**Subject:** FW: Online Form - Request to Speak at a Standing Committee or Regional Council  
**Date:** March 24, 2025 9:14:54 AM

**From:** Niagara Region Website  
**Sent:** Monday, 24 March 2025 09:14:46 (UTC-05:00) Eastern Time (US & Canada)  
**To:** Clerks  
**Subject:** Online Form - Request to Speak at a Standing Committee or Regional Council

**Request to Speak at a Standing Committee or Regional Council**

To reply, copy the email address from below and put into 'To'. (if resident entered their email address)

Name	Steven Soos
Address	
City	Welland
Postal	
Phone	
Email	
standing committee	Public Health and Social Services Committee
Presentation Topic	Preventative Drug Education

Presentation includes slides

Yes

Previously presented topic

No

Presentation Details

-Requesting a formal partnership between Niagara Region public health and Niagara-area school boards, Brock University and Niagara College to deliver preventative drug education to Niagara's youth. -A public health campaign cautioning to public on the dangers of opioids as Niagara Region remains under a state of emergency for Opioid addiction. -4 Niagara Municipalities currently support the request for the Niagara Region to deliver more preventative drug education to the public (Niagara Falls, Welland, Grimsby and Thorold). -Advocate to the provincial government and Niagara Health the need for more treatment centre spots in the Niagara Region. -Advocate to the provincial government and Niagara Health for private rooms/beds in Niagara's withdrawal management service (Detox).

Video Consent

Yes



**Subject:** Canada-Wide Early Learning and Child Care Agreement Update

**Report to:** Public Health and Social Services Committee

**Report date:** Tuesday, May 6, 2025

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## **Recommendations**

1. That a gross operating budget adjustment in the amount of \$2,135,544 and \$0 net, fully funded through the Ministry of Education (MEDU), **BE APPROVED** to support Niagara Region's early years and child care system; and
2. That the addition of 6.3 new permanent full time equivalents (FTEs) in Children's Services, one Directly Operated Child Care Specialist position, five (5) Regional Child Care Centre Registered Early Childhood Educators, and a conversion of a part time Child Care Cook to full time FTE (0.3), for a total gross cost of \$673,970 annually, to be accommodated within existing provincial funding **BE APPROVED**, in order to meet provincial requirements for the Canada-Wide Early Learning and Child Care (CWELCC) program.

## **Key Facts**

- The purpose of this report is to seek approval for a 2025 in-year budget adjustment of a \$2.1 million increase in provincial funding, as required by By-law 2017-63, Budget Control, Sections 6.6(a) and 6.6(b), and approval of six and a half (6.5) new permanent FTEs, in accordance with the Corporate Delegation of Authority Policy (C-HR-005).
- In March 2025, the MEDU recalibrated CWELCC expansion targets for 2024–2026; resulting in an increase of 229 additional spaces. The MEDU also allocated \$7.7 million to support capital expansion needs of non-profit providers. The expansion of spaces and infrastructure funding resulted in a net new funding increase of \$2.1M, increasing the MEDU funding allocation to \$192.9M.
- Approval is requested for 6.3 permanent FTEs for the Region's five directly operated centres, of which 5.3 are currently filled with temporary staff to meet operational needs. One additional FTE is required to meet updated Ministry requirements for CWELCC. These positions will be funded within the revised CWELCC allocation, with no impact on the tax levy.

## Financial Considerations

The MEDU has revised the funding allocation for the Niagara Region based on a space recalibration exercise, resulting in reductions in CWELCC funding of \$4.7M and CWELCC start up grants of \$0.8M. The decrease will not have any operational impact.

The MEDU has also introduced a new funding allocation for Early Learning and Child Care (ELCC) Infrastructure fund in the amount of \$7.7M. The net impact of the funding revision is an increase of \$2.1M. There is no impact to the Regional Levy as a result of the change, as outlined in Table 1 below.

Table 1: Revised Children's Services 2025 Operating Budget

	2025 Operating Budget	Budget Adjustment	Revised 2025 Operating Budget
2025 Gross Expenses net of Parent Fee Revenues	\$201.2M	\$2.1M	\$203.3M
2025 MEDU Funding Total	\$190.8M	\$2.1M	\$192.9M
2025 Regional Levy	\$10.4M	\$0	\$10.4M

Children's Services will invest the incremental funding into the delivery of early years and child care services as per the MEDU guidelines.

