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**Subject:** Update on the Declarations of Emergency for Homelessness, Mental Health and Opioid Addictions

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

**Report date:** Tuesday, July 11, 2023

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## Recommendations

1. That Report CAO 9-2023 **BE RECEIVED** for information.

## Key Facts

- The purpose of this report is to provide an update on the Declarations of Emergency for Homelessness, Mental Health and Opioid Addiction as declared by Regional Council on February 23, 2023, under the *Emergency Management and Civil Protection Act, 1990* (EMCPA).
- Three signed declarations of emergency forms were submitted to the Provincial Emergency Operations Centre (PEOC) on March 7, 2023, enacting the Region's Emergency Response Plan and Regional Emergency Operations Centre (REOC).
- Following submission, the PEOC has been regularly engaging with the Region's Community Emergency Management Coordinator (CEMC) to request information on actions taken to manage the emergency, as per procedure.
- On March 20, 2023, the Regional Chair sent correspondence to the Provincial Government, Ontario Health, Association of Municipalities Ontario and the Government of Canada regarding the three separate declarations of emergency.
- Responses have been received from the Ministry of Health (MOH) and the Ministry of Municipal Affairs and Housing (MMAH), as affixed in Appendix 1 and 2.

## Financial Considerations

This report has no direct financial implications. However, the time of REOC members as well as ongoing departmental work associated with homelessness, opioid addiction and poor mental health represent indirect costs.

## Analysis

### Actions

- As directed by COM-C 14-2023, REOC formally issued three separate declarations of emergency in the areas of homelessness, mental health and opioid addiction.

- Following the issuance of the three declarations, correspondence were sent to upper levels of government and recommended associations requesting that Council's recommended actions be implemented, as directed by COM-C 14-2023.
- REOC members have met eight (8) times between March and June 2023 to share updates on the resolution approved by Council. Given that emergency management typically deals with time-limited, uncommon events that are sudden, rapid shocks to the community, meetings were not effective in reflecting the traditional structure of a REOC meeting.
- An Emergency Operations Center is a 'designated and appropriately equipped facility where officials from an organization(s) assemble to manage the response to an emergency or disaster' (Ontario's Emergency Management (OEM) Glossary of Terms, 2022).
- The Regional Emergency Operations Centre (REOC) is staffed by designated Regional staff who have received emergency management and incident management system training. These staff are responsible for their REOC roles in addition to their daily duties.
- Activated REOC positions included those with operational roles that have responsibilities related to the declarations including Community Services, Public Health, and EMS. Other members included the CAO's Office, Emergency Management, Clerks, and Governance.
- In addition to REOC efforts related to the emergency declarations, Regional departments continue to advance independent initiatives that address homelessness, opioid addiction and poor mental health across the region.

A comprehensive status update on Council Resolution COM-C 14-2023 can be found in Appendix 3. Information on ongoing staff efforts related to homelessness, opioid addiction and mental health challenges are provided below.

### **Departmental Efforts**

#### Homelessness

- Further to Niagara's commitment to address the critical homelessness challenges faced in our community, Niagara Region joined "Built for Zero" in July 2019. This initiative, embraced by a select group of municipalities across the country, is part of a national effort to end chronic homelessness and is supported by the Canadian Alliance to End Homelessness. Niagara's homeless serving system is actively working to adopt practices that improve services to support our collective goal to achieve "Functional Zero" and end chronic homelessness. System improvements and investments are driven by data and best practices, collaboration with our partners and making improvements one step at a time.

- Key areas of focus have included the development and implementation of a quality by-name list, coordinated access to services, housing focused shelters, assertive street outreach, Homelessness prevention and diversion, supportive housing, a data strategy and development of key performance indicators (KPIs) for each sector of homelessness, and investments in community housing.

Please see Appendix 4 for details of current and planned efforts by the Niagara Region and its partners providing services to people who are experiencing or are at risk of homelessness.

