



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

PHSSC 4-2026

Tuesday, April 14, 2026

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](http://niagararegion.ca/government/council)

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	Pages
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>Public Health and Emergency Services Highlight Video</u> To be distributed.	
5. <u>ITEMS FOR CONSIDERATION</u>	
5.1 <u>PHD 4-2026</u> Public Health 2026 Annual Service Plan and Budget Submission  A presentation will precede the consideration of this item.	3 - 20
5.2 <u>COM 8-2026</u> Supportive Housing Strategy Implementation Plan  A presentation will precede the discussion of this item.	21 - 66
5.3 <u>COM 7-2026</u> St. Catharines Emergency Shelter Funding	67 - 70

**6. CONSENT ITEMS FOR INFORMATION**

- 6.1 PHD-C 7-2026 71 - 82  
Efficiencies in Emergency Medical Services

A presentation will precede the discussion of this item.

- 6.2 PHD-C 8-2026 83 - 97  
Health Systems Planning Report

A presentation will precede the discussion of this item.

- 6.3 PHD-C 9-2026  
Public Health and Emergency Services Highlight Video

To be distributed.

- 6.4 COM 9-2026 98 - 102  
Welcoming Streets Initiative - Funding Information Request

- 6.5 COM-C 14-2026 103 - 105  
Councillor Information Request Regarding Bill 74 (Missing Persons  
Amendment Act)

**7. OTHER BUSINESS**

**8. CLOSED SESSION**

- 8.1 Confidential Appendix 1 to Report COM 7-2026 - St. Catharines  
Emergency Shelter Funding  
A Matter Respecting a Proposed or Pending Acquisition of Land by the  
Municipality or Local Board under s. 239(c) of the Municipal Act -  
Confidential Report NRH 2-2026

**9. BUSINESS ARISING FROM CLOSED SESSION ITEMS**

**10. NEXT MEETING**

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

**11. 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).

# Annual Service Plan and Budget Submission

Public Health and Social Services Committee

PHD 4-2026

April 14, 2026

Sabrina Piluso, Director, Health Promotion and Foundational Standards

# Public Health Annual Service Plan and Budget Submission 2026

PHD 4-2026

April 14, 2026

Sabrina Piluso, Director of Health Promotion and Foundational  
Standards

# Purpose

- To seek Board of Health approval of the Public Health Annual Service Plan and Budget Submission (ASP) for 2026, as a requirement of the Ontario Public Health Standards (OPHS).
- To show how the Annual Service Plan turns into action for Niagara residents.

# What is the ASP?

- A mandatory, Ministry-required document outlining program plans and budgeted expenditures.
- Plan Components:
  - Community Assessment
  - Program Plans
  - Budget Allocation
  - One-Time Funding Request
  - Board of Health Membership, Apportionment of Costs, and Certification

# 2026 Budget Submission

A. Description	B. Ministry Funding%	C. Gross Budget Expenditure	D. ASP Funding Requests	E. Levy Funding
1. Total ASP Mandatory	65%	\$39, 143,821	\$25,248,400	\$13,895,421
2. Total OSDCP	100%	\$2,789,300	\$2,789,300	N/A
3. Total One-time Requests <ul style="list-style-type: none"> <li>• PHI Practicum</li> <li>• Capital (vaccine fridges)</li> </ul>	100%	\$131,000	\$131,000	N/A
<b>TOTAL</b>	-	\$42,064.121	\$28,168.700	\$13,895,421

# The Plan of Action

## Meet the Taylors

Jess (30)

Isla (12)

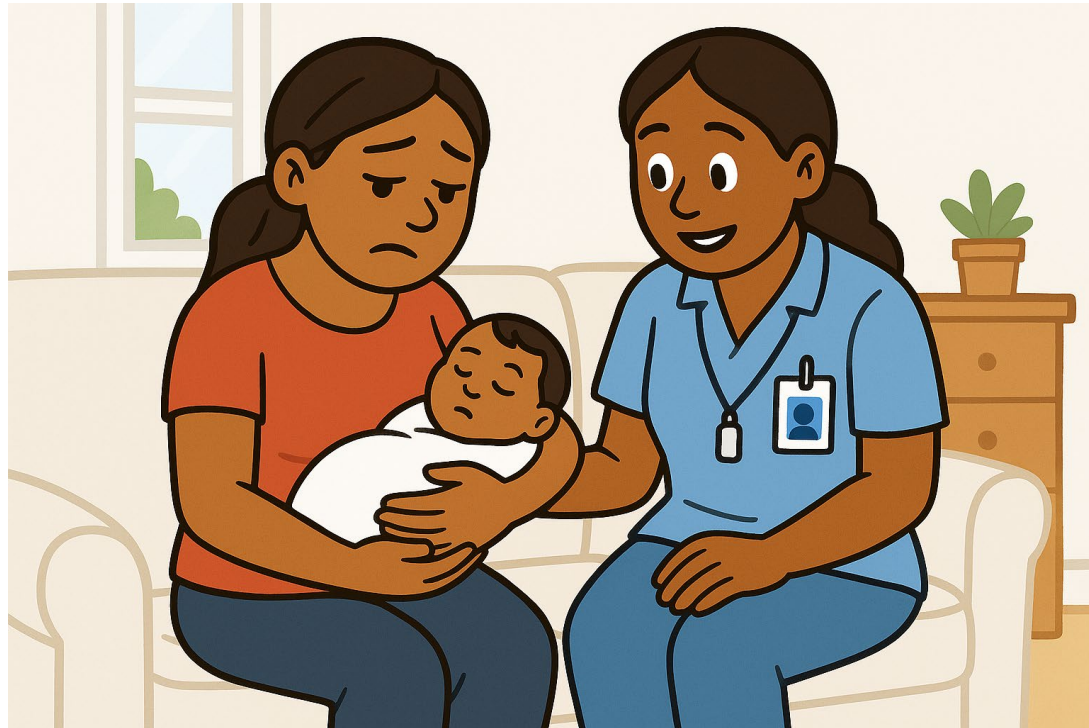


Frank (71)

Sharon (65)

Sam (8)

# The Plan in Action



- Healthy Growth and Development – Nurse Family Partnership
- Evidence-based home-visiting program that improves the health, well-being, and self-sufficiency of first-time parents and their children

# The Plan in Action



- School Health – Oral Health
  - Screening for children under the age of 18 years, focus on elementary schools
  - Preventive services and case management where a dental emergency is identified

# The Plan in Action



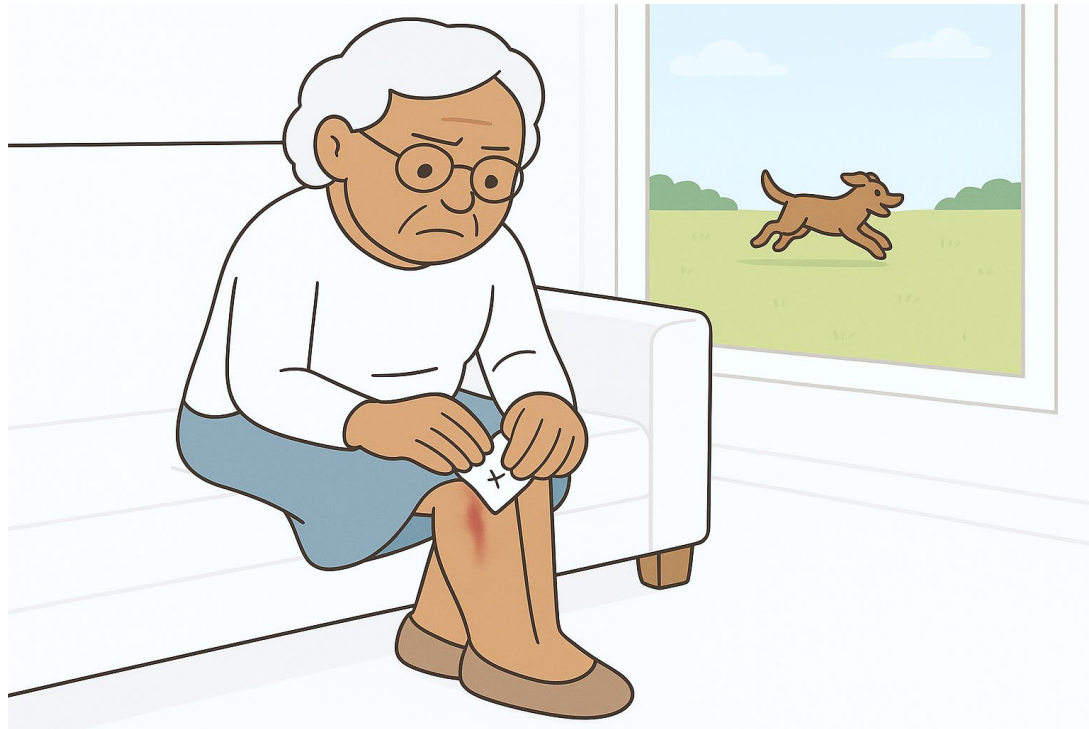
- Immunization – Grade 7 Campaign
- In Ontario, public health units offer Hepatitis B, HPV, and MCV4 vaccines to students in grade 7 (12 years)

# The Plan in Action



- Safe Water – Drinking Water Program
- Private well and cistern water sampling

# The Plan in Action



- Infectious and Communicable Diseases Prevention and Control – Rabies and Zoonotic Diseases
- Management of potential rabies exposure and risk assessment
- Management of rabies post-exposure prophylaxis (rPEP)

# The Plan in Action



- Population Health Assessment – Community Needs and Priorities
- Health Assessment
- Surveillance of Diseases of Public Health Significance

# Recommendation

- That the Board of Health APPROVE the 2026 Public Health Annual Service Plan and Budget Submission to the Ministry of Health for a total gross budget of \$42,064,121, inclusive of two (2) total one-time funding requests totalling \$131,000.
- Should you need additional information please reach out to me at [Sabrina.piluso@niagararegion.ca](mailto:Sabrina.piluso@niagararegion.ca)

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**Subject:** Public Health 2026 Annual Service Plan and Budget Submission

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

**Report date:** Tuesday, April 14, 2026

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## Recommendations

1. That the Board of Health (BOH) **APPROVE** the Public Health 2026 Annual Service Plan and Budget Submission (ASP) to the Ministry of Health (the Ministry) for a total gross budget of \$42,133,884, inclusive of two (2) one-time funding requests totalling \$131,000.

## Key Facts

- The purpose of this report is to seek the BOH's approval for the 2026 ASP.
- The 2026 ASP is a mandatory, Ministry-required document outlining detailed program plans and budgeted expenditures for Ontario public health units. It aligns local public health initiatives with provincial standards (the Ontario Public Health Standards or OPHS), covering mandatory cost-shared programs, 100% provincial-funded initiatives, and one-time requests to improve community health.
- The submission was due on March 31, 2026; however, the Ministry has granted an extended deadline of May 8, 2026 as the report template was provided to staff later than anticipated.

## Financial Considerations

The Ministry provides cost-shared funding to Niagara Region's BOH and uses the ASP as a primary accountability mechanism for the delivery and funding of mandatory and related public health programs and services. The budget figures included in the ASP constitute the BOH's formal request to the Ministry for provincial funding reflected in the Regional Municipality of Niagara's 2026 Levy Operating Budget, approved February 12, 2026.

The Public Health budget is largely cost-shared between the Ministry and the Regional Municipality of Niagara. Within base funding, the Ontario Seniors Dental Care Program (OSDCP) is the only program that is 100% provincially funded. For 2026, the Ministry's planned allocation for mandatory programs is \$25,248,400, representing 1% growth over 2025 (\$24,998,308). The provincial cost-share ratio for mandatory programs is

capped at 75% of the BOH’s gross operating budget; based on Niagara’s 2026 budget submission, the projected cost-share ratio is 65%. The BOH has approved a 2026 levy contribution of \$13,965,184 for Public Health mandatory programs.

The 2026 Public Health request to the Ministry is based on gross budget expenditures of \$42,133,884 broken into three streams, as shown in Table 1. The Ministry of Health funding agreement for Mandatory Programs includes indirect support costs but excludes indirect capital costs from the funding formula; as such, these figures differ from Niagara Region’s consolidated budget, which includes capital costs.

**Table 1: Summary of 2026 ASP and Budget Submission**

	Description	Ministry Funding %	Gross Budgeted Expenditure (Note 1)	ASP Funding Requests	Levy Funding
1	Mandatory Programs	65%	\$39,213,584	\$25,248,400	\$13,965,184
2	OSDCP	100%	\$2,789,300	\$2,789,300	N/A
3	One-Time Requests	100%	\$131,000	\$131,000	N/A
	Total 2026 ASP		\$42,133,884	\$28,168,700	\$13,965,184

Table 1 includes two one-time funding requests, including: 1) two (2) public health inspector practicums, and 2) capital for four (4) purpose-built vaccine fridges. As Ministry approval is uncertain, they were not included in the 2026 operating budget. If one or both requests are approved, the 2026 budget will be adjusted accordingly.

### Analysis

The Ministry of Health’s [Ontario Public Health Standards: Requirements for Programs, Services, and Accountability \(June 2021\)](https://files.ontario.ca/moh-ontario-public-health-standards-en-2021.pdf) (https://files.ontario.ca/moh-ontario-public-health-standards-en-2021.pdf) identify the minimum expectations for public health programs and services to be delivered by Ontario’s 29 boards of health/public health units. The OPHS, which are published by the Minister of Health as outlined in Section 7 of the *Health Protection and Promotion Act*, are informed by the core public health

functions: 1) Assessment and Surveillance; 2) Health Promotion and Policy Development; 3) Health Protection; 4) Disease Prevention; and 5) Emergency Management.