Of the total MEDU funding allocation, Niagara Region's five (5) directly operated child care centres will receive a total of \$7.4M in 2025. The new cost-based CWELCC funding allocation provides stable funding and enables the centres to convert existing temporary staffing into 5.3 permanent FTEs. Now that stable funding is in place under the new cost-based model, these positions are being made permanent. In addition, the CWELCC funding formula revision allows a larger portion of funding to be allocated to directly operated child care centres, supporting the addition of one (1) FTE specialist to ensure Ministry requirements are met.

The total cost for the 6.3 FTE is \$0.7M gross and \$0 net. Since the costs associated with the new permanent FTEs are already accounted for in the 2025 operating budget there is no impact on Niagara Region's tax levy.

## **Analysis**

The Canada-Wide Early Learning and Child Care (CWELCC) program was introduced in March 2022 to improve affordability, accessibility, and quality in the early learning and child care sector across Canada. The program supports fee reductions for families, increases wages for Early Childhood Educators, and enables child care providers to deliver high-quality services. CWELCC funding applies to programs serving children aged 0–5.

In Niagara Region, 187 out of 195 eligible licensed child care centres (96%) are participating in the CWELCC program. On average, approximately 8,800 children aged 0–5 are enrolled daily in CWELCC contracted program, which is a 23% increase since the program's implementation.

As part of CWELCC, effective January 1, 2025, child care fees across Ontario are capped at a maximum of \$22 per day.

In Niagara Region, families currently pay an average of \$19.99/day for full-day care for infants, toddlers, and preschoolers. Fees for before and after-school kindergarten care average \$13.44/day. These rates reflect an average reduction of 55% and 42%, respectively, compared to pre-CWELCC fee levels.

## **A New CWELCC Funding Formula in 2025**

In 2025, the provincial government shifted from a revenue-replacement to a cost-based funding model for child care centres, offering more equitable funding based on actual operational costs like rent, salaries, maintenance, and costs associated with meeting health and quality standards. The new funding formula is based on Niagara licensed child care programs' actual costs of operating child care centres with reduced fees. A full analysis of the funding model impact will be conducted mid-2026 and reported to the Public Health and Social Services Committee.

## **Niagara Region Directly Operated Child Care and CWELCC Funding**

The new cost-based funding allocation approach will provide the five (5) directly operated child care centres with a consistent, provincially funded allocation, permitting a stable staffing complement. This funding will enable the hiring of five permanent program staff to maintain child-to-staff ratios and meet the demands of a high-quality program. As well, it will enable the conversion of a part time cook to a full time cook, an

increase of 0.3 FTE. Currently, these roles are filled by temporary hours, which creates challenges with continuity and staff retention.

A dedicated Specialist position is required to oversee the administrative and project-based duties associated with CWELCC for directly operated child care centres to ensure consistent program implementation across the five sites. This role manages funding allocations, reporting requirements, compliance standards, and communication with staff, ensuring each centre remains compliant while optimizing service delivery.

### **New Child Care Infrastructure Fund**

Since CWELCC's introduction in 2022, 38 new centres have opened in Niagara, adding over 1,880 spaces, with 1,715 more spaces expected by 2026. The new 2025 ELCC Infrastructure Fund, with \$7.7M allocated to Niagara, will support non-profit projects to create new, licensed spaces for underserved communities, complementing existing funding provided to support new operators. Staff will implement the program in accordance with provincial direction.

### **Alternatives Reviewed**

Without the addition of 6.3 FTE - one (1) to support the CWELCC administrative requirements for directly operated centres and 5.3 to enhance service delivery at these centres, Niagara Region risks failing to meet provincial requirements for the CWELCC program.

If the budget adjustment is not approved, any unspent funds will need to be returned to the provincial government. This would lead to reduced funding for the local licensed child care system and could jeopardize the successful ongoing implementation of CWELCC.

### **Relationship to Council Strategic Priorities**

The CWELCC program aligns with the Council's strategic priorities of an effective and prosperous region as the provision of accessible and quality early learning programs and services supports the delivery of fiscally responsible and sustainable core services, and supports to attract and retain businesses, and create jobs and support a skilled workforce in Niagara.