#### Opioid Addiction

- **Ontario Naloxone Program**  
Delivered by Niagara Region Public Health (NRPH) and Emergency Services (ES), the program ensures eligible community-based organizations can access Naloxone kits and training.
- **Needle and Syringe Program**  
Delivered in partnership with Positive Living Niagara, the program provides sterile needles directly to people who use drugs.
- **Consumption and Treatment Site**  
Niagara Emergency Medical Services provides medical supervision, emergency medical care and medical intervention.
- **Education and Community Engagement**  
Preventing problematic substance use involves building protective factors and reducing risk factors for children and youth. NRPH and ES aims to achieve this through a variety of equity-based parenting programs, comprehensive school health and engaging with the community through education about substance use, harm reduction and mitigating the impacts of adverse childhood experiences.
- **Overdose Prevention and Education Network of Niagara (OPENN)**  
NRPH and ES is an active contributor to OPENN by providing the most current data to partners and providing leadership to working groups focused on communications, advocacy and harm reduction. OPENN is preparing to review its structure in the coming months to ensure it is best positioned to provide leadership around the opioid crisis.

Please see Appendix 5 for the Substance Use Health Action Plan 2023-2024.

## Mental Health

- **Mental Health and Addictions Response Team (MHART)**

Responds to 911 calls to better address non-life-threatening mental health and addictions challenges. Mental health nurses assess patients experiencing acute mental health or addictions related crises to provide education, assist with accessing in-person referrals or follow-ups, or transport to hospital when appropriate. Please see Appendix 6 for more information.
- **Outreach Work**

Several programs in NRPH and ES are involved in outreach work. For example, Outreach Nurses from the Sexual Health program work with vulnerable community members who face complex and multifaceted barriers to service, including those who are unhoused or socially isolated, by meeting clients where they are to provide care, education and referrals.
- **Niagara Region Mental Health**

Mental health services are offered for adults and youth who are experiencing significant mental health challenges. Eligibility requirements for each service are based on the respective provincial standards of care. Most referrals to these mental health services are made by hospital, health care providers and community agencies. The youth-oriented services accept referrals directly from the individual, a family member or a friend. Services for clients who experience “concurrent disorders” (i.e.: mental illness and substance use) are provided. Youth-oriented services for clients who experience concurrent disorders can be provided in partnership with Community Addiction Services of Niagara. Education and support are provided to family members whose loved ones are receiving mental health services.
- **Supporting Families and Communities**

Preventing mental health and substance use disorders begins by improving the conditions of early childhood and the mental well-being of parents/caregivers. Families can access support and referrals through Niagara Parents, home visiting programs and outreach provided by nurses working within the community. Public health nurse-led Cognitive Behavioural Therapy (CBT) groups are facilitated prenatally and postpartum to improve symptoms of depression and anxiety and promote family wellness. NRPH and ES have launched Maternal Mental Health social media campaigns, have partnered with local agencies to host Facebook live events on mental health and psychosis and support. Mental health promotion training can be provided to workplaces and community groups interested in learning how to build mental health skills and support others struggling with mental health.

- **Suicide Prevention**

NRPH and ES is working with internal programs and external partners to support the adoption of Zero Suicide in community organizations. The Zero Suicide framework involves training staff, improving suicide risk screening and assessments, and development of policies or procedures to enhance suicide prevention. NRPH and ES delivers suicide prevention training in partnership with Distress Centre Niagara in the community and is actively involved in the leadership of the Niagara Suicide Prevention Coalition.

## **Next Steps**

Staff will continue to update Regional Council on any responses received in relation to the declarations of emergency.

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### **Submitted by:**

Ron Tripp, P. Eng

Chief Administrative Officer

## **Appendices**

Appendix 1 Ministry of Health - Response Letter to Regional Council's Declaration of Emergency for Homelessness, Mental Health and Opioid Addiction

Appendix 2 Ministry of Municipal Affairs and Housing - Response Letter to Regional Council's Declaration of Emergency for Homelessness, Mental Health and Opioid Addiction

Appendix 3 Status Update on Council Resolution COM-C 14-2023

Appendix 4 Niagara Region Pathway to Functional Zero, Housing-Focused Strategy to address Homelessness

Appendix 5 Substance Use Health Action Plan, 2023-2024

Appendix 6 Niagara EMS MHART and Street Outreach Program Overview

## Ministry of Health

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and Minister of Health

777 Bay Street, 5<sup>th</sup> Floor  
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## Ministère de la Santé

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361-2023-2501

May 16, 2023

Jim Bradley  
Chair  
Niagara Region  
1815 Sir Isaac Brock Way  
PO Box 1042  
Thorold ON L2V 4T7

Dear Mr. Bradley:

Thank you for writing to me regarding Niagara Regional Council's declarations of emergency for mental health and opioid addiction.