Boards of health/public health units are accountable for implementing the OPHS including the protocols and guidelines that are referenced within. The OPHS consist of the three overarching sections that: 1) define what public health does, 2) strengthen accountability, and 3) ensure transparency and demonstration of impact.

The *Strengthened Accountability* section includes the Public Health Accountability Framework, centering on four main domains (delivery of programs and services, fiduciary requirements, good governance and management practices, and public health practice) and is supported by three types of documentation (accountability, planning, and reporting). The ASP, which is a key mechanism for boards of health to outline how they will operationalize their strategic priorities, is part of the accountability framework's planning documentation. It contains:

- Community assessment: description of the health needs, priority populations, and challenges and risks faced by Niagara residents;
- Program plans: description of programs and services to be delivered under the foundational standard and nine program standards, including interventions and key partners for delivery;
- Budgets for each program;
- One-time funding requests; and
- BOH membership, apportionment of costs, and certification of the ASP.

Public Health staff complete an annual planning process to realign programs with priority health outcomes and to articulate clear program goals, objectives, activities, and key performance indicators. The work is grounded in surveillance data, literature reviews, a community health status assessment, among other sources of data and evidence.

Given its length, the ASP is not included as an appendix to this report. Board of Health members wishing to review the full document may do so by contacting the office of Niagara Region's Medical Officer of Health.

## Alternatives Reviewed

Submission of the ASP is a requirement of the Ministry to receive funding. Loss of provincial funding because of non-submission would impose untenable burden on the Region's levy.

## Relationship to Council Strategic Priorities

By ensuring that services are delivered in a way that is collaborative, efficient, and fiscally responsible, the way in which the ASP is crafted is aligned with Council's Effective Region priority. The ASP also reflects the Equitable Region priority by ensuring that services meet the needs of communities in an inclusive, welcoming, and equity-focused way.

## Other Pertinent Reports

- [PHD 3-2025 Annual Service Plan and Budget Submission](https://niagararegion.escribemeetings.com/PHSSC_Apr08_2025/eSCRIBE%20Documents/eSCRIBE%20Attachments/PHD%203-2025%20Public%20Health%20Annual%20Service%20Plan%20and%20Budget%20Submission.pdf)  
([https://niagararegion.escribemeetings.com/PHSSC\\_Apr08\\_2025/eSCRIBE%20Documents/eSCRIBE%20Attachments/PHD%203-2025%20Public%20Health%20Annual%20Service%20Plan%20and%20Budget%20Submission.pdf](https://niagararegion.escribemeetings.com/PHSSC_Apr08_2025/eSCRIBE%20Documents/eSCRIBE%20Attachments/PHD%203-2025%20Public%20Health%20Annual%20Service%20Plan%20and%20Budget%20Submission.pdf))
- [PHD 2-2024 Annual Service Plan and Budget Submission](https://niagararegion.escribemeetings.com/PHSSC_Mar05_2024/eSCRIBE%20Documents/eSCRIBE%20Attachments/PHD%202-2024%20Public%20Health%20Annual%20Service%20Plan%20and%20Budget%20Submission.pdf)  
([https://niagararegion.escribemeetings.com/PHSSC\\_Mar05\\_2024/eSCRIBE%20Documents/eSCRIBE%20Attachments/PHD%202-2024%20Public%20Health%20Annual%20Service%20Plan%20and%20Budget%20Submission.pdf](https://niagararegion.escribemeetings.com/PHSSC_Mar05_2024/eSCRIBE%20Documents/eSCRIBE%20Attachments/PHD%202-2024%20Public%20Health%20Annual%20Service%20Plan%20and%20Budget%20Submission.pdf))
- [PHD 4-2023 Annual Service Plan and Budget Submission](https://niagararegion.escribemeetings.com/PHSSC_Apr04_2023/eSCRIBE%20Documents/eSCRIBE%20Attachments/PHD%204-2023%20Public%20Health%202023%20Annual%20Service%20Plan%20and%20Budget%20Submission.pdf)  
([https://niagararegion.escribemeetings.com/PHSSC\\_Apr04\\_2023/eSCRIBE%20Documents/eSCRIBE%20Attachments/PHD%204-2023%20Public%20Health%202023%20Annual%20Service%20Plan%20and%20Budget%20Submission.pdf](https://niagararegion.escribemeetings.com/PHSSC_Apr04_2023/eSCRIBE%20Documents/eSCRIBE%20Attachments/PHD%204-2023%20Public%20Health%202023%20Annual%20Service%20Plan%20and%20Budget%20Submission.pdf))

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**Prepared by:**

Sabrina Piluso, BSc, MA, LSSBB  
Director, Health Promotion and  
Foundational Standards Division  
Public Health and Emergency Services

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**Recommended by:**

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

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**Submitted by:**

Ron Tripp, P.Eng.  
Chief Administrative Officer

This report was prepared in consultation with Andrea Wheaton, Senior Program Financial Specialist, and Donovan D'Amboise, Associate Director Program Financial Support.

# Supportive Housing Strategy Implementation Plan

Public Health and Social Services Committee

COM 8-2026

April 14, 2026

Brendon Nicholson, Manager, Homelessness Services

Mike lafrate, Financial and Special Projects Consultant

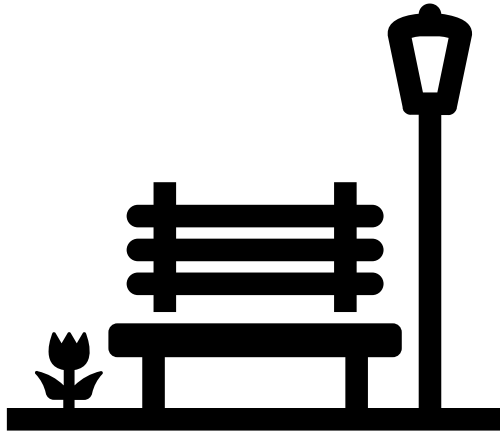
# Supportive Housing Strategy Implementation Plan

COM 8-2026

April 14, 2026

Brendon Nicholson, Manager, Homelessness Services  
Mike Iafrate, Financial and Special Projects Consultant

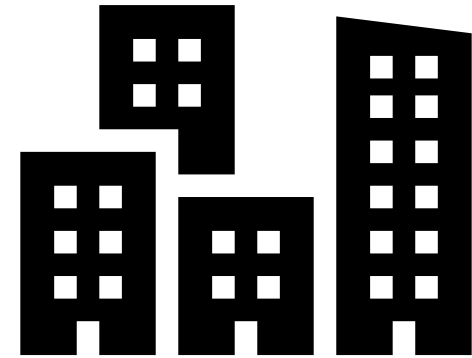
# Introduction



Long experiences of homelessness and complex needs



Current interventions insufficient to address need



Plan outlines how to increase supply to meet demand

# Overview of Plan

1. Supportive Housing is a critical component to reducing homelessness
2. Non-profit housing providers will develop more units
3. Region will coordinate funding, direct service delivery, and may develop if conditions are right
4. Region will fund 25% of operating the units developed as part of this plan

# Review Supportive Housing Strategy

- Supportive housing is affordable and provides appropriate wraparound social service and health supports
- Currently funding operations of 427 supportive housing spaces
- Niagara should add 945 units of supportive housing to meet current and projected need over the next 10 years

# Niagara Region's Role

- System coordination, partnership development, site identification, and ensuring alignment with demonstrated need
- Not mandated to develop, own, or directly operate supportive housing
- Plays a critical leadership role in coordinating funding and directing service delivery

# Developing Net-New Units

- Most will be developed and operated by non-profit housing providers and health partners
- Region contributes to operating costs and/or capital costs, which strengthens accountability, enables service standards, and improves access to provincial and federal funding
- Region may also act as a flow-through for provincial operating funding in its role as service manager

# Expression of Interest

- Geared toward non-profit housing providers to grow existing or expand operations
- Respondents may access consultation, project management services, and/or relevant data and letters of support to enhance funding applications
- Niagara Region will maintain a list of projects in each phase and provide support

# Identification of Potential Sites and Considerations for Suitability

- Potential sites for supportive housing are identified using a variety of methods, including:
  - Region-owned lands
  - Co-location
  - Surplus land notices
- The evaluation of each site involves a due diligence review to maximize project potential

# Financial Modeling

## Goals and Objectives

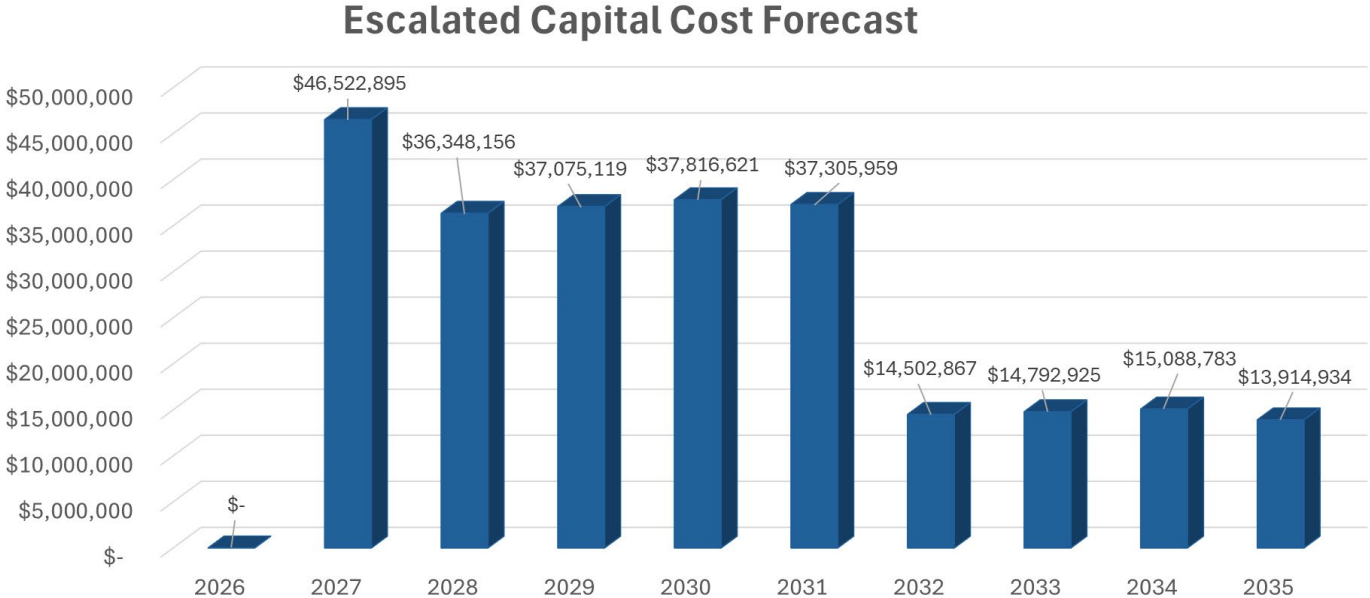
- Build a dynamic and adaptive model
- Focus on accurate cost analysis, long-term financial projections and fiscal responsibility

## Capital and Operational Assumptions

- Current and forecasted construction costs
- Construction length and timing
- Economic conditions
- Cost of wraparound services

# Supportive Housing Capital Costs

- Unit construction-only cost estimate of \$375,000 per unit (Not including design, site preparation)
- Based on development timeline estimation and cost escalation
- Includes estimated land acquisition costs

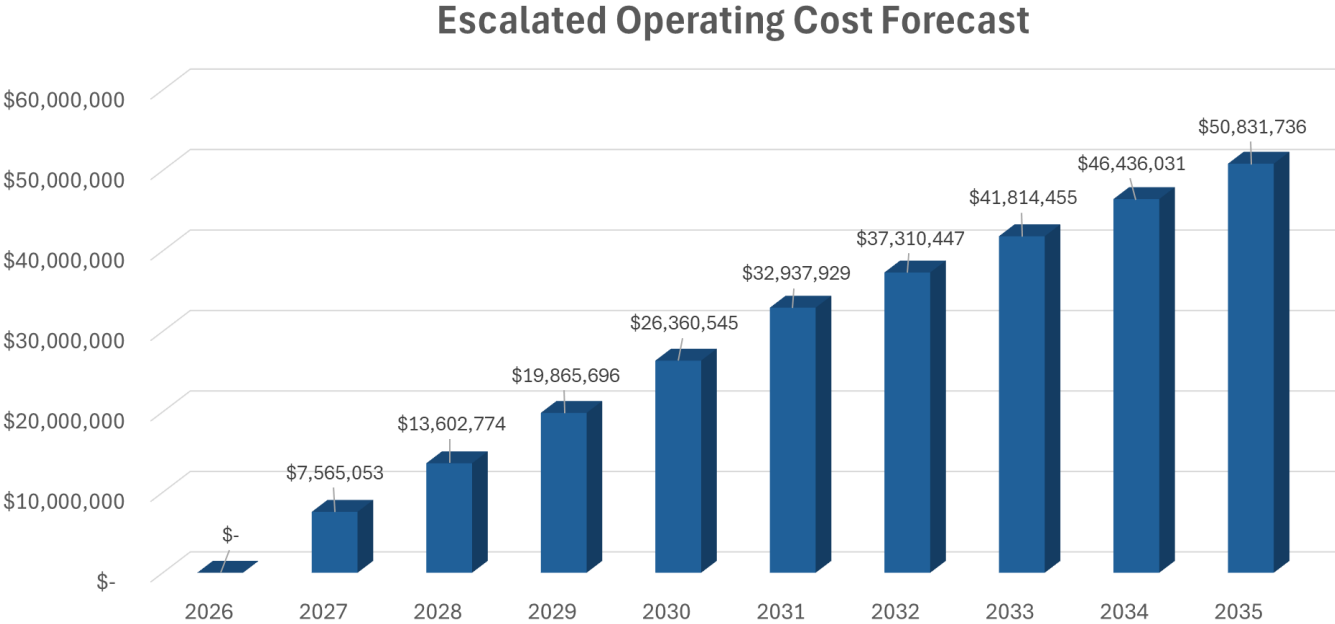


**Supportive Housing  
Capital Costs for  
Future Units**

**\$253.4 Million**

# Supportive Housing Operating Costs

- Based on Highly Supportive, Supportive and Scattered site models
- Costs developed through jurisdictional scans and escalated based on forecasted construction timeline