**Other Pertinent Reports**

CWCD 2022-189 Canada-Wide Early Learning and Child Care Agreement: A Plan for Ontario Families Status Update

[COM 19-2023 Canada-Wide Early Learning Child Care Expansion Plan](https://niagararegion.escribemeetings.com/PHSSC_Jun06_2023/Pages/VisitorView.aspx?itemID=18)

([https://niagararegion.escribemeetings.com/PHSSC\\_Jun06\\_2023/Pages/VisitorView.aspx?itemID=18](https://niagararegion.escribemeetings.com/PHSSC_Jun06_2023/Pages/VisitorView.aspx?itemID=18))

[COM 19-2023 Appendix 1 - CWELCC Licensed Child Care Spaces by Municipality](https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=31750)

(<https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=31750>)

[COM 10-2024 Canada-Wide Early Learning and Child Care Program Update](https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=36772)

(<https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=36772>)

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**Prepared by:**

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Director, Children's Services

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**Recommended by:**

Henri Koning, MHSc  
Commissioner, Community Services

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**Submitted by:**

Ron Tripp, P.Eng.  
Chief Administrative Officer

This report was prepared in consultation with Kayla Jourdan, Manager Systems Planning and Evaluation, and Pamela Hamilton, Senior Program Financial Specialist and reviewed by and reviewed by Donovan, D' Amboise, Manager Program Financial Specialist.

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**Subject:** Seniors Services Quality Improvement Report: January to March 2025

**Report to:** Public Health and Social Services Committee

**Report date:** Tuesday, May 6, 2025

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## **Recommendations**

1. That COM15-2025 **BE RECEIVED** for information.

## **Key Facts**

- The purpose of this report is to provide Committee and Council with highlights of quality initiatives for Seniors Services.
- Areas of focus in this report are:
  - Long-Term Care Facility InterRAI Transition and Implementation
  - Registered Nurse Outreach Project
  - Leveraging Technology Through Point-of-Care Testing

## **Financial Considerations**

The Ministry of Long-Term Care (MLTC) and Ontario Health West are the primary sources of funding for the Seniors Services division. Other funding sources include user fees and levy.

## **Analysis**

### **Long-Term Care Facility InterRAI Transition and Implementation**

In Ontario, Long-Term Care (LTC) homes use standardized tools to assess residents' needs and plan quality care in pre-determined intervals and when the care needs of the resident changes. For years, LTC including Seniors Services, have used the RAI-Minimum Data Set 2.0 to collect information on residents' physical, mental, and emotional health. The data helps care teams create individualized care plans and supports government decisions about funding, staffing and improvements to care. This tool is now being replaced by the more modern interRAI Long-Term Care Facilities (interRAI-LTCF) assessment, which provides a fuller picture of each resident's physical, mental, and social needs and helps coordinate care across different health settings.

To support this shift, in January 2025, Seniors Services and the Ministry of Long-Term Care partnered to pilot the new assessment, with Niagara Region serving as a lead organization. By April 1, 2025, the interRAI-LTCF rolled out to LTC homes across Ontario had been initiated. Roll-out will be finalized by Q3 2025.

This new tool helps staff create more personalized care plans, detect changes in residents' health earlier, and to work more effectively as a team. Staff have been trained on the new system, which is now also tied to the province's funding model, helping ensure resources match the care each resident needs. As an early adopter, Niagara's Seniors Services is leading the way in advancing person-centered, data-informed care across the province.

### **Registered Nurse Outreach Project**

In January 2025, Seniors Services partnered with Ontario Health to pilot the Registered Nurse (RN) Outreach Project. This role was designed to support nursing teams directly at the point of care, offering clinical guidance, mentorship, and education to help staff manage increasingly complex resident conditions. Through timely clinical support, the Outreach RN has enabled staff to recognize and respond to changes in residents' health more quickly. This has led to improved stability and a noticeable reduction in emergency hospital transfers, ensuring that residents can remain in their familiar environment whenever possible.

The Outreach RN has also played a key role in ensuring that care planning remains resident-centered. By incorporating residents' goals and preferences into day-to-day care, families have expressed greater satisfaction with communication and involvement in decision-making.

In addition to supporting care delivery, the RN Outreach role has contributed to staff development through ongoing bedside teaching and informal education. This focus on skill-building has helped enhance the clinical capacity of the team and supports long-term improvements in care quality.

The introduction of the RN Outreach role has had a significant and positive impact on the quality of life for residents, particularly those with complex medical needs. Seniors Services is advocating with Ontario Health West to consider funding permanent implementation of the pilot project in future.