Our government remains deeply focused on building a robust, evidence-based and integrated health care system for individuals facing mental health and addictions challenges. We recognize that for years, Ontarians have waited far too long to connect to care or have faced difficulty navigating a complicated, disjointed system.

Three years ago, we launched our comprehensive strategy, Roadmap to Wellness, to improve mental health services for communities across Ontario. Supported by a commitment to invest \$3.8 billion over ten years, the Roadmap is adding capacity to meet demand, filling gaps in the care continuum, and creating a provincial infrastructure to connect community, primary and acute care.

Since launching the plan, we have already invested \$525 million in new annualized funding to help mental health and addictions services expand access to care and reduce wait times. To continue this important work, our government is investing an additional \$425 million through the 2023 Budget to:

- Support mental health programs that are community-led and delivered, making it more convenient for people to connect to mental health services closer to home;
- Make a broad range of addictions services available across Ontario that are easy to access and there when needed;
- Support children and youth, by providing access to mental health and addictions services, primary care, and social and community supports to youth aged 12 to 25 through Youth Wellness Hubs;

- Support for children and youth suffering from eating disorders, including inpatient and specialized outpatient services;
- Identify the data and digital health needs of service providers to deliver better care for clients;
- Maintain supportive housing and services for people living with mental health and addictions challenges as they transition from hospital to the community; and
- Work with Indigenous partners and communities to maintain co-developed programs and services that support Indigenous people's access to high-quality, culturally appropriate care.

These recent investments are supporting a range of services in Niagara Region, including three rapid access addiction medicine (RAAM) clinics, the Youth Wellness Hub Niagara, and mobile mental health and addictions services led by Community Addiction and Mental Health Services of Haldimand and Norfolk (CAMHS).

Our government recognizes that reaching out for mental health or substance use support is not easy, which is why we want to ensure help is ready and available when people need it. We will continue to work in collaboration with our federal, provincial, territorial and municipal level partners to improve access to mental health and addictions care for those who need it.

Once again, thank you for writing to me about this important matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Jones', with a long horizontal flourish extending to the right.

Sylvia Jones  
Deputy Premier and Minister of Health

Ministry of  
Municipal Affairs  
and Housing

Office of the Minister

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234-2023-1398

June 2, 2023

Jim Bradley  
Chair, Niagara Region  
[jim.bradley@niagararegion.ca](mailto:jim.bradley@niagararegion.ca)

Dear Chair Bradley: *Jim*

Thank you for your letter sharing Niagara Regional Council's update on the impacts of homelessness, mental health and opioid addiction in your community. I appreciate the time you have taken to write.

Our government believes everyone deserves a place to call home, including the most at-risk people in the province. That is why my ministry provides annual funding in homelessness prevention, supportive housing and various other housing programs to local Service Managers across Ontario. Service Managers, like the Regional Municipality of Niagara, have flexibility to use those funds to support a wide range of services for people experiencing, or at risk, of homelessness, including mental health and addictions supports.

As highlighted in the 2023 Budget: Building a Strong Ontario, we are investing an additional \$202 million annually in Ontario's homelessness prevention programs bringing Ontario's total yearly investment in these programs to close to \$700 million. The additional funding will help those experiencing or at risk of homelessness and support community organizations delivering supportive housing.

This new funding builds on our government's investment of nearly \$4.4 billion over the past three years to grow and enhance community and supportive housing, respond to COVID-19 and address homelessness for vulnerable people – including \$1.2 billion to Service Managers and Indigenous program administrators through the Social Services Relief Fund.

The additional funding represents a 40 per cent increase in funding by our government to support the most vulnerable by providing supportive housing and homelessness prevention services. Under the \$202 million, \$190.5 million each year will be allocated to the Homelessness Prevention Program, which gives Ontario's 47 Service Managers greater flexibility to allocate funding and make better use of existing resources to focus on delivering supports.