**Supportive Housing  
Operating Costs for  
Future Units**

**\$276.7 Million**

# Funding Sources



**Rent  
Revenue**



**Operating  
Placeholders**



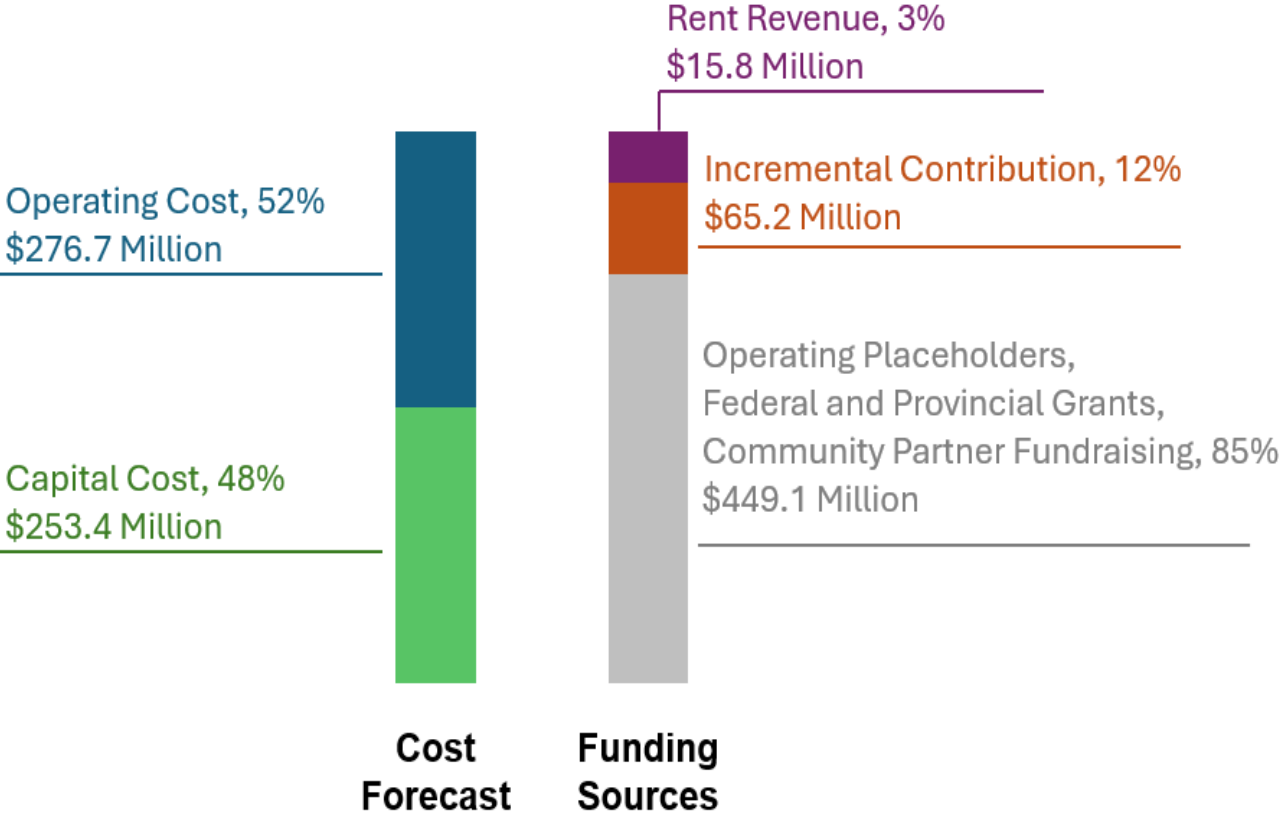
**Incremental  
Contribution  
from Levy**



**Provincial &  
Federal Grants**

# Funding Scenario: 25% of Net Operating Requirements

YEAR	INCREMENTAL LEVY CONTRIBUTION	CUMMULATIVE CONTRIBUTION
2026	\$840,000 *	\$840,000
2027	\$1,102,348	\$1,942,348
2028	\$1,157,465	\$3,099,813
2029	\$1,215,338	\$4,315,151
2030	\$1,276,105	\$5,591,256
2031	\$1,339,910	\$6,931,167
2032	\$1,406,906	\$8,338,073
2033	\$1,477,251	\$9,815,324
2034	\$1,551,114	\$11,366,438
2035	\$1,628,670	\$12,995,108
<b>TOTAL</b>		<b>\$65,234,678</b>



# Progress to Date

Progress toward meeting the target addition of supportive housing units is already underway

- Niagara Region-led 49-unit supportive housing project due for occupancy in Q4 2026
- Expression of Interest, October 2025
- Two non-profit housing providers due to break ground in 2026 representing approximately 86 units
- Advocacy to province regarding highly supportive housing operating funds
- Submissions to Build Canada Homes for federal capital funding

# Thank You

Brendon Nicholson

Manager, Homelessness Services

[Brendon.Nicholson@niagararegion.ca](mailto:Brendon.Nicholson@niagararegion.ca)

Mike Lafrate

Financial and Special Projects Consultant

[Mike.lafrate@niagararegion.ca](mailto:Mike.lafrate@niagararegion.ca)

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**Subject:** Supportive Housing Strategy Implementation Plan

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

**Report date:** Tuesday, April 14, 2026

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## Recommendations

1. That the recommended financial modeling scenario outlined in Appendix 1 to this report **BE ENDORSED** subject to the Niagara Region’s annual budget approval process.

## Key Facts

- This report provides Committee and Council with Niagara’s Supportive Housing Strategy Implementation Plan (the “Implementation Plan”). The Implementation Plan builds on the recommendations outlined in COM 31-2025, Niagara’s Supportive Housing Strategy
- Most net-new supportive housing will be developed and operated by non-profit housing providers and health partners. Niagara Region’s role will focus on system coordination, partnership development, site identification, and ensuring alignment with demonstrated need
- A financial modeling framework outlines the cost analysis, long-term financial projections and fiscal responsibility of the Implementation Plan, including designating funds for supportive housing operating costs
- The Region will pursue any provincial and federal funding opportunities for capital to develop net-new supportive housing
- Council has already approved an \$840,000 incremental levy allocation for budget year 2026

## Financial Considerations

Council has approved and included an incremental contribution of \$840,000 from the 2026 general levy to help fund the Implementation Plan and to demonstrate that Niagara Region is an invested partner in supportive housing alongside the provincial and federal governments. The forecasted incremental contributions relating to the recommended funding scenario are displayed in Appendix 2.

Assuming the general levy grows at an average of 5% per year, the incremental contributions represent a 0.196% increase annually. These modest annual increases compound over the 10-year project scope, aligning with expected unit delivery without significantly impacting any individual budget cycle.

All future incremental levy requirements relating to the Implementation Plan will be subject to approval through the annual budgeting process.

## **Analysis**

Niagara's Supportive Housing Strategy Implementation Plan builds on Niagara's Supportive Housing Strategy (COM 31-2025), which was prepared at Council's direction. The purpose of the Implementation Plan is to guide the development and expansion of supportive housing units with the express purpose of increasing suitable and sustainable exits from homelessness. The Implementation Plan is modeled after Niagara Regional Housing's Consolidated Housing Master Plan, which guides the delivery of community housing units, but differs in that the bulk of the development of net new units will be undertaken by non-profit housing and health service providers.

The outlined funding scenario below models a regional contribution to operating costs through an incremental levy contribution, where appropriate; however, the primary role of the Region will be system coordination, partnership development, site identification, and ensuring alignment with demonstrated need.

Niagara Region will actively pursue provincial and federal funding opportunities for capital to develop net-new supportive housing through clear planning, targeted advocacy, and coordination with non-profit housing and health service providers as well as local area municipalities.

## **Financial Modelling**

A financial modeling framework outlines the cost analysis, long-term financial projections and fiscal responsibility of the Implementation Plan. This framework allows for sequencing of projects, both those being developed independently by non-profit housing providers and those directly developed by Niagara Region. It also lets us understand when and how many units are expected to come online to forecast the need for operating dollars.

A viable funding scenario is for Niagara Region to phase in general-levy support so that, over a 10-year horizon, the levy funds 25% of net ongoing supportive housing operating

costs, recognizing that operating dollars are significantly harder to secure on a sustained basis while provincial and federal programs are more consistently available for capital investments. Establishing a predictable operating funding commitment also strengthens the Region's ability to unlock community partner-led unit development, since many proponents must demonstrate confirmed operating funding before they will proceed to build new units. Throughout the plan, the Region would continue to advocate to the Province and Federal government for both capital and operational funding, and if external operating dollars are secured, incremental levy contributions can be repurposed to support new unit construction. By making small, annual incremental levy contributions across the 10-year project scope, the Region minimizes the impact on any single budget cycle while deliberately building the base budget required to sustain 25% of net total supportive housing operations by the end of the period.

### **Progress to date**

Progress toward meeting the target of new supportive housing units is already underway with a Niagara Region led 49-unit supportive housing project due for occupancy in December 2026. Additionally, through the expression of interest (EOI) process, Niagara Region is coordinating with two non-profit housing providers on two additional supportive housing projects, both due to break ground in 2026 and projected to add an additional 86 units.

Due to the dynamic and adaptable nature of this implementation plan, Community Services will provide an annual update to the Public Health and Social Services committee regarding the ongoing progress.

This report will be forwarded to the Local Area Municipalities for information.

### **Alternatives Reviewed**

This report is initiated by staff to provide an update on the Implementation Plan to implement Niagara's Supportive Housing Strategy. Research consistently underscores that the implementation of supportive housing yields advantageous outcomes for individuals, systems, and communities alike.

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

This Implementation Plan relates to the Council Strategic Priority: Equitable Region, as it will guide the introduction of units affordable to those experiencing homelessness, while providing the appropriate level of supports.

## Other Pertinent Reports

- [COM 31-2025 Niagara's Supportive Housing Strategy](#)  
(<https://pub-niagararegion.escribemeetings.com/Meeting.aspx?Id=5169cad9-1887-4ea5-b28f-7b1b4d7ffdb7&Agenda=Agenda&lang=English&Item=16&Tab=attachments>)
- [COM-C 15-2025 – Councillor Bateman Motion – Prioritize Investment in Supportive Housing](#)  
(<https://pub-niagararegion.escribemeetings.com/Meeting.aspx?Id=ec5c7516-29fd-4be0-ac6b-0936cc1108d6&Agenda=Merged&lang=English&Item=30&Tab=attachments>)
- [COM 14-2025 – Consolidated Housing Master Plan: Implementation Plan](#)  
(<https://pub-niagararegion.escribemeetings.com/Meeting.aspx?Id=413c59d0-b036-4789-b3c2-6135474ecb6a&Agenda=Agenda&lang=English&Item=12&Tab=attachments>)
- [BRC-C 30-2025 – Councillor Siscoe Motion – Enhanced Capital Financial for Supportive Housing](#)  
<https://pub-niagararegion.escribemeetings.com/Meeting.aspx?Id=e699c477-4349-4eda-8f3a-3408947101fc&Agenda=Merged&lang=English&Item=18&Tab=attachments>
- [COM 1-2026 – Geneva Street Supportive Housing Operations](#)  
(<https://pub-niagararegion.escribemeetings.com/Meeting.aspx?Id=dce1b34e-6169-440d-9d53-a3a4da47d36a&Agenda=Merged&lang=English&Item=15&Tab=attachments>)

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**Prepared by:**

Brendon Nicholson  
Manager, Homelessness Services  
Community 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 Mike Iafrate, Financial and Special Projects Consultant, Alexander Morrison, Manager, Housing Strategy and Development and reviewed by Sandy Dupuis, Associate Director, Community Strategies and Priorities, Cathy Cousins, Director, Homelessness Services, Cameron Banach, Director, Housing Services.