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## **Leveraging Technology Through Point-of-Care Testing**

Seniors Services, in collaboration with LifeLabs and Ontario Health, is introducing Point of Care (POC) testing in select long-term care homes and seniors' congregate settings. The POC testing is designed to complement, not replace, the comprehensive laboratory services currently provided by our contracted laboratory service provider. More complex or specialized tests will continue to be managed through the existing laboratory system.

Implementation of POC testing will begin this quarter at Linhaven, Woodlands of Sunset, and Meadows of Dorchester. This initiative allows staff to perform a limited range of essential diagnostic tests, including select infection screenings, directly within the care home. The goal is to support faster clinical decision-making, reduce delays in treatment, enhance the overall resident experience, and help prevent unnecessary emergency department transfers.

As part of this partnership, LifeLabs will provide the necessary equipment, staff training, and quality oversight for POC testing, while Ontario Health will support system integration and ensure alignment with provincial health data standards. Together, these efforts reflect a shared commitment to improving timely access to high-quality care for seniors across the province.

## **Alternatives Reviewed**

Quarterly quality improvement reports provide committee and council with important information, supporting accountability, transparency and a culture of best practice and continuous quality improvement. As the governing body for the Region's LTC Homes, it is important that Council receives these reports to ensure high quality of care, understand the successes, challenges and opportunities experienced in these facilities and meet legislative accountability requirements of LTC.

## **Relationship to Council Strategic Priorities**

The Long-Term Care Facility InterRAI Transition and Implementation, Registered Nurse Outreach Project, and Point-of-Care Testing initiatives align with the Council's strategic priority of building an equitable region. These initiatives support continuous improvement and the modernization of processes to ensure value-for-money in Seniors Services. The Registered Nurse Outreach Project and Point-of-Care Testing also support the objective of investing in and strengthening the knowledge, skills, and

judgment of the Seniors Services workforce, particularly in managing residents' care needs.

### **Other Pertinent Reports**

[COM 3-2025 Seniors Services Quality Improvement Report: October-December 2024](https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=41289)  
(<https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=41289>)

[COM 3-2025 Appendix 1 – Supporting Table and Figures](https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=41290)  
(<https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=41290>)

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#### **Prepared by:**

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#### **Recommended by:**

Henri Koning, MHSc  
Commissioner, Community Services

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#### **Submitted by:**

Ron Tripp, P.Eng.  
Chief Administrative Officer

This report was prepared in consultation with Laura Matthews, Manager Clinical Practice and Ronna Perin, Supervisor, Clinical Documentation and Informatics and reviewed by Paolo Varias, Director, Seniors Services.

### **Appendices**

Appendix 1 Supporting Tables and Figures

## Appendix 1 – Supporting Table and Figures

Table 1. Publicly Reported Performance Indicators, Regional Municipality of Niagara

Quality Indicator	Niagara 2025 Q1	Niagara 2024 Q4	Ontario
Antipsychotic Use Without Psychosis Diagnosis	14.4%	13.9%	19.6%
Daily Physical Restraints	1.7%	1.7%	1.9%
Worsened Stage 2 to 4 Pressure Ulcers	4.3%	4.2%	3.4%
Has Fallen	19.8%	20.7%	15.2%
Worsened Mood from Symptoms of Depression	20.4%	21.1%	20.2%
Worsened Pain	2.8%	3.1%	4.2%

**Subject:** 2025-2027 Niagara Prosperity Initiative Grant and Awards

**Report to:** Public Health and Social Services Committee

**Report date:** Tuesday, May 6, 2025

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## **Recommendations**

1. That report COM 16-2025 **BE RECEIVED** for information.

## **Key Facts**

- The purpose of this report is to update Council on the approved 2025–2027 Niagara Prosperity Initiative (NPI) projects which focus on the six areas for investment under the Niagara Poverty Reduction Strategy (NPRS): Indigenous Well-Being, Mental Health and Addiction, Income and Employment, Food Security, Housing and Early Childhood Development.
- These grants will support the work being done by a diverse range of community agencies who are addressing important issues for residents living in poverty.
- Information related to funded initiatives and evaluation metrics will be made publicly accessible on the Regional website. Staff will bring a report to committee related to year one NPI outcomes in 2026.
- NPI was the second grant program to pilot a new granting approach, leveraging findings from the “Building Safer Communities Grant Program.” Staff will bring a report to committee related to the use of the granting program to distribute funds for Building Safer Communities and NPI in fall 2025.