On March 24, 2023, the Regional Municipality of Niagara was advised of its new HPP allocation for the next three years: \$20.8 million, starting in 2023-24. This is an increase of \$9.6 million, or 86%, from the 2022-23 HPP allocation:

<b>HPP Funding Allocations – Regional Municipality of Niagara</b>	
<b>Program Fiscal Year</b>	<b>Allocation Amounts</b>
2022-23 (for reference)	\$11,167,500
2023-24 (confirmed)	\$20,771,400
2024-25 (planned)	\$20,771,400
2025-26 (planned)	\$20,771,400

I appreciate the concerns raised about the previous HPP funding model. To this end, the new allocations are based on a new model that responds to the recommendations from the Office of the Auditor General of Ontario (OAGO) Value For Money Audit of Homelessness (2021) and feedback from consultations with Service Managers and sector partners.

The allocation model has been refreshed to use indicators that better reflect the current need for homelessness services and supportive housing in each community compared to the previous model.

We recognize the critical role our municipal partners play in providing safe and stable housing to vulnerable members of our communities. We are also aware of the pressures the broader housing and homelessness sector is facing.

We value our partnership with the Regional Municipality of Niagara and your willingness to share your perspectives and concerns as we look for new and better ways to address the need for affordable housing and provide supports for Ontarians experiencing mental health and addiction issues moving forward.

Once again, thank you for bringing your request to my attention. Please accept my best wishes.

Sincerely,



Steve Clark  
Minister

c: Sam Oosterhoff, MPP Niagara West

Council Resolution	Status
<p>1. That the Regional Chair <b>BE DIRECTED</b> to formally issue three separate declarations of emergency, in the areas of homelessness, mental health and opioid addiction, as per the procedure outlined in the Emergency Management and Civil Protection Act;</p>	<p>Signed declaration forms submitted to the PEOC upon receipt from Regional Emergency Management on March 7, 2023, as directed by procedure.</p>
<p>2. That the Regional Chair <b>BE DIRECTED</b> to send correspondence to the Provincial Government requesting that action be taken on the eight measures proposed by the Association of Local Public Health Agencies (as previously endorsed by Regional Council on June 23, 2022), including:</p> <ul style="list-style-type: none"> <li>a. Creation of a multi-sectoral task force to guide the development of a robust provincial opioid response plan that will ensure necessary resourcing, policy change, and health and social system coordination</li> <li>b. Expanding access to evidence informed harm reduction programs and practices including lifting the provincial cap of 21 Consumption and Treatment Service (CTS) Sites, funding Urgent Public Health Needs Sites (UPHNS) and scaling up safer supply options;</li> <li>c. Revision of the current CTS model to address the growing trends of opioid poisoning amongst those who are using inhalation methods;</li> <li>d. Expanding access to opioid agonist therapy for opioid use disorder through a range of settings (e.g. mobile outreach, primary care, emergency departments, Rapid Access to Addiction Medicine Clinics), and a variety of medication options;</li> <li>e. Providing a long-term financial commitment to create more affordable and supportive housing for people in need, including people with substance use disorders;</li> <li>f. Addressing the structural stigma and harms that discriminate against people who use drugs, through provincial support and advocacy to the Federal government to decriminalize personal use and possession of substances and ensure increased investments in health and social services at all levels;</li> <li>g. Increasing investments in evidence-informed substance use prevention and mental health promotion initiatives that provide foundational support for the health, safety and well-being of individuals, families, and neighbourhoods, beginning from early childhood;</li> <li>h. Funding additional and dedicated positions for public health to support the critical coordination and leadership of local opioid and substance abuse strategies;</li> </ul>	<p>Correspondences sent to the Ministry of Municipal Affairs and Housing and Ministry of Health on March 20, 2023.</p>