**Appendices**

- |            |   |
|------------|---|
| Appendix 1 | Niagara's Supportive Housing Implementation Plan                |
| Appendix 2 | Incremental Levy Contributions Associated with Funding Scenario |

# Niagara's Supportive Housing Strategy Implementation Plan

April 2026

## Contents

Executive Summary .....	3
Introduction .....	5
Background .....	5
Niagara’s Supportive Housing Strategy .....	5
Supportive Housing Models .....	7
Supportive Housing Review .....	8
Approach and Methodology.....	10
Who is Involved .....	11
Site Identification and Suitability.....	13
Determining Project Priority .....	14
Financial Modeling .....	15
Capital Implications .....	16
Operating Implications .....	17
Potential Funding Sources .....	17
Funding Scenario (25% of Operational Costs).....	18
Progress to Date .....	20
Next Steps .....	21
Definitions.....	22
APPENDIX 1: 10-Year Cost and Funding Summary .....	24

## Executive Summary

At the direction of council, this Implementation Plan builds on Niagara Region's Supportive Housing Strategy and outlines a coordinated approach to expanding supportive housing across the region. Supportive housing is a critical component of the homelessness response system, providing affordable housing combined with appropriate health and social supports for individuals with complex needs.

Homelessness in Niagara is driven in part by the lack of housing that is both affordable and capable of supporting people with mental health challenges, substance use disorders, physical health needs, and age-related vulnerabilities. For many individuals with lived experience of homelessness, addressing affordability alone is insufficient to achieve housing stability. Supportive housing is matched to individual need, with more complex needs being matched with more highly specific supports, including health services and 24/7 care. Supportive housing enables residents to live as independently as possible while reducing reliance on shelters, hospitals, and other emergency services.

Niagara Region faces a significant shortfall in supportive housing supply. A 2025 Supportive Housing Review identified the need to add 945 units of varying models of supportive housing by 2035 to the 427 units currently being operated. Addressing this gap is essential to creating sustainable exits from chronic homelessness and improving outcomes for vulnerable residents.

As the Service Manager for homelessness services, Niagara Region oversees the homelessness service system, including coordinated access, service integration, and alignment of supportive housing with client needs. The Region is not mandated to develop, own, or directly operate supportive housing; however, it plays a critical leadership role in coordinating funding and directing its delivery.

The Implementation Plan recognizes that most net-new supportive housing will be developed and operated by non-profit housing providers and health partners. Niagara Region's role will focus on system coordination, partnership development, site identification, and ensuring alignment with demonstrated need. The Region may contribute to capital and operating costs where appropriate, strengthening accountability, enabling service standards, and improving access to provincial and federal funding that often requires municipal participation. The Region may also act as a flow-through for provincial operating funding in its role as service manager.

A structured and flexible approach is outlined for identifying and prioritizing viable sites, incorporating due diligence related to zoning, servicing, planning requirements, community context, and access to amenities. This approach allows the Region to adapt to changing land availability, partner readiness, and funding opportunities.

Significant progress has already been made through new supportive housing developments, strengthened coordinated access, collaboration with the health sector, and ongoing advocacy with provincial and federal partners. This Implementation Plan positions Niagara Region to scale supportive housing delivery, strengthen system integration, respond effectively to the growing and complex needs of residents experiencing homelessness, and mitigate costs to the homelessness and adjacent systems.

## Introduction

Niagara's Supportive Housing Strategy Implementation Plan (hereafter referred to as the 'Implementation Plan') builds on Niagara's Supportive Housing Strategy (COM 31-2025), which was prepared for council at their direction. The purpose of the Implementation Plan is to guide the development and expansion of supportive housing units - in coordination with non-profit housing and health service providers - with the express purpose of increasing suitable and sustainable exits from homelessness. The Implementation Plan is modeled after Niagara Regional Housing's Consolidated Housing Master Plan, which guides the delivery of community housing units, but differs in that the bulk of the development of net new units will be undertaken by non-profit housing and health service providers. The Region may contribute to capital and operating costs where appropriate; however, the primary role of the Region will be system coordination, partnership development, site identification, and ensuring alignment with demonstrated need.

This document outlines the need for supportive housing and reviews the various models required, as reported in Niagara's Supportive Housing Strategy, 2025. It details the consideration and methodology used to determine how sites are identified and prioritized for supportive housing, including the unit count projections, estimated construction timelines and forecast funding need. The plan outlines the parties involved in meeting the supportive housing unit targets and their roles in accomplishing such.

## Background

### Niagara's Supportive Housing Strategy

What is supportive housing?

Supportive housing pairs the affordability, health, and social supports that enable people to live as independently as possible in their community. Supportive housing provides:

- Affordability in the form of rent supplements, housing allowances, or rent-geared-to income.
- Appropriate housing units that are geared to meet the physical and accessibility needs of the tenant.
- Support services matched with people's unique backgrounds, needs, and preferences.

How is supportive housing different than affordable housing?

Housing is affordable when it costs less than 30% of a household's before tax income. While supportive housing meets this affordability threshold, it also includes either on-site supports or mobile supports delivered through in-home visits. In this way, supportive housing meets the needs of those who may benefit from regular access to health and social services, especially when they have had an experience with homelessness.

Who needs supportive housing?

Many people benefit from extra supports when they have had an experience with homelessness and are moving to stable housing. Supportive Housing can also help prevent homelessness in the first place. The type, duration, and intensity of support vary to meet the needs of the people being served.

Supportive housing is prioritized for individuals who have or have had:

- Chronic experiences of homelessness
- Mental health challenges
- Physical health needs
- Substance use disorders
- Complex and persistent conditions
- Age-related challenges (cognitive decline, frailty, etc.)
- Experiences of trauma, or
- A combination of these factors

According to Niagara's By-Name Data (an up-to-date record of who is known to be experiencing homelessness at a certain time) in December 2025, there were just over 1200 individuals known to be experiencing homelessness in the region. This number represents individuals who have accessed a homelessness service (such as housing-focused shelters or Niagara Assertive Street Outreach) within the past 90 days and is documented in the Homeless Individuals and Families Information System (HIFIS), a database shared between all regionally funded homelessness services. The sustained pressure under which Niagara's shelter system is operating (average occupancy of 96% in 2025) is reflective of a "growing number of individuals with complex needs staying in shelter for longer durations, unable to transition into stable housing due to a lack of available and appropriate options particularly supportive housing models designed for people [with] complex, co-occurring needs." (OrgCode, 2025)



## Supportive Housing Models

To be effective in providing the best opportunity for individuals to transition into stable housing, supportive housing must be appropriately matched with individual's unique needs. As such, a range of supportive housing models is required.

**Supportive Housing** serves people with moderate needs that can be met through case management and connections to other community-based supports. This level of supportive housing may be provided in two ways:

- a) Through housing units across the community with support delivered through in-home visits
- b) Through buildings with some units designated for supportive housing with on-site supports, for individuals with slightly higher needs where independent housing isn't appropriate

**Highly Supportive Housing** serves people with even higher needs that cannot be met through lower levels of service and need 24/7 on-site staffing and intensive supports within buildings with units designated for supportive housing. See figure below.

	 <b>Supportive Housing</b>	 <b>Highly Supportive Housing</b>
<b>Serves people with</b>	Moderate needs that can be met through case management and connections to other community-based supports	High needs who cannot be served through lower levels of support and need on-site intensive supports
<b>Supports may include</b>	<ul style="list-style-type: none"> <li>• Life skills training</li> <li>• Tenancy management</li> <li>• Navigating and supporting connection to other services</li> <li>• Access to home care</li> <li>• Cultural, recreational supports</li> <li>• Community engagement</li> </ul>	24/7 on-site staffing providing a combination of the supports provided in supportive housing along with: <ul style="list-style-type: none"> <li>• Food Support</li> <li>• Health supports including primary care, mental health and substance use</li> </ul>
<b>Type of accommodation</b>	<ul style="list-style-type: none"> <li>• Housing units across the community with support delivered through in-home visits</li> </ul> <b>OR</b> <ul style="list-style-type: none"> <li>• Buildings with units that are designated for supportive housing with on-site supports</li> </ul>	<ul style="list-style-type: none"> <li>• Buildings with units that are designated for supportive housing and include on-site supports for residents</li> <li>• Ideally designed and built for this purpose</li> </ul>

## Supportive Housing Review

In 2025, OrgCode Consulting on behalf of Niagara Region completed a Supportive Housing Review (Strengthening Supportive Housing in Niagara, 2025) to assess and address the current and growing demand for supportive housing services in Niagara to increase the exits from homelessness to suitable and sustainable housing. This Supportive Housing Review contains assessment of Niagara’s current and forecast supportive housing needs based on a review of the existing homelessness system assets. Its analysis is grounded in multiple local data sources, including Niagara’s By-Name Data, shelter usage patterns, health and behavioural health indicators, and the number of people receiving ODSP while having No Fixed Address.

### Niagara Region’s Current Supportive Housing Supply

The Supportive Housing Review counted a total of 427 current supportive housing units or caseload spaces across a variety of models currently funded through Homelessness Services and operated by non-profit providers (See Table 1)

**Table 1 - Current Supportive Housing Units / Caseload Spaces**

<b>Program Model</b>	<b>Temporary / Ongoing</b>	<b>Units / Spaces</b>
Housing First Program (mobile case management)	Temporary stay	272
Transitional Housing	Temporary stay	115
Bridge Housing	Temporary stay	15
Permanent Supportive Housing	Ongoing stay	25
<b>Totals</b>	-	<b>427</b>

The Supportive Housing Review did note that “many other supportive housing providers in Niagara - particularly those funded through health or mental health systems - often participate in working groups, planning table, and broader system coordination efforts. However, these programs cannot be relied upon to meet the housing and support needs of those experiencing chronic homelessness.” (OrgCode, 2025)

**Niagara Region’s Current and Forecast Supportive Housing Need**

The results of the Supportive Housing Review identified the need for 1372 supportive housing units of varying models by the year 2035 with an estimated unit supply gap of 945 supportive housing units (See Table 2). The number of units needed for each model are determined by vulnerability assessment (see definitions of VI-SPDAT) score range associated with said model (i.e. VI-SPDAT score 1-8 = supportive housing).

**Table 2 - Current and Forecast Supportive Housing Shortfall**

Supportive Housing Model	Accommodation Type	Estimated Additional Unit / Caseload Needs (Current)	Estimated Additional Unit / Caseload Needs (10-Year Outlook)	Totals
Supportive Housing with mobile case management	Housing units across the community with support delivered through in-home visits	290	90	<b>380</b>
Supportive Housing with on-site case management	Buildings with units that are designated for supportive housing with on-site supports	250	78	<b>328</b>
Highly Supportive Housing with on-site intensive case management	Buildings with units that are designated for supportive housing with 24/7 on-site supports	180	57	<b>237</b>
<b>Totals</b>	-	<b>720</b>	<b>225</b>	<b>945</b>

It is evident that the demand does not match the supply, which has resulted in an increase in lengthy experiences of homelessness. Addressing the supply gap will enable for more timely and appropriate exits from both sheltered and unsheltered homelessness.

## Approach and Methodology

The objective of the Supportive Housing Implementation Plan is to guide the delivery of supportive housing units across Niagara in a practical and economically responsible manner. The Implementation Plan utilizes a similar approach to the Consolidated Housing Master Plan Implementation Plan, which guides the delivery of community housing (also referred to as “affordable housing,” see definitions), but differs in that responsibilities for delivering new supportive housing units will be shared between non-profit housing providers and Niagara Region. There is also less certainty in the landscape of supportive housing, as the lands, development, and capital and operating

sources are not known. This Implementation Plan will respond dynamically and adapt to available community partnerships, land, and funding opportunities. Most net-new supportive housing will be developed by non-profit housing providers and health partners. The Region may contribute to operating and capital costs where appropriate.

Non-profit housing providers are governed by independent boards and have a lower degree of predictability with respect to their resourcing capacity and decision-making ability. As a result, it is difficult to accurately forecast the appetite for non-profit housing providers to expand their existing operations. The uncertainty of this matter compromises the ability to accurately forecast the delivery of potential new supportive housing units and any funding support needed for their implementation. As such, the Implementation Plan endeavours to provide projections of unit delivery timelines but, as above, will need to adapt to a changing landscape.

For projects led by the Niagara Region, the Implementation Plan follows a comprehensive due diligence review for each identified site, the scope of which includes preliminary indication of any expected Planning Act development applications or permits, availability of municipal servicing infrastructure, and any potential site preparation or study requirements that may be needed for future (re)development.

The Implementation Plan also considers building-specific unit counts as they relate to best practices in supportive housing models. Depending on the level of needs of the target population for a particular building, the appropriate number of units will vary. For example, a building meant to provide intensive on-site 24/7 services to individuals with high needs should have only 15-30 units. This range allows for appropriate management of behaviours and the provision of suitable supports. In contrast, a building designed to house individuals with lower needs may have a higher density as the service provision requirements and behavioural expectations are significantly lower.

## Who is Involved

Niagara Region will need to collaborate with a variety of parties—including non-profit housing providers, health service providers, and local area municipalities—in closing the supply gap and meeting the current and forecast supportive housing need. The primary responsibility of Niagara Region will focus on system coordination, partnership development, site identification, and ensuring alignment with demonstrated need.

### **Non-profit housing providers**

As experts in supportive housing services delivery, most net-new units will be delivered by non-profit housing providers within and outside of Niagara Region. Non-profit housing providers may have or acquire lands, can participate in new development, will

operate new programs, and must be involved in the active pursuit of funding through various ministries and levels of government.

### **Health service providers**

Especially in highly supportive housing programs, health services will play an essential role in service delivery. Many individuals who have had an experience with homelessness have underlying or overt health, mental health, and/or substance use needs that must be met to achieve ongoing housing stability. Health service providers may partner with housing providers in operating supportive housing programs.