## **Financial Considerations**

In 2018 the Niagara Region introduced the NPI to address the NPRS through the community services operating budget and has continued into 2025. In total, \$4.5M has been allocated evenly over three (3) years to support these community projects ending December 31, 2027. The NPI budget for 2026-2027 is contingent on Council approving the same level of investment through 2026-2027. A further breakdown of the seven contracts awarded for the community projects will be discussed in the Awarding and Post-Award Feedback section.

## Analysis

### NPI Grant Process

The NPI Grant Program was used to fund community-based poverty alleviation and reduction initiatives for people living in poverty. Recommendations from the NPRS, which are based on local needs and best practice, informed selection of six areas of investment for the 2025-2027 NPI grant program. Agencies across Niagara received information about the NPI grant program through local planning tables, foundations, an agency distribution list, information sessions, and Regional social media. The Call for Applications opened in October 2024 and remained open for six weeks. Agencies submitted applications online using the Good Grants management platform, previously piloted with success by Building Safer Communities. Twenty-eight community agencies applied, requesting over \$7M in total funding. A Grant Review Panel, made up of three Regional staff and five community representatives, completed their review, using a standardized scoring matrix that matched proposal requirements.

Staff will bring a report to committee related to the use of the granting program to distribute funds for Building Safer Communities and NPI in fall 2025.

### Awarding and Post-Award Feedback

The chart below lists the seven recipients who have entered into agreements with Niagara Region in accordance with COM 22-2024 to support project delivery and reporting over three years:

Project Name	Agency	Year 1/\$	Year 2/\$	Year 3/\$
Kowaamjigewin	NPAAMB	\$187,043	\$189,248	\$185,513
PATH – Program for Addiction Treatment and Healthcare	REACH	\$227,989	\$300,000	\$300,000
Intensive Outreach Team	Gateway	\$244,067	\$251,457	\$250,186
Bridges to Prosperity	Workforce Collective	\$190,440	\$187,470	\$167,340

Project Name	Agency	Year 1/\$	Year 2/\$	Year 3/\$
After Care Support	Birchway Niagara	\$247,797	\$252,146	\$254,949
The Bridge Food Recovery Expansion	The Bridge	\$233,297	\$149,468	\$143,990
FEED Niagara	Community Care West Niagara	\$59,367	\$60,211	\$88,022

Annual reviews will occur before starting the second and third years of funding.

All applicants were informed that they can request a follow-up meeting with program staff to receive feedback on their grant application, including the decision rationale based on the application evaluation results.

## Evaluation Metrics

Evaluation will use qualitative and quantitative measures to tell the story of change. Expected outcomes include:

- Improved access to treatment for mental health and addiction issues
- Reduced barriers to access Ontario Disability Support Program
- Increased money recovered from tax filing
- Increased retention of housing
- Increased capacity and infrastructure for perishable food recovery and access to food year-round
- Established and funded Indigenous prosperity strategy
- Increased local capacity to implement community work, policies, and practices

## Alternatives Reviewed

This report is initiated by staff to provide Council with an update on progress related to NPI investments in the context of the broader Niagara Poverty Reduction Strategy.

Alternative methods of awarding funding through traditional procurement methods (e.g., Negotiated Request for Proposals) can be utilized but may impede the ability to

distribute funds to community organizations within constrained limited project timelines, can be administratively burdensome to community organizations and present additional costs to community organizations to access and submit bid documents. Granting allows for flexibility in design and equity-based considerations when awarding funds to successful recipients.

## **Relationship to Council Strategic Priorities**

The Niagara Poverty Reduction Strategy is an action within the Equitable Region strategic priority. The selected NPI grant projects will address important issues identified by the community in the areas of Indigenous Well-Being, Mental Health and Addiction, Income and Employment, Food Security, Housing and Early Childhood Development for residents living in poverty. The use of the Niagara Prosperity Initiative granting program improves access to funding opportunities for community agencies to implement recommendations in the poverty strategy to respond to community needs.