Council Resolution	Status
<p>3. That the Regional Chair <b>BE DIRECTED</b> to send correspondence to the Minister of Municipal Affairs and Housing requesting action be taken to correct the funding allocation model for homelessness based on the results of Auditor General’s 2021 report which found that provincial funding in this area is incorrect;</p>	<p>Correspondences sent to MMAH on March 20, 2023.</p> <p>Response received from MMAH on June 2, 2023. While the Minister referenced Provincial funding programs that support homelessness services in Niagara, no reference to Council’s Declaration of Emergency was made.</p> <p>As part of the provincial response to the findings of the Auditor General, additional funding was provided to municipalities across Ontario to provide allocation correction and enhancement of homelessness funding, and as a result Niagara received an additional \$9.6M in Homelessness Prevention Program funding for 2023.</p>
<p>4. That the Regional Chair <b>BE DIRECTED</b> to send correspondence to the Ministry of Health and the CEO of Ontario Health requesting that the province immediately commit to fully funding gaps in mental health service as have been identified in the Needs Based Planning project by Niagara Ontario Health Team’s Mental Health and Addictions Working Group, as well as funding ongoing annual increases as required by inflation and population need;</p>	<p>Correspondences sent to MOH and the CEO of Ontario Health on March 20, 2023.</p> <p>Response received from MOH on May 29, 2023. While the Minister referenced the Ministry’s Roadmap to Wellness strategy and Provincial funding programs that support mental health services in Niagara, no reference to Council’s Declaration of Emergency was made.</p>

Council Resolution	Status
<p>5. That the Regional Chair <b>BE DIRECTED</b> to send correspondence to Federal Minister of Justice and Attorney General, David Lametti, and Federal Minister of Health, Jean-Yves Duclos, reaffirming Regional Council’s October 22, 2020, motion urging the Federal government convene a task force to explore the legal regulation and decriminalization of all drugs in Canada;</p>	<p>Correspondence sent to the Federal Minister of Justice and Attorney General, and the Federal Minister of Health on March 20, 2023.</p>
<p>6. That the Regional Chair <b>BE DIRECTED</b> to send correspondence to the Association of Municipalities of Ontario (AMO) requesting that targeted advocacy be conducted in these areas, including the development of a singular motion that can be ratified by municipal councils across Ontario calling on the province to take immediate action;</p>	<p>Correspondence sent to AMO President Colin Best on March 20, 2023.</p>
<p>7. That Niagara Region, through its Public Health and Social Services Committee, <b>URGE</b> the federal government to declare homelessness as a humanitarian crisis</p>	
<p>8. That this motion <b>BE CIRCULATED</b> to the local area municipalities, all municipalities in Ontario, the Federation of Canadian Municipalities (FCM), and local MPs and MPPs.</p>	<p>Correspondence sent on February 24, 2023.</p>