### **Local Area Municipalities**

Local area municipalities are key partners in providing appropriate lands or building assets with consideration for location, access to services, and compatibility with the surrounding community. They will aid in site plan approvals, zoning, minor variances, and any other working permits. Local area municipalities may also be strategic allies in advocacy to senior levels of government for capital and operating funds.

### **Niagara Region**

As above, the primary responsibility of Niagara Region is to align development efforts with need and integrate new program operations to existing homelessness service provision. Niagara Region is committed to posting an annual Expression of Interest (EOI) geared toward non-profit housing providers that have an interest in growing their existing operations or expanding into Niagara from elsewhere. Respondents to the annual EOI may access consultation and support through the project visioning process, project management services, and/or relevant data and letters of support to enhance funding applications. Niagara Region will maintain a list of projects in the visioning, shovel-ready, and in development phases and endeavor to provide support at each stage. Niagara Region is unable to independently construct and operate the number of supportive housing units that are required to address the identified shortfall that currently exists. The Region will support the efforts of non-profit entities - especially those identified through the EOI process - to undertake their own projects.

Given the appropriate partnerships, land availability, and funding opportunities, Niagara Region - through Niagara Regional Housing Services - may also be involved in some development of new supportive housing assets. Following development, through a Request for Proposal (RFP) process, operations of the new asset would be turned over to a non-profit housing, and potentially a health services, provider. No capital development will commence without committed operating funding.

## Site Identification and Suitability

The ongoing housing crisis has exposed a gap in the existing supply of supportive and highly supportive housing units across Niagara. Historically, Niagara Region has had limited participation in the construction and operation of these types of units which has primarily been accommodated through a combination of non-profit housing service providers, as well as scattered pockets of private market landlords. The construction of supportive and highly supportive housing units is a relatively new project area for Niagara Region. Prior to 2020, the Region's commitment of either land and/or funding towards the delivery of these initiatives was limited. Since 2020, the Region has undertaken several projects, primarily funded by upper levels of government, that measurably contribute to the supply of supportive housing units in Niagara. These projects include:

- 5528 Buchanan Avenue, Niagara Falls (completed in 2021)
- 5017 Victoria Avenue, Niagara Falls (completed in 2022)
- 745 Crescent Road, Fort Erie (completed in 2025)
- 320 Geneva Street (Phase 1), St. Catharines (under construction and is targeting completion by Q4 2026)

The Implementation Plan sets out to continuously evaluate new potential sites that could be suitable for this type of use and can be developed within a 10-year horizon. Sites have and will continue to be identified through a variety of approaches, including:

- Reviewing all existing Region-owned lands to determine whether any properties and/or buildings can be available and dedicated for this use
- Monitoring Niagara Region's corporate Land Optimization Framework circulations
- Reviewing strategic corporate documents for opportunities to utilize properties that are earmarked for decommissioning or disposition
- Reviewing upcoming capital projects where opportunities for co-location with other municipal services may be suitable
- Reviewing surplus land notices that are circulated by local area municipalities, agencies, boards, and commissions, in addition to monitoring existing property lists that are published by these same entities and senior levels of government
- Reviewing respondent information that is gathered through Niagara Region's Supportive Housing Expression of Interest project list to explore potential partnership opportunities or other means for support
- Reviewing real estate listings amongst private market entities
- Facilitating dialogue when opportunities for partnership are identified (i.e., entities reaching out to Niagara Region, or Niagara Region identifying lands of interest)

- Seeking opportunities for process improvements both internal and external to the corporation that can improve the ability to identify potential candidate sites

A nuanced challenge that has been observed with supportive housing and highly supportive housing is its technical interpretation being defined as a residential land use; however, its day-to-day operations and clientele being atypical to the broader community perception of what is typically expected of a residential use. Accordingly, it is recognized that the development of supportive housing and highly supportive housing may not always be suitable in locations that are planned for and permit residential use as-of-right.

The evaluation of sites for supportive housing and/or highly supportive housing must carefully consider and balance compatibility with the surrounding community. Attention must be given to the project's distance to perceived sensitive uses, its scale of operation that is being introduced, its proximity to other similar forms of housing, and accessibility to amenities and services that are desired by and will best serve its anticipated clientele. All sites that are identified for review will be subjected to a blend of qualitative and quantitative due diligence considerations to determine the strengths, weaknesses, opportunities, and threats that may impact project feasibility. These considerations are further described in the section below.

## Determining Project Priority

The Implementation Plan is intended to be a living document that can adapt to change. The ongoing management of a supportive housing and highly supportive housing project portfolio that is subjected to many different influencing factors must be flexible to enable evidence-based that leverages opportunities arising. Projects will be prioritized based on sites that offer a high degree of confidence, certainty, and predictability for shovel-readiness with the least amount of risk on matters related to approvals, costs, and timing.

It is recognized that Niagara Region is unable to independently construct and operate the number of supportive housing and highly supportive housing units that are needed to address the identified shortfall that currently exists. As such, it will be paramount for the Region to support the efforts of non-profit entities to undertake their own projects, which may result in the prioritization of some non-profit projects ahead of the Region's own projects. Considerations that will be reviewed to determine project priority for both Niagara Region's projects and non-profit projects include:

- Understanding the project's funding sources in terms of available, committed funds, and unconfirmed funding amounts related to capital and operating costs.

- Proximity and distance separation from sensitive community uses (for example: schools and licensed childcare facilities).
- Proximity to community amenities, municipal services, and businesses that are desirable and advantageous to the development's expected clientele.
- Identifying risks that could adversely impact site preparation efforts, such as due diligence studies and legal/land transfer agreements, as well as the potential severity of burden that may result from undertaking this work.
- Verifying access and the ability to connect to adequate municipal servicing infrastructure for water, sanitary, and stormwater.
- Clarifying the funding support that is needed to progress efforts related to site preparation, planning and design, demolition, construction, and unit occupancy.
- Identifying the need to undertake Planning Act applications, such as amendments to local official plans and/or zoning by-laws, consent (severance or minor lot boundary adjustments), minor variances, and site plan approvals, or any other working permits, such as the Ministry of Transportation or Niagara Peninsula Conservation Authority.
- Determining whether the envisioned project will qualify for public use provisions or any other delegated staff authority for approvals under local municipal policy frameworks.

The above considerations will not be weighed against each other as their influence on a project will vary on a case-by-case basis. Regional staff will continuously monitor the Implementation Plan to ensure that its project priority list remains accurate. It is expected that the project priority list will change over time as initiatives progress and circumstances evolve, such as the completion of projects, the emergence of new partnership opportunities, or funding announcements by senior levels of government.

## Financial Modeling

While Niagara Region will not be accountable to deliver on all required new units, it is important to understand the highest possible capital and operating implications as well as potential funding sources of delivering said units.

A financial modeling framework outlines the cost analysis, long-term financial projections and fiscal responsibility of the Implementation Plan. This framework allows for sequencing of projects, both those being developed independently by non-profit housing providers and those directly developed by Niagara Region. It also provides understanding of when and how many units can be expected to come online to forecast the need for operating dollars.

Meeting the target of 945 net new supportive housing units within a 10-year horizon will have the financial implications listed below.

## Capital Implications

The total capital budget requirement has been estimated using an average unit cost of **\$375,000 per unit**, not including land acquisition or necessary design work and site preparation activities required to bring each project to a construction-ready state. This standardized per-unit assumption provides a consistent and transparent basis for early-stage budgeting and supports comparability across projects as the supportive housing portfolio advances through planning and delivery.

Future construction costs have been forecast by reviewing the anticipated project schedule and applying cost escalation factors to account for expected increases in both material pricing and labour rates over time. This approach reflects prevailing market conditions in the construction industry and recognizes that costs incurred in later years will generally be higher than costs incurred today. Incorporating escalation into the forecast is particularly important in a multi-year capital program, where projects proceed through distinct phases and cashflows are distributed across several budget cycles.

Including escalation assumptions in the capital forecast is essential to maintaining capital budget accuracy over extended timelines and reducing the risk of underestimating total project requirements. In the event supportive housing units are built and owned by Niagara Region, aligning the forecast with the expected timing of expenditures will strengthen financial planning, improve cost predictability, and enhance overall accountability to Council and the public.

The current capital cost forecast assumes that all future sites will require land acquisition, which can represent a sizeable portion of total project cost depending on location and market availability. As a result, Niagara Region is actively pursuing opportunities to identify both Regionally owned and locally owned properties that could be suitable for supportive housing development. Leveraging existing public land or other locally controlled assets where feasible can reduce or eliminate land purchase costs and improve overall project affordability, while also supporting more timely project delivery. Projects delivered by entities other than Niagara Region will not have the same capital impacts but will still be coordinated and tracked as part of this plan.

Based on the forecasted development timeline, the schedule of expected expenditures, and the application of cost escalation assumptions, the current best estimate for total capital costs is approximately **\$253.4 million**. This estimate will continue to be refined as individual projects progress through site selection, due diligence, design development, construction, and as more definitive cost information becomes available.

## Operating Implications

The operational impacts of the Supportive Housing Implementation Plan have been developed using three service delivery models – Supportive with mobile supports, Supportive with on-site supports, and Highly Supportive operations. Each model reflects a different intensity of wrap-around supports and on-site services, resulting in corresponding differences in operational requirements and overall funding levels. This approach allows Niagara Region to present a clear, differentiated view of the anticipated operating pressures associated with the range of supportive housing environments proposed under the Plan.

Niagara Region's intent is **not** to deliver these services directly. Rather, the Region's objective in preparing the operating cost forecast is to understand the magnitude and timing of operating costs that may be incurred if Niagara Region flows funding to community-based service providers responsible for delivering supports. The distinction is important for financial planning purposes, as the operating impacts are expected to materialize primarily through funding agreements, operating subsidies, and partnerships rather than through the creation of an internal regional service delivery function.

Estimated operating costs were developed through a combination of jurisdictional scans and financial modelling. Specifically, staff reviewed current supportive housing operations and funding approaches across other Ontario jurisdictions to identify relevant cost benchmarks and service assumptions. These benchmarks were then used to build location-specific proformas that reflect the expected unit counts and operational characteristics of each planned site.

To improve accuracy over a 10-year implementation period, operating estimates have been escalated in alignment with the forecasted construction and occupancy timeline. This ensures operative costs account for anticipated cost increases over time as sites become active in later years of the Plan. Aligning escalation with the development schedule reduces the risk of underestimating future operating requirements and supports clear long-term budget planning.

Based on the above assumptions and modelling, the total estimated operational cost over the 10-year project scope for new units is **\$276.7 million**. This forecast will continue to be refined as individual projects advance, service delivery plans are confirmed with partners, and more detailed operating agreements are established.

## Potential Funding Sources

Regional funding for the Supportive Housing Implementation Plan will require a multi-faceted approach that combines several funding sources to maximize overall impact.

The proposed financing strategy assumes a blend of rent revenues, planned contributions from the levy and senior government support, recognizing that the scale of the program cannot be sustained at the regional level alone or through any single funding stream.

### **Source One – Rent Revenue**

Rent revenue is forecast to contribute approximately **\$15.8 million** for net new units over the implementation period. This reflects the portion of operating costs that can be recovered through occupancy while maintaining alignment with affordability objectives and applicable program requirements. The total forecast rent revenue represents approximately 6% of total forecasted operating costs.

### **Source Two – Operating Placeholders**

Under Niagara Region's budget planning by-law, operational costs must be budgeted at the time Council approves the related capital budget for regionally owned units. As a result, unspent operating budget authority will be redirected to help fund future sites.

### **Source Three – Incremental Levy Contributions**

Incremental levy contributions are projected to provide approximately **\$65.2 million** over 10 years, representing 25% of net forecasted operating costs. This represents an additional annual levy-supported contribution intended to keep the Plan on track toward the Region's targeted funding share (i.e., achieving the 25% local contribution over the 10-year period). The annual amount may vary based on the realized contribution from the other funding sources.

### **Source Four – Federal and Provincial Grants**

Federal and provincial grants are expected to represent the largest portion of funding. The Region's objective is to secure or assist community partners in securing senior government contributions sufficient to cover remaining funding requirements after regional support and fundraising efforts are exhausted. This support will be achieved through ongoing advocacy and alignment with eligible provincial and federal housing and homelessness programs. Housing as an asset class is, by nature, extremely costly. Without strong support from upper levels of government, the Implementation Plan will most likely need to be significantly scaled back and restructured.

## **Funding Scenario (25% of Operational Costs)**

A viable funding scenario is for Niagara Region to phase in general-levy support so that, over a 10-year horizon, the levy funds 25% of net ongoing supportive housing operating

costs, recognizing that operating dollars are significantly harder to secure on a sustained basis while provincial and federal programs are more consistently available for capital investments. Establishing a predictable operating funding commitment also strengthens the Region's ability to unlock community partner-led unit development, since many proponents must demonstrate confirmed operating funding before they will proceed to build new units. Throughout the plan, the Region would continue to advocate to the Province and Federal government for both capital and operational funding, and if external operating dollars are secured, incremental levy contributions can be repurposed to support new unit construction.

Establishing and committing to this local share ensures the Region has equitable interest and strengthens its ability to advance partner projects by committing to operational funding support, improving competitiveness when seeking federal and provincial funding as senior governments generally prioritize initiatives that demonstrate delivery readiness. This target is intended to be assessed across the full program scope as specific funding opportunities will continue to be influenced by timing, site conditions, procurement outcomes, partnership arrangements, and the availability of provincial and federal funding programs.