## **Other Pertinent Reports**

- [COM 22-2024 Niagara Prosperity Initiative Fund and Grant Program](https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=38052)  
(https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=38052)  
[COM 22-2024 Appendix 1](https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=38053)  
(https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=38053)
- [COM 22-2021 Path Forward to Building a Five Year Poverty Reduction Strategy](https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=19006)  
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[COM 22-2021 Appendix 1](https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=19007)  
(https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=19007)  
[COM 22-2021 Niagara Prosperity Initiative Path Forward Presentation](https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=19005)  
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**Prepared by:**

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Social Assistance &  
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**Recommended by:**

Henri Koning, MHSc  
Commissioner  
Community Services

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**Submitted by:**

Ron Tripp, P.Eng.  
Chief Administrative Officer

This report was prepared in consultation with Lori Watson, Director, Social Assistance and Employment Opportunities, Lisa Gallant, Poverty Reduction Strategy Advisor, John Pickles, Program Financial Specialist, and reviewed by Donna Gibbs, Director, Legal Court Services.

## **Memorandum**

**COM-C 9-2025**

**Subject:** Cost and Benefit of Expanding Street Outreach Service Hours

**Date:** May 6, 2025

**To:** Public Health and Social Services Committee

**From:** Jeffrey Sinclair, Manager Homelessness Services

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At the Public Health and Social Services Committee meeting held on March 4, 2025, the following Councillor Information Request was made:

“Provide information outlining the cost of delivering overnight outreach services.”  
Councillor Kaiser.

The memo describes the potential cost and limited benefits of expanding Niagara Assertive Street Outreach (NASO) hours of operation to provide evening and overnight service coverage.

The estimated annual cost to add the eight additional NASO workers required to provide service coverage from 5:30 pm to 9:00 am seven days per week is \$368,240.00. This cost includes wages, mileage, technology, and training.

As of January 2025, the outreach services provided through a contract with Gateway Residential & Community Support Services provide assertive street outreach throughout the Niagara Region seven days a week from 9:00 am to 5:30 pm. Previously, NASO supports were provided beginning at 7:00 am and ending at 8:00 pm with the additional hours used to support people staying at seasonal shelters, which provided no daytime space and required people to be out on the street during the day. The new NASO service hours reflect a system-wide shift to only permanent shelter facilities operating 24 hours every day, which eliminated the need for NASO to support any shelter users between 7:00 am and 8:00 pm. The new service hours are also a response to the findings of an encampment pilot project completed in 2024. This pilot identified significant improvement of NASO service outcomes (moves to shelter, moves to housing, resolution of encampments) when outreach services were focused on providing ongoing case management to people experiencing unsheltered homelessness (persons staying in encampments, parks, vehicles, or other places unfit for human habitation) as compared to impromptu responses to community concerns. The revised

model continues to see far superior success, with 92 people moved from street to shelter and 18 people moved from street to housed in the first three months of 2025.

Case management provided by NASO supports people to end their unsheltered homelessness. Service activities include assessing need, referring to appropriate health or other services, obtaining personal identification, moving to shelter, applying for affordable housing, and obtaining housing. The bulk of these activities can only occur during the daytime when other health, identification or other services and rental unit viewings are available. Safety risks to outreach staff are significantly higher after dark, requiring team members to work in pairs, and making many locations inaccessible or requiring additional police presence.

Other outreach programs in Niagara are available to the community primarily during the day on weekdays, with limited or no weekend, evening or overnight services (see the table below). For people experiencing homelessness emergency shelter spaces are available 24 hours a day by calling 211 or by physically going to a shelter without the need to connect with NASO.

NASO does not provide emergency responses for people experiencing homelessness. All people, including those who are homeless, who require emergency services should call 911 to access emergency services available 24 hours a day every day.

#### **Service Availability for NASO and Related Services**

Service	Weekdays	Weekends	Evenings	Overnight
Niagara Assertive Street Outreach	Yes	Yes	No	No
Welcoming Streets (St Catharines, Beginning April 2025)	Yes	No	No	No
Seniors Community Programs	Yes	No	No	No
Public Health Outreach	Yes	Yes	No	No

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Service	Weekdays	Weekends	Evenings	Overnight
211 and Emergency Shelters	Yes	Yes	Yes	Yes
Emergency Medical Services (EMS) Outreach	Yes	No	Yes	No
Niagara Regional Police Community Oriented Response and Engagement Unit (CORE) (St. Catharines, Niagara Falls, Welland)	Yes	No	Yes	No
The Niagara Regional Police Service Crisis Outreach and Support Team (COAST)	Yes	Yes	Yes	No
911 Emergency Services	Yes	Yes	Yes	Yes