Niagara Region's

# Pathway to Functional Zero

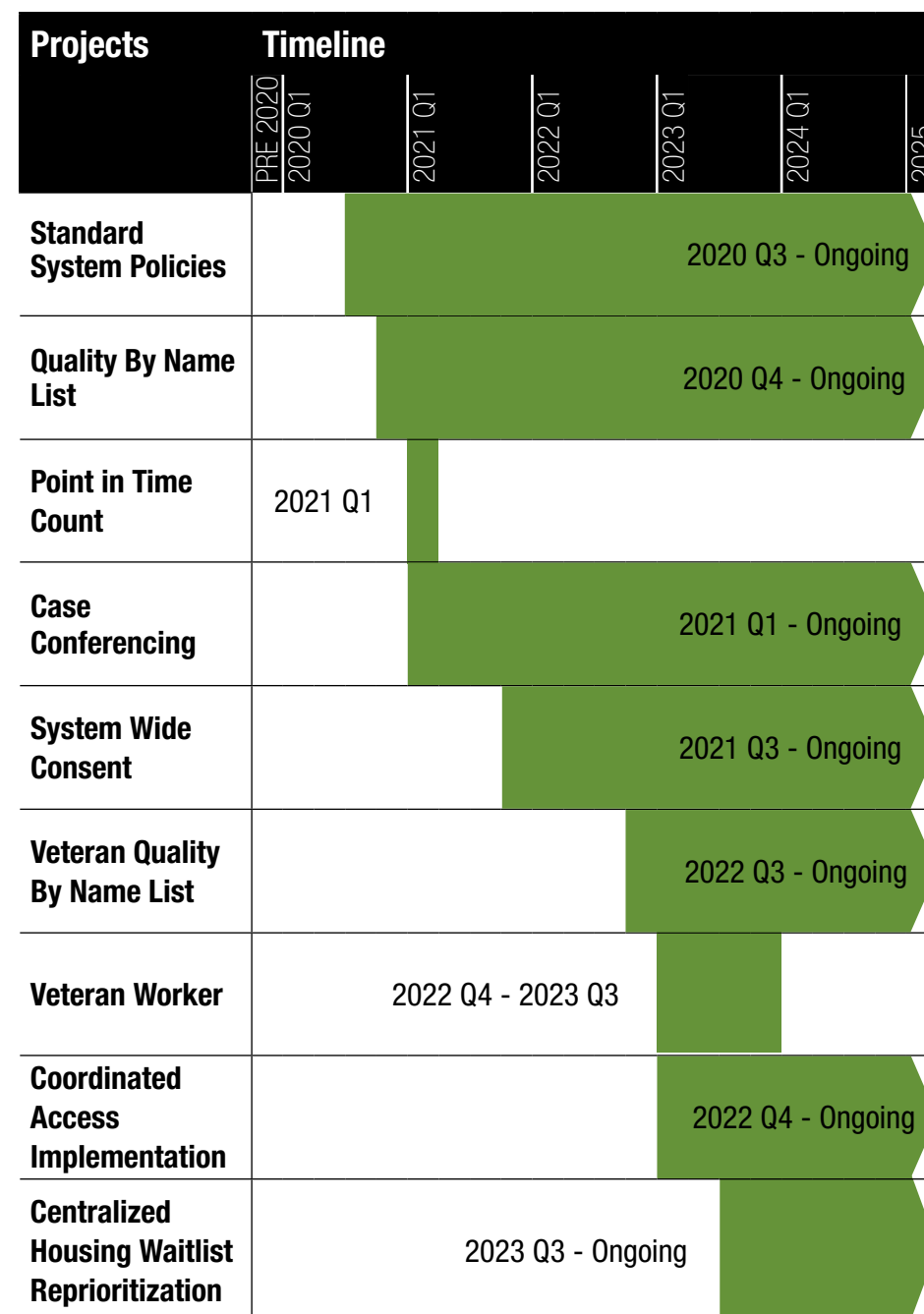
Housing-Focused  
Strategy to address  
Homelessness

**After joining Built for Zero in 2019, Niagara’s homeless serving system adopted a way of looking at homeless services to make them better with the goal of achieving a functional zero end to homelessness. Niagara’s system transformation and investment is driven by recognized best practices, collaboration with our partners and making improvements one step at a time.**

<b>Homeless</b>	The situation of an individual, family, or community without stable, safe, permanent, appropriate housing, or the immediate prospect means and ability of acquiring it.
<b>Functional Zero End to Homelessness</b>	Achieved when the number of people experiencing chronic homelessness is zero, or if not zero, then either 3 or 0.1 per cent of the total number of individuals experiencing homelessness, whichever is greater.
<b>Built for Zero</b>	An ambitious national change effort helping a core group of leading communities end chronic homelessness and veteran homelessness.
<b>Point in Time Count</b>	An estimate of homelessness in a community during a given time-period, generally 24 hours.
<b>Quality By Name List</b>	A real-time list of all known people experiencing homelessness in a community. It includes a robust set of data points that support coordinated access and prioritization at a household level and an understanding of entries and exits from homelessness a system level.
<b>Common Assessment</b>	A transparent approach to support consistent matching and prioritization of individuals for appropriate services and housing resources.

# Coordinated Access

Niagara adopted Coordinated Access to objectively match people with appropriate services no matter how they enter the homeless serving system. This was made possible by having all service providers use a **Quality By Name List** and **Common Assessment**. Standard system policies and system wide consent help make services consistent and referrals seamless for community members. Further enhancements increased the returns of veterans and long-term shelter users to housing.



Q1: Jan., Feb., March, Q2: April, May, June, Q3: July, Aug, Sept, Q4: Oct., Nov. Dec.