While there has been strong community partner interest, opportunities and commitments are still emerging and may change over time. Accordingly, the financial projections will be updated as partner-led delivery opportunities are confirmed, to ensure the Region's annual levy contributions remain aligned with actual need while still supporting achievement of the long-term 25% funding objective.

By making small, annual incremental levy contributions across the 10-year project scope, the Region minimizes the impact on any single budget cycle while deliberately building the base budget required to sustain 25% of net total supportive housing operations by the end of the period.

For 2026, the budget impacts include a \$2.5 million operating placeholder associated with Geneva Phase 1 supportive housing units and \$840,000 for the incremental annual levy contribution. These allocations support compliance with budget planning requirements and advance the Region's longer-term reserve and funding strategy.

The full 10-year cost summary snapshot based on the aforementioned assumptions is displayed in **Appendix 1**.

## Progress to Date

Implementing Niagara's Supportive Housing Strategy is possible only due to years of investment in housing and homelessness response, a mature coordinated access system, and a network of dedicated service partners. The current homelessness serving system, with established policies and procedures, and robust data collection and analysis capabilities, is the foundation upon which the supportive housing system can evolve and expand.

A key outcome of the establishment of Niagara's Supportive Housing Strategy has targeted efforts to understand the appetite amongst non-profit housing providers to expand current operations or undertake new development. Through the annual Supportive Housing Expression of Interest (EOI) described above, eight initial responses were received to the October 2025 EOI, all of which received follow up by Regional staff to provide consultation and support through the project visioning process, project management services, and/or provision of data and letters of support to enhance funding applications. As stated, Niagara Region will maintain a list of projects in the visioning, shovel-ready, and in development phases and endeavor to provide support at each stage.

Regional staff continue to engage with providers across a variety of sectors, to establish common understanding of the scope of the need and efforts to close the supply gap. Specific engagement has occurred between housing, homelessness and health providers—including the provincially funded HART Hub program—to map out potential collaborations in service provision, especially in highly supportive housing.

As noted above, a 49-unit building at 320 Geneva St. in St. Catharines is projected for completion in late 2026, with occupancy targeted for December 2026. An RFP for an appropriate non-profit housing provider to operate this facility is underway as of March 2026. These 49 units will contribute to the target and will prioritize individuals with moderate support needs who are unable to stably live independently.

Niagara Region has taken the lead on the active pursuit of funding federally and provincially, with delegations to Ottawa for the Association of Municipalities of Ontario (AMO) conference, and to Queen's Park for Niagara Week. In both instances, Regional staff and councillors were equipped with briefing notes describing the need for supportive housing in Niagara and the proposed solution. A detailed document outlining the return on investment across a variety of ministries was provided to the ministers to further outline Niagara's readiness to address this challenge.

## Next Steps

The Implementation Plan demonstrates a commitment to addressing the shortfall in supportive housing in a coordinated and fiscally responsible manner. This will ensure that the Region can meet current and future supportive housing demands, which can measurably reduce experiences of homelessness without compromising the Region's financial stability.

The Implementation Plan will serve as a living document that will be monitored and updated by staff on a regular basis as projects progress, and funding and partnership opportunities emerge. To this end, staff will continue to engage with non-profit agencies and organizations through the Supportive Housing Action Table, and the annual Supportive Housing Expression of Interest. Staff will also continue to actively monitor the availability and suitability of sites - both those owned by the Region and those owned by other entities, such as local area municipalities and the provincial or federal government - and conduct due diligence when appropriate.

All parties can contribute to furthering this plan by clearly and consistently advocating to senior levels of government about the demonstrated need, the designed solutions, and the return on any investment in supportive and highly supportive housing.

This document will be monitored and managed by Community Services, in close collaboration with Niagara Regional Housing, as they have access to property and building information. Further, these departments manage other closely related initiatives such as Expression of Interests for non-profit supportive housing provider project readiness and preliminary visioning, which are invaluable tools that inform opportunities for partnerships to construct more supportive housing units.

## Definitions

**Supportive Housing** generally describes a wide range of housing programs and options with support services that enable people exiting homelessness, people with mental health issues, addictions, physical disabilities, developmental disabilities, people with acquired brain injuries, survivors of domestic violence, and many more, to achieve housing stability and live as independently as possible in the community. It offers a combination of housing assistance (e.g. rent-geared-to-income and rent supplements) and wraparound support which can include clinical and non-clinical services (e.g. counselling, addictions support, peer support, life skills training, personal care, nursing, etc.) all provided in a culturally safe and appropriate manner.

Supportive housing is divided into two (2) categories based on the complexity of an individual's circumstances:

- **Supportive Housing** – For those who require low to moderate support, can include scattered-site or fixed site, transitional housing, rent assistance, and moderate, time-limited case management support.
- **Highly Supportive Housing** – For those with complex and persistent needs (e.g. chronic health conditions, severe mental health and addictions), programs with clinical and non-clinical support services available on-site (i.e. fixed site), including intensive case management and rent subsidy.

**Affordable Housing (Community Housing)** – Housing where the cost does not exceed 30% of a household's before-tax income, including rental and ownership.

**Supportive Housing with mobile case management** – For individuals who can live independently in units leased from private landlords with financial support through a subsidy and mobile supports provided by a team or dedicated case worker.

**Supportive Housing with on-site case management** – Site-based housing, often with 24/7 or higher-intensity supports.

**Supportive housing caseload spaces** – Typically referring to mobile case management supportive housing where supports are provided by a team or dedicated case manager in the community.

**Units of supportive housing** – Typically referring to fixed-site supportive housing, measured by the physical unit at a particular address where on-site or mobile supports are provided.

**Coordinated Access** – Coordinated access provides communities with a consistent way to provide housing and related services to people experiencing or at risk of

homelessness. Core components of a strong coordinated access system include: A Housing First approach, real-time data about the supply of and demand for housing resources, a streamlined service delivery approach with access points to service, a standardized workflow for triage and assessment, prioritization, and vacancy matching and referral.

**By-Name Data / List** – A real-time record of all those known to be experiencing homelessness in the community as documented in Homeless Individuals and Families Information System (HIFIS). This data can be prioritized to best match individuals with appropriate support resources.

### **Chronic Homelessness**

- Continuous duration (past 12 months): Homeless for 180 days total in the last 12 months (can be continuous or accumulated), or
- Episodic/recurrent (past 3 years): Homelessness episodes over the last 3 years that add up to 546 days

**Emergency Sheltered and Unsheltered Homelessness** - Niagara's homelessness system commonly treats someone as "currently homeless" if they are:

- Unsheltered (sleeping outdoors or in places not meant for habitation), or
- Emergency sheltered (staying in an emergency housing-focused shelter)

**Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)** - A pre-screening triage tool used by homelessness service providers to assess the vulnerability and urgency of need for housing assistance.

## APPENDIX 1: 10-Year Cost and Funding Summary

FINANCIAL IMPACTS	5 - YEAR OUTLOOK						10 - YEAR OUTLOOK					
	2026	2027	2028	2029	2030	2026-2030	2031	2032	2033	2034	2035	2026-2035
<b>COSTS</b>												
Capital Costs - Construction	\$ -	\$ 44,875,000	\$ 34,250,000	\$ 34,250,000	\$ 34,250,000	\$ 147,625,000	\$ 33,125,000	\$ 12,625,000	\$ 12,625,000	\$ 12,625,000	\$ 11,500,000	\$ 230,125,000
<i>Escalated Capital Construction Costs</i>	\$ -	\$ 46,522,895	\$ 36,348,156	\$ 37,075,119	\$ 37,816,621	\$ 157,762,791	\$ 37,305,959	\$ 14,502,867	\$ 14,792,925	\$ 15,088,783	\$ 13,914,934	\$ 253,368,259
Operating Costs	\$ -	\$ 7,336,004	\$ 12,947,530	\$ 18,559,056	\$ 24,170,582	\$ 63,013,173	\$ 29,642,286	\$ 32,970,043	\$ 36,281,668	\$ 39,561,028	\$ 42,524,300	\$ 243,992,498
<i>Escalated Operating Costs</i>	\$ -	\$ 7,565,053	\$ 13,602,774	\$ 19,865,696	\$ 26,360,545	\$ 67,394,068	\$ 32,937,929	\$ 37,310,447	\$ 41,814,455	\$ 46,436,031	\$ 50,831,736	\$ 276,724,665
LESS: Rent Revenue	\$ -	\$ (345,811)	\$ (728,672)	\$ (949,490)	\$ (1,388,162)	\$ (3,412,135)	\$ (1,826,834)	\$ (2,261,060)	\$ (2,613,776)	\$ (2,761,976)	\$ (2,910,176)	\$ (15,785,957)
<i>Net Escalated Operating Costs</i>	\$ -	\$ 7,219,242	\$ 12,874,102	\$ 18,916,206	\$ 24,972,383	\$ 63,981,933	\$ 31,111,095	\$ 35,049,387	\$ 39,200,679	\$ 43,674,055	\$ 47,921,560	\$ 260,938,708
TOTAL Cost (Capital + Operating)	\$ -	\$ 52,211,004	\$ 47,197,530	\$ 52,809,056	\$ 58,420,582	\$ 210,638,173	\$ 62,767,286	\$ 45,595,043	\$ 48,906,668	\$ 52,186,028	\$ 54,024,300	\$ 474,117,498
<i>TOTAL Escalated Cost (Capital + Operating)</i>	\$ -	\$ 54,087,949	\$ 49,950,930	\$ 56,940,814	\$ 64,177,166	\$ 225,156,859	\$ 70,243,888	\$ 51,813,314	\$ 56,607,380	\$ 61,524,814	\$ 64,746,669	\$ 530,092,924
<b>BUDGET REQUIREMENTS</b>												
Net Operating Budget Requirement - 25% Funding	\$ -	\$ 1,804,811	\$ 3,218,525	\$ 4,729,051	\$ 6,243,096	\$ 15,995,483	\$ 7,777,774	\$ 8,762,347	\$ 9,800,170	\$ 10,918,514	\$ 11,980,390	\$ 65,234,677
Incremental Operating Budget Requirement	\$ -	\$ 1,804,811	\$ 1,413,715	\$ 1,510,526	\$ 1,514,044	\$ 6,243,096	\$ 1,534,678	\$ 984,573	\$ 1,037,823	\$ 1,118,344	\$ 1,061,876	\$ 11,980,390
<b>AVAILABLE FUNDING</b>												
Incremental Levy Contributions	\$ (840,000)	\$ (1,102,348)	\$ (1,157,465)	\$ (1,215,338)	\$ (1,276,105)	\$ (5,591,256)	\$ (1,339,910)	\$ (1,406,906)	\$ (1,477,251)	\$ (1,551,114)	\$ (1,628,670)	\$ (12,995,108)
Cumulative Funding	\$ (840,000)	\$ (1,942,348)	\$ (3,099,813)	\$ (4,315,151)	\$ (5,591,256)	\$ (15,788,568)	\$ (6,931,167)	\$ (8,338,073)	\$ (9,815,324)	\$ (11,366,438)	\$ (12,995,108)	\$ (65,234,677)

**Appendix 2 - Incremental Levy Contributions Associated with Funding Scenario**

<b>YEAR</b>	<b>INCREMENTAL LEVY CONTRIBUTION</b>	<b>CUMULATIVE CONTRIBUTION</b>
2026	\$ 840,000 *	\$ 840,000
2027	\$ 1,102,348	\$ 1,942,348
2028	\$ 1,157,465	\$ 3,099,813
2029	\$ 1,215,338	\$ 4,315,151
2030	\$ 1,276,105	\$ 5,591,256
2031	\$ 1,339,910	\$ 6,931,167
2032	\$ 1,406,906	\$ 8,338,073
2033	\$1,477,251	\$ 9,815,324
2034	\$ 1,551,114	\$ 11,366,438
2035	\$ 1,628,670	\$12,995,108

\* Council has approved and included an incremental \$840,000 contribution in the 2026 general levy operating budget to support the Implementation Plan

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**Subject:** St. Catharines Emergency Shelter Funding

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

**Report date:** Tuesday, April 14, 2026

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## Recommendations

1. That the transfer of \$2,000,000 in funding from the Capital Variance Project - Levy to Niagara Regional Housing (NRH) for the St. Catharines Emergency Shelter project **BE APPROVED**; and
2. That this report **BE FORWARDED** to Niagara Regional Housing Board of Directors for information at its next scheduled meeting.

## Key Facts

- The purpose of this report is to seek Council's approval for the budget adjustment to transfer \$2,000,000 million in capital funding to Niagara Regional Housing (NRH) for the St. Catharines Emergency Shelter capital project for the design, servicing and setup costs for the modular trailers to be used for the shelter, as well as the decommissioning of the existing shelter site at 29 Riordon Street.
- Per the Budget Control By-Law section 6.5(c) iii), Council approval is required for budget adjustments greater than \$250,000 that utilize funding from the Capital Variance Project - Levy.
- The existing temporary shelter located at 29 Riordon Street is situated on a property that is leased by NRH from the City of St. Catharines. The lease term was set for three years with expiry on December 31, 2026. The lease has no option for renewal.
- Niagara Region's extensive search for an alternate shelter site has resulted in the identification of a suitable portion of a candidate property that is available for lease and requires the use of these additional funds that are subject to this budget request for servicing. The original capital budget for the 50 unit St. Catharines emergency shelter of \$5.5 million was approved through the 2025 budget process in report SPEC 2-2024-2.1 Proposed 2025 NRH Capital Budget.
- A capital budget adjustment of \$2 million, for a total estimated project cost of \$7.5 million, is required to facilitate the setup and servicing of the candidate site for the new shelter. This includes costs for the expansion of the shelter from the original

plan of 50 units to 90 units, as well as the decommissioning of the existing shelter at 29 Riordon Street.