Respectfully submitted and signed by,

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Jeffrey Sinclair  
Manager, Homelessness Services

## Memorandum

**COM-C 10-2025**

**Subject:** Shelter System Data and Trends: 2024 Update

**Date:** May 6, 2025

**To:** Public Health and Social Services Committee

**From:** Cathy Cousins, Director, Homelessness and Community Engagement

At the Public Health and Social Services Committee meeting held on March 4, 2025, the following Councillor Information Request was made:

“Provide information respecting the impact of shelters including the length of time individuals spend in shelters, the effectiveness of shelters and the lessons learned.”  
Councillor Witteveen.

Niagara Region, the Agencies and the front-line staff that support individuals experiencing homelessness have demonstrated great success and resilience in supporting individuals on their journey to housing. Niagara has seen an 8% decline in homelessness at the end of 2024 over 2023, with a further 7% decline in the first two months of 2025. However, chronic homelessness within that overall population continues to increase, drawing attention to the increasing complexity of those who seek service.

By-Name List of Those Experiencing Homelessness:

	Dec 31/23	Dec 21/24	Feb 28/25
Total	1229	1136	1057
Chronic	594	629	629
Non-Chronic	635	507	428
Chronic %	48.3%	55.4%	59.5%

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Within the total homeless population, 102 individuals are youth aged 16 to 24, of whom 54 are experiencing chronic homelessness. There are currently 65 families experiencing homelessness, of which 33 are chronically homeless. The senior population includes 126 individuals aged 55 to 64, of whom 74 are chronically homeless, and 32 individuals aged 65 and older, with 24 of them classified as chronically homeless. In addition, the Point in Time count survey results and data indicated that 39% of adult individuals experiencing homelessness had their first experience of homeless prior to the age of 18, as well as demonstrating that the fastest growing demographic of homeless is seniors. This highlights the need for a family strategy and greater focus on addressing the senior population.

The shelter system continues to serve individuals with growing acuity and complexity of needs, which contributes to the rise in chronic homelessness. In 2024, 82% of intakes at funded housing-focused shelters were repeat intakes, up from 78% in 2022, reflecting a steady increase in both acuity and chronicity of those seeking shelters. A total of 1,915 intakes were recorded in 2024, with 319 involving Level 4/5 restrictions related to violence and safety concerns, an increase from 289 in 2023 and 262 in 2022. This emphasizes the growing complexity of individuals accessing shelter services and the correlation with the rise in chronic homelessness.

In addition, in 2022, the average length of stay was 32 days, which has since decreased to 23 days in 2024.

Efforts to divert individuals from shelters reflect the increasing in needs and acuity. In 2024, 12.21% of intakes involved a diversion attempt, with a success rate of 28.03%. In early 2025, the diversion attempt rate increased to 45.6%, with a success rate of 20.79%. Diversion investments are being increased to provide for dedicated support to all shelters effective Q2 2025.

The percentage of shelter intakes resulting in housing exits has declined over the past two years, from 24.71% in 2022 to 15.18% in 2024, although this still equates to 700 individuals securing housing. This decline can be attributed to rising living costs, inflation, insufficient social assistance rates, and a shortage of affordable and supportive housing options. However, 173 housing exits were recorded in January and February 2025 alone, driven by targeted Canada-Ontario Housing Benefit investments and enhanced outreach resources focusing on transitioning individuals from encampments and shelters to stable housing. Returns to homelessness remain a challenge, with 25% of shelter intakes in 2024 involving individuals who had previously exited a shelter to housing, a steady metric since 2022.

Where individuals experiencing homeless have been housed from the range of programs offered by the Region, the 6 month sustained housing rates are as follows:

Remained Housed 180 days (%)	2023	2024
Emergency Shelter	76%	77%
Bridge Housing	78%	90%
Housing First	88%	94%
Home For Good	80%	97%
Transitional Housing	91%	96%
Outreach (NASO)	N/A	85%
Prevention (Rapid Rehousing & HELP)	100%	94%

Niagara Region in partnership with homeless serving agencies regularly review outcomes, key performance indicators and trends. The data and conversations at various planning tables is in alignment, showing the need to focus on solutions that are targeted to address the growing complexity of homelessness, with a particular focus on chronic homelessness, family homelessness, and the senior population.