# Housing Focused Shelters

Emergency shelters in Niagara have been adopting a housing focused approach that aligns with a **Housing First philosophy**. During COVID-19, an Isolation shelter was opened for those experiencing homelessness who needed to isolate, were sick, or recovering from COVID-19. Additional measures introduced during the Pandemic included expanding hotel shelter options and opening Niagara's first **Housing Focused Shelter**. Other enhancements addressed infection prevention and control, increased shelter capacity, decreased barriers for people accessing shelter, and increased returns to housing for people using shelter. A shelter capacity review completed in 2023 will inform future changes to better meet local need.

## Housing First Philosophy

Is rooted in the underlying principle that people are better able to move forward with their lives if they are first housed. This is as true for people experiencing homelessness and those with mental health and addictions issues, as it is for anyone.

## Housing Focused Shelter

A low-barrier emergency accommodation for people experiencing a housing crisis. Being housing focused means supporting people to return as soon as possible to safe, appropriate housing with the supports they need to stay housed.

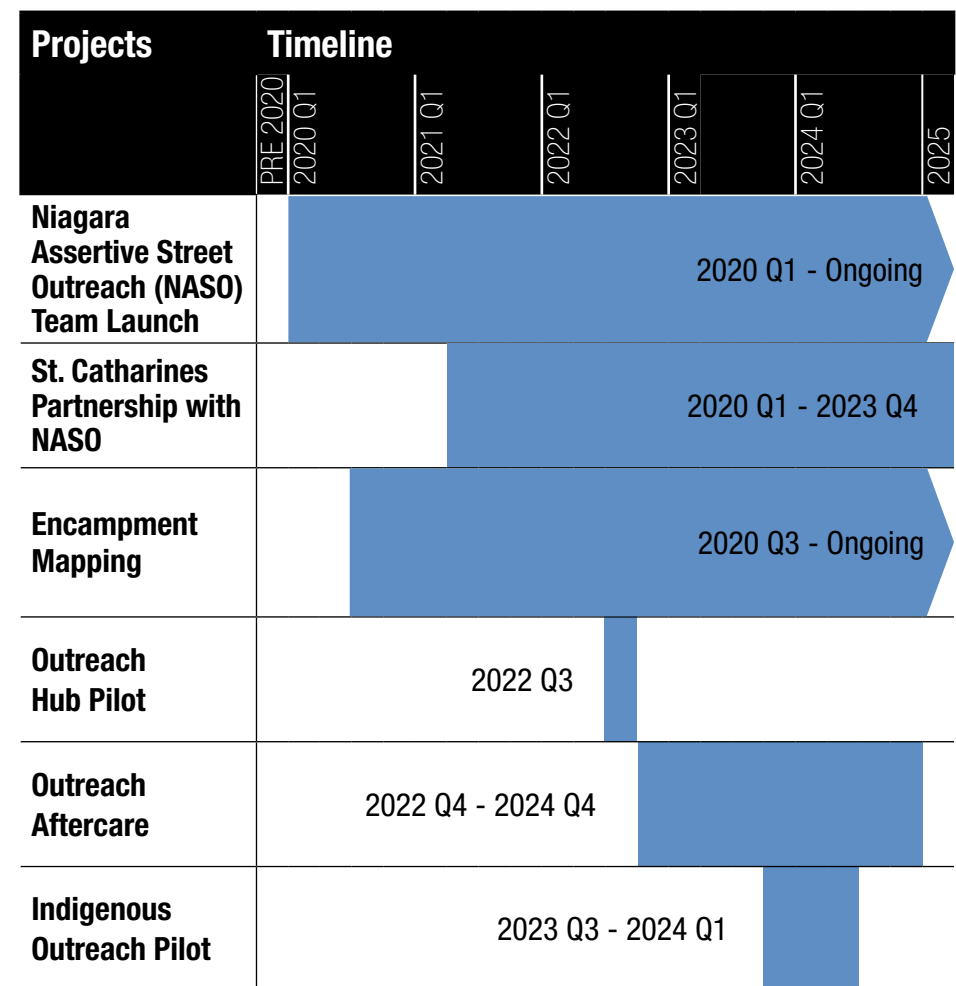
Projects	Timeline						
	PRE 2020	2020 Q1