- The operating budget for operating this site will be re-purposed from the temporary shelter at 29 Riordon Street. The incremental operating budget required for added units was approved through the 2026 budget process. The annual lease cost (approximately \$100,000) was not included in the approved 2026 operating budget and will be managed in-year, supported by savings as the additional units will not be operational for the full year in 2026. The ongoing lease cost will be considered as part of the 2027 budget process; if the lease cost cannot be accommodated within existing approved funding, the number of operational units may be adjusted to avoid a levy pressure. In addition, Niagara Region continues to advocate for ongoing operating funding from upper tier governments for the operation of the emergency shelters.
- The capital budget adjustment is subject to funding being approved at the April 14, 2026, Niagara Region Public Health and Social Services Committee meeting and Regional Council on April 30, 2026.

## **Analysis**

In alignment with the recommendations of the shelter capacity review, Niagara Region is moving forward with continued efforts to expand the local shelter system. Staff continue to monitor shelter occupancy and operations for capacity while taking into consideration that expanding shelter capacity in a community without concurrently increasing housing opportunities results in a bottleneck in the shelter system, as there is no opportunity for outflow. Investment in housing, and in particular supportive housing, is a key component to an effectively functioning homeless and shelter system.

The current shelter operation at 29 Riordon Street is located on a property leased by NRH from the City of St. Catharines and is set to expire on December 31, 2026, with no option for renewal or extension. As such, it is critical for Niagara Region to secure an alternate site for shelter operations.

Staff at NRH, Niagara Region, and the City of St. Catharines have reviewed a number of properties to identify an alternative location for shelter operations. Staff's review was supplemented by the Region's shelter site considerations, in addition to many conversations between interested parties to find an expedited solution. Search efforts have been challenged by several factors including but not limited to cost, duration, and timing of lease or purchase; the size/area of land needed to accommodate a shelter

configuration; appropriate existing land use permissions and without the need for amendment; and potential impacts to the surrounding community.

The site under consideration has many favourable characteristics that mitigate risk and support the ability to implement the shelter operation in timely manner. This, and in tandem with the ability to proceed with direct award for professional design and construction services, is a particularly important consideration with the approaching lease expiration involving current shelter operations at 29 Riordon Street.

Staff will continue to engage with the property owner to work through the provisions that are contained within the Permission to Use Agreement and Lease Agreement. Once direction can be given to pursue the site, staff will promptly schedule a pre-consultation meeting with the City of St. Catharines to verify due diligence requirements and any applicable Planning Act applications and building permits.

### **Alternatives Reviewed**

Should Council not approve the transfer of \$2,000,000 in funding from the Capital Variance Project - Levy to NRH for the St. Catharines Emergency Shelter project, then the project cannot proceed. This decision would place an insurmountable pressure on the Region's ability to identify an alternate site that can be acquired, prepared, and operationalized within a similar timeframe that can accommodate the displaced and unhoused clients that would result from the closure of 29 Riordon Street.

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

The temporary emergency shelter programs are homelessness system services that support the Council Priority of an Equitable Region, and specifically Objective 3.1, to ensure the Region is inclusive, welcoming and free of discrimination.

### **Other Pertinent Reports**

Not applicable.

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**Prepared by:**

Cathy Cousins, CPA, CA  
Director Homelessness Services  
Community 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 Cameron Banach, Director Housing Services, Alexander Morrison, Manager of Housing Strategy and Development, Sara Mota, Senior Program Financial Specialist, Donovan D'Amboise, Associate Director Program Financial Support, and reviewed by Brian Wilson, Senior Legal Council and Morgan Young, Legal Council.

# Efficiencies in EMS

Public Health and Social Services Committee

PH-C 7-2026

Tuesday, April 14, 2026

Karen Lutz-Graul

Chief and Director, Niagara Emergency Medical Services

# Efficiencies in Emergency Medical Services (EMS)

PHD-C 7-2026

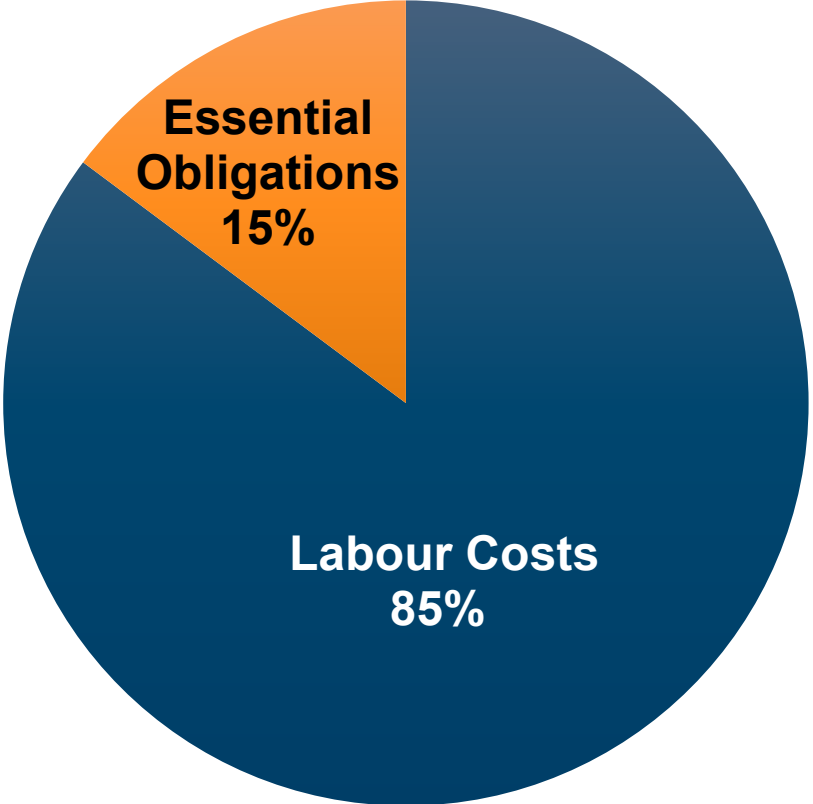
April 14, 2026

Karen Lutz-Graul, Chief, Niagara Emergency Medical  
Services, Public Health and Emergency Services

# Purpose

- Share efficiencies and positive financial impacts in 2025 and beyond
- Highlight investments that support long-term cost avoidance

# EMS Total Budget



- Labour Costs
- Essential Obligations

# Process Improvement Savings

**6.04% Decrease**

- WSIB costs
- \$329,910 savings

**2% Decrease**

- Sick time costs
- \$29,024 savings
- 6,180 reduced hours

# Leveraging Strategic Partnerships

**\$9,000**

- Saved in training costs

**\$12,000**

- Saved in leasing costs

**\$197,000**

- Saved through capital investment funded by Ministry of Natural Resources

# Optimizing Contracts

**Projected Annual Savings  
\$66,582**

Cellular contract

- 75% monthly decrease
- \$22,610.00 savings 2025

**Projected Annual Savings  
\$16,000**

Medication rebate program

- \$11,782.14 savings 2025

# Future Cost Avoidance

- \$20,419 for new software for fleet and asset management
- Reduction of operating costs
- Reduction in supply and inventory costs

# Cost Savings in 2025

Process improvements

+ Strategic partnerships

+ Contract optimization

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\$611,326.14 + changes that will put us in a position to continue saving in the years to come

# Thank you

Questions?

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## Memorandum

**PHD-C 7-2026**

**Subject:** Efficiencies in Emergency Medical Services

**Date:** Tuesday, April 14, 2026

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

**From:** Karen Lutz-Graul, Chief Niagara Emergency Medical Services

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This memo and the accompanying presentation provide an overview of the efficiencies achieved in Emergency Medical Services (EMS) in 2025 and the positive impacts they are having now and into the future. Through process improvements, partnerships, and creative problem-solving, we identified savings that can be redirected to help offset unavoidable budget pressures, such as rising fuel costs and increasing call volumes.

In 2025 EMS realized \$611,326.14 in savings in a largely non-discretionary, fixed cost environment. Ongoing efficiency initiatives and targeted technology investments demonstrate responsible financial stewardship while sustaining reliable emergency medical services for Niagara residents.

### Strategic Partnerships

- Leasing and repurposing the Welland Fire Station on Prince Charles Drive as the Welland North EMS Station reduced annual lease costs by \$12,000 and deferred the need for constructing a new station. This approach also has the potential to avoid future spending on land acquisition and new construction; these additional savings will be reported once they are confirmed.
- Partnering with Hamilton EMS for workplace violence training avoided \$9,000 in instructor costs.
- \$197,000 in Ministry of Natural Resources funding was secured for a Command Trailer to support emergency incident management and inter-agency collaboration.

### Process Improvements

- Through enhanced injury management we reduced lost time days by 33.45% and WSIB costs by \$329,910 (6.04%) compared to 2024.

- Process improvements to sick - time reporting reduced sick hours by 6,180, resulting in savings of \$29,024 after backfill and staffing replacement costs.

### **Contract Optimization**

- Wi- Fi implementation and mobile data pooling reduced cellular costs by 75%, saving \$22,610 in 2025 and an antipated \$66,582 annually starting in 2026.
- A Medication Rebate Program for expired medications saved \$11,782.14 in 2025, with projected annual savings in 2026 of \$16,000.

### **Technology Investment and Cost Avoidance**

In addition to the upcoming savings mentioned above, this year's implementation of Operative IQ, a fleet and asset management platform that will replace fragmented manual systems, will result in a cost avoidance of \$20,419 after initial investments. This will improve fleet monitoring, extend equipment lifespan, reduce inventory waste, and support a shared system with Seniors Services, avoiding duplicate procurement.

### **Additional Context**

The EMS cost structure is largely non - discretionary. Labour represents 85.2% of the budget and is established through collective bargaining or arbitration, to meet legislated service levels and response requirements. The remaining 14.8% supports essential operational costs, including fleet replacement, fuel, medical supplies, and equipment.

In closing, the work done by the team in 2025 and looking ahead affirm our commitment to mitigating system pressures by finding efficiencies, maximizing value and maintaining the highest standard of care.

Respectfully submitted and signed by

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Karen Lutz-Graul, B.Sc.C.P., ACP  
Chief Niagara Emergency Medical Services

This memo was prepared in consultation with Michael Leckey, Program Financial Specialist.

# Health Systems Planning Report

Public Health and Social Services Committee

PHD-C 8-2026

April 14, 2026

Amanda Kirkwood, Manager, Analytics and Informatics

# Health Systems Planning Report

PHD-C 8-2026

April 14, 2026

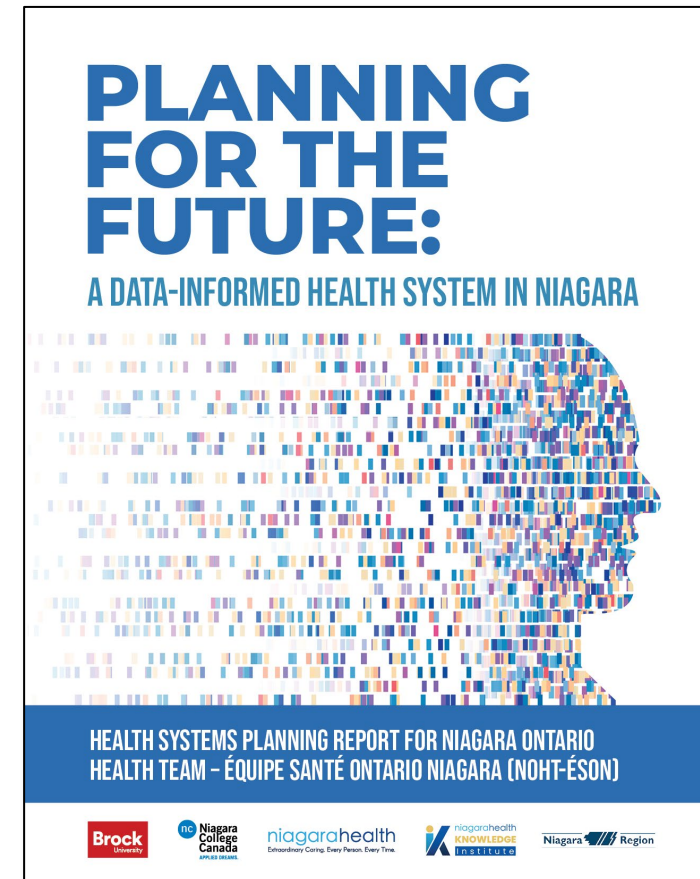
Amanda Kirkwood, Manager, Public Health Analytics and Informatics



# **Planning for the Future: A Data Informed Health System in Niagara**

# Purpose and Intended Use of Report

- Establish baseline picture of health
- Support coordinated, evidence-informed planning (five to 10 years)
- Identify patterns, pressures, and gaps relevant to planning



# A Niagara-wide collaborative effort





# CIHI Capacity Components across the Continuum of Care



Public health



Primary care



Emergency  
Medical  
Services  
(EMS)



Acute  
care  
(hospitals)



Home and  
community  
care



Long-term  
care, hospice,  
palliative care



Mental health  
and substance  
use services



Housing-related  
supports  
(shelter/supportive  
housing; navigation)

# Nine Themes Emerged Regarding Health System Gaps

- Increasing chronic disease burden
- Improving primary care access
- Understanding mental health and substance use
- Communicable disease and outbreak preparedness
- Addressing health equity and access to care
- EMS pressures
- Hospital system pressures
- Increasing demand for long-term and hospice care
- Understanding homelessness and supportive housing

# Recommendations Provided to Address Health System Gaps

- 48 short, medium and long-term recommendations across nine health system gaps are presented for planning consideration
- Informed by findings of assessment and align with Stuff-Space-Staff-Systems CIHI framework

# Workforce is one of the most critical determinants of health system capacity



# Workforce Planning – what we found

- Demand for nurses, support workers, health managers, dental professionals and pharmacy roles
- Growth in physiotherapy, occupational therapy and massage therapy aligns with aging population
- High demand for Nurse Practitioners and nurse supervisors

# Addressing the Gaps



# Next Steps

- Coordinated, evidence-informed actions across sectors
- Priority setting, align planning efforts and support integration of care
- Addressing the gaps will require collaboration

## Memorandum

**PHD-C 8-2026**

**Subject:** Health System Planning Report

**Date:** April 14, 2026

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

**From:** Amanda Kirkwood, Manager, Public Health Analytics and Informatics

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This memo provides an update on a recently released report by the Niagara Ontario Health Team - Équipe Santé Ontario Niagara (NOHT-ÉSON) called [Planning for the Future: A Data-Informed Health System in Niagara](https://noht-eson.ca/planning-for-the-future-a-data-informed-health-system-in-niagara/) (<https://noht-eson.ca/planning-for-the-future-a-data-informed-health-system-in-niagara/>). The report provides a comprehensive assessment of Niagara's health system capacity to inform coordinated, evidence-based planning led by the NOHT-ÉSON. It establishes a baseline understanding of Niagara's population health, service utilization, and available resources to guide collective planning and investment over the next five to 10 years.