The Homelessness team has established divisional priorities for 2025 around a family homelessness strategy and a senior homelessness strategy. Staff have applied to the Canadian Alliance to end Homelessness Innovation fund to support the commencement of work to further understand and respond to seniors homelessness. Work from these two priorities will be leveraged in the supportive housing strategy where appropriate, as well as shared with Committee and Council to support advocacy and future investments.

Respectfully submitted and signed by,

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Cathy Cousins, CPA, CA

Director, Homelessness Services and Community Engagement  
Community Services

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## Memorandum

**COM-C 11-2025**

**Subject:** Cold Weather Advisory Response Programs

**Date:** May 6, 2025

**To:** Public Health and Social Services Committee

**From:** Cathy Cousins, Director Homelessness Services

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At the Public Health and Social Services Committee meeting held on March 4, 2025, the following Councillor Information Request was made:

“Provide an overview of the cold weather advisory response programs of other communities.” Councillor Kaiser.

Homelessness Services is currently in the process of completing a program evaluation of the “2024-2025 Homelessness Plans for Winter”. The evaluation includes an analysis of key performance metrics to determine the effectiveness of the program in meeting community needs. The evaluation also includes a review of feedback from community partners and individuals with lived experience to identify opportunities for improvement. Finally, the program evaluation includes an environmental scan of the cold weather advisory response programs of other communities.

Staff have started the environmental scan. Preliminary work has identified very few communities that have taken a more innovative approach to addressing this complex challenge. A few communities have modernized their cold response system and taken a more intersectoral approach to responding. Staff are taking a more in-depth look at these programs to identify opportunities for us to adopt some of the more progressive practices that address the unique challenge of providing housing for individuals that are chronically homeless and facing significant service restrictions.

Staff will be rolling the outcomes of the program evaluation into the development of the “2025-2025 Homelessness Plans for Winter” and bringing the plan to Public Health and Social Services Committee this summer.

Respectfully submitted and signed by

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Cathy Cousins

Director, Homelessness Services

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## Memorandum

**PHD-C 2-2025**

**Subject:** Health Canada – Emergency Treatment Fund

**Date:** May 6, 2025

**To:** Public Health and Social Services Committee

**From:** Sarah Burciul, Manager Outreach, & Tara Wincott, Manager Health Promotion

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Health Canada's new Emergency Treatment Fund (ETF) provides urgent, targeted funding to municipalities to support rapid responses to the overdose crisis. The fund is designed to address urgent, immediate needs identified by communities, enhance local capacity, and provide access to culturally sensitive trauma-informed and evidence-based programs and services.

Following a successful application, Public Health was awarded the grant in late December 2024, with a signed agreement allocating \$699,306 in funding over a two-year period. The project, led by Public Health in partnership with Positive Living Niagara and REACH Niagara, will enhance existing client-facing harm reduction services already provided by these two community organizations in the Niagara region.

The goals of the project are to:

1. Enhance access to the case managers, healthcare, and harm reduction services for underserved and marginalized populations in Niagara that are at critical risk of morbidity and mortality.
2. Increase pathways to care to meet people where they are at.
3. Demonstrate and leverage partner collaboration through shared resources to assist the community in accessing harm reduction services.
4. Through mobile street outreach, leverage outreach workers and peers to improve the sense of belonging, facilitate warm transfers to services and provide trauma-informed low barrier healthcare services to equity deserving groups.

The funding will support:

1. Salaries and benefits for two full-time Harm Reduction Workers.

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2. The purchase of three vehicles, and the associated operating costs (insurance, fuel, maintenance), to enhance service and replace current vehicles that are end of life.
  3. Medical supplies.

This grant aligns with priorities within the Community Safety and Wellbeing plan for the Niagara Region, as well as the Ontario Public Health Standard mandate requirements regarding coordination, provision, and enhancement of harm reduction services through collaboration with community providers. Funding is allocated to the community agencies, with required reporting that will be collected by Public Health. A fulsome program evaluation will be completed by Hamilton Health Sciences.

Respectfully submitted and signed by:

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Sarah Burciul, BA MEd  
Manager, Outreach Program

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Tara Wincott, BAH  
Manager, Health Promotion

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Dr. Azim Kasmani, MD, MSc, FRCPC  
Medical Officer of Health and Commissioner  
Niagara Region Public Health and Emergency Services