This report is a culmination of a Niagara-wide collaborative effort amongst regional partners, including Brock University, Niagara College, Niagara Health, Niagara Health Knowledge Institute, and Niagara Region Public Health. Niagara Region Public Health led the quantitative analyses and data synthesis using existing data sources, while other partners contributed data and expert knowledge. Niagara Health Knowledge Institute led a rapid review of national and international literature on health system capacity.

The report is descriptive in nature and synthesizes readily available data to identify patterns, pressures, and gaps relevant to system planning using the Canadian Institute for Health Information (CIHI) framework, Stuff, Space, Staff, and Systems to describe the material, physical, human, and organizational components required to meet the health needs of Niagara's population.

The assessment identifies nine themes that persist in the local health system that impact access, equity, and overall population health outcomes. They are as follows:

- Increasing chronic disease burden
- Improving primary care access
- Understanding mental health and substance use

- Communicable disease and outbreak preparedness
- Addressing health equity and access to care
- EMS pressures
- Hospital system pressures
- Increasing demand for long-term and hospice care
- Understanding homelessness and supportive housing

The report also provides 48 short-, medium-, and long-term recommendations across these nine health system capacity gaps. Addressing the identified gaps will require collaboration among hospitals, primary care, public health, community organizations, social services, municipalities, and Indigenous partners with a continued focus on equity, access, and sustainability.

Finally, this report is intended to support ongoing system-level assessment and priority setting, recognizing that health system capacity must continue to be monitored and adapted over time as population needs, service demands, and system pressures evolve.

Respectfully submitted and signed by

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Amanda Kirkwood  
Manager, Public Health Analytics and Informatics

## **Appendices**

Appendix 1 [Planning for the Future: A Data-Informed Health System in Niagara](https://noht-eson.ca/planning-for-the-future-a-data-informed-health-system-in-niagara/)  
(<https://noht-eson.ca/planning-for-the-future-a-data-informed-health-system-in-niagara/>)

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**Subject:** Welcoming Streets Initiative – Funding Information Request

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

**Report date:** Tuesday, April 14, 2026

---

## Recommendations

1. That this report **BE RECEIVED** for information.

## Key Facts

- The purpose of this report is to respond to Council direction to outline funding options to support the continued operation of the Welcoming Streets Initiative pilot in the St. Catharines downtown core beyond April 30 to the end of 2026.
- The Welcoming Streets Initiative pilot program funding ends April 30, 2026, and no approved funding is available beyond that date.
- Four potential funding sources have been assessed: 2026 budget approved levy funding in the homelessness division, grant funding, Homelessness Prevention Plan funding and Reaching Home funding.
- Staff are exploring opportunities for enhanced coordination among downtown street outreach providers in the City of St. Catharines.

## Financial Considerations

The Welcoming Streets Initiatives (WSI) was approved by Council as a pilot program in December 2024 with a one-time investment of \$128,000 for program start-up and operations delivered through REACH Niagara and Positive Living Niagara. The pilot program's one-time funding is sufficient to April 30, 2026, with no approved funding available beyond that date. The program costs approximately \$15,000 per month to operate under the current delivery model. Extension of the current WSI pilot program model from May 1 to the end of 2026 requires \$120,000.

The cost increase reflects additional supervisory capacity and program materials required to support implementation and delivery of the pilot, which were not included in the original \$128,000 annual budget estimate.

A source of funding is required to support the program extension. Absent senior government funding, an extension would require levy funding through a future budget

process, or Council direction to offset the in-year cost through reductions/deferrals in other discretionary services.

## **Analysis**

The Welcoming Streets Initiative pilot, funded to operate until April 30, 2026 was implemented in downtown St. Catharines to improve the relationships between businesses and individuals who are street-connected in the downtown core.

The pilot has now been in operation for just under one year and evaluation of the program by Brock University demonstrates that the program has been effective in fostering more positive relationships between businesses and individuals on the streets, offering businesses in the downtown core a valued support service, and in connecting individuals experiencing homelessness to services available to address needs.

Although the program has proven to be effective in addressing needs in the St. Catharines downtown core, there is not a dedicated funding source to support ongoing operation of the program. Review of Welcoming Streets pilot programs across the province reflect similar funding challenges.

There are four outreach service providers currently support in the St. Catharines downtown core. Niagara Assertive Street Outreach focuses on working with individuals experiencing homelessness who are on the street or in encampments to support a return to housing. Community Oriented Response Engagement (CORE) team focuses on community focused policing initiatives such as youth engagement, community outreach and problem-oriented policing. Emergency Medical Services Street Outreach team focuses on providing mobile medical services to individuals who are unhoused, living in the shelter system or vulnerable in the community. Finally, the Welcoming Streets Initiative (WSI) focuses on being a bridge between businesses and street connected individuals in the St. Catharines downtown core, ensuring everyone's needs and concerns are met. Work is currently ongoing to identify opportunities for enhanced coordination and efficiencies in the interconnection, service delivery and service needs of these four programs with an eye to focusing on a shared client – individuals experiencing homelessness.

The four funding options that were reviewed to identify an appropriate source include:

### **Approved 2026 Levy Funding in the Homelessness Division (One-time Reallocation)**

Through the 2026 budget process, Council approved a \$690,000 business case to increase funding to invest in staff training, peer and behavioural supports in homelessness services. The goal of this funding is to reduce the incidence of behaviours that lead to service restrictions by investing in enhanced training and a behavioural and peer support program for the eight housing-focused shelters and outreach services across the region. Due to the timing of 2026 budget approval and the time required to operationalize these initiatives, a portion of the approved 2026 funding is not expected to be fully expended in-year, creating one-time “gapping” dollars. Up to \$120,000 of these one-time “gapping” dollars be reallocated to support the WSI until December 31, 2026. Staff had identified these gapping dollars as a potential mitigation strategy to address in-year pressures within Homelessness Services. Reallocating this funding reduces flexibility to respond to emerging needs in-year and may require alternative mitigation.

### **Grant funding**

Staff have been working in collaboration with Positive Living Niagara and REACH Niagara (the two agencies operating the WSI pilot program) to identify and submit funding proposals to support the ongoing delivery of this program. If successful, grant funding may reduce or eliminate the need to reprioritize approved 2026 levy funding within Homelessness Services to support the WSI extension to December 31, 2026.

### **Homelessness Prevention Plan Funding**

This provincial funding provides emergency financial assistance and service to low-income individuals and families who are at risk of losing housing or are currently experiencing homelessness (e.g. housing assistance, supportive housing, emergency shelter solutions). Through the 2026 budget process and the provincially approved homelessness prevention plan investment plan this funding has been fully allocated until March 31, 2027. There is no funding available through this program to allocate to WSI.

### **Reaching Home Funding**

This federal funding provides revenue to support capital investments, homelessness prevention and diversion, outreach and outreach case management. Through the 2026 budget and the federally approved Reaching Home Funding agreement this funding has

been fully allocated until March 31, 2027. There is no funding available through this program to allocate to WSI.

### **2027 Budget Consideration**

A final evaluation of the WSI pilot program will be completed in the spring. Based on the final evaluation outcomes, staff will draft a business case for consideration by Council in the 2027 budget process.

### **Alternatives Reviewed**

The use of the taxpayer relief reserve as a source of funding is not recommended. Direction to bring a budget amendment opens up the approved 2026 budget and includes a requirement to issue 10 days public notice. The taxpayer relief reserve is currently significantly underfunded.

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

Enhancing supports for street-connected individuals while strengthening the St. Catharines Downtown business community advances Council Strategic Priority 3.1 - Building an Equitable Region by promoting an inclusive community where everyone feels healthy, safe, and supported.

### **Other Pertinent Reports**

- [COM 5-2026 Welcoming Streets Initiative Pilot Program Evaluation](https://pub-niagararegion.escribemeetings.com/Meeting.aspx?Id=c7ca857e-bcc1-4f36-a162-820e1ff9b52d&Agenda=Merged&lang=English&Item=16&Tab=attachments)  
<https://pub-niagararegion.escribemeetings.com/Meeting.aspx?Id=c7ca857e-bcc1-4f36-a162-820e1ff9b52d&Agenda=Merged&lang=English&Item=16&Tab=attachments>
- [COM 34-2025 Welcoming Streets Initiative: Pilot Update](https://pub-niagararegion.escribemeetings.com/Meeting.aspx?Id=3b9f2270-1e8c-4c84-9966-bf1e0af24f86&Agenda=Agenda&lang=English&Item=14&Tab=attachments)  
<https://pub-niagararegion.escribemeetings.com/Meeting.aspx?Id=3b9f2270-1e8c-4c84-9966-bf1e0af24f86&Agenda=Agenda&lang=English&Item=14&Tab=attachments>

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**Prepared by:**

Sandy Dupuis  
Associate Director Community  
Strategies and Priorities  
Community 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 Cathy Cousins, Director, Homelessness Services, John Pickles, Program Financial Specialist and Donovan D'Amboise, Associate Director, Program Financial Support.

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## Memorandum

COM-C 14-2026

**Subject:** Councillor Information Request regarding Bill 74 (Missing Persons Amendment Act)

**Date:** Tuesday, April 14, 2026

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

**From:** Donna Gibbs, Regional Solicitor/Director, Legal and Court Services, and Henri Koning, Commissioner, Community Services

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At Niagara Regional Council meeting held on February 10, 2026, the following Councillor Information Request was made:

Provide information on the legislation (Bill 74 - *Missing Persons Amendment Act, 2023*) for declaring persons as missing as it relates to homeless shelters at an upcoming Public Health and Social Services Committee meeting.

As of the writing of this memo, [Bill 74, Missing Persons Amendment Act, 2024 - Legislative Assembly of Ontario](https://www.ola.org/en/legislative-business/bills/parliament-43/session-1/bill-74/status) (<https://www.ola.org/en/legislative-business/bills/parliament-43/session-1/bill-74/status>) is still at the Committee Stage and has not yet received royal assent (meaning its proposed changes have not been incorporated into the [Missing Persons Act, 2018, S.O. 2018, c. 3, Sched. 7 | ontario.ca](https://www.ontario.ca/laws/statute/18m03) (<https://www.ontario.ca/laws/statute/18m03>) at this point).

The Bill proposes to amend the *Missing Persons Act, 2018* with respect to introducing the issuance of vulnerable persons alerts. A vulnerable person is defined in the Bill to mean a person who, **because of their age, a disability or other circumstances, whether temporary or permanent, is in a position of dependency on others or is otherwise at a greater risk than the general population of being harmed by a person in a position of trust or authority towards them.**

The Bill has been supported by the Ontario Autism Coalition and other groups as a crucial safety measure for high-risk individuals but is not intended to be aimed more broadly at individuals who are unhoused. In this regard, an excerpt from the Standing Committee on Justice Policy- May 16, 2024 [Committee Transcript 2024-May-16 | Legislative Assembly of Ontario](https://www.ola.org/en/legislative-business/committees/justice-policy/parliament-43/transcripts/committee-transcript-2024-may-16) ([https://www.ola.org/en/legislative-business/committees/justice-policy/parliament-43/transcripts/committee-transcript-2024-may-](https://www.ola.org/en/legislative-business/committees/justice-policy/parliament-43/transcripts/committee-transcript-2024-may-16)



presumption that further contact is expected; that they may be in danger; or, that their right to privacy and autonomy should be disregarded.

Respectfully submitted and signed by

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Donna Gibbs  
Regional Solicitor/Director, Legal and Court Services

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Henri Koning, MHSc  
Commissioner, Community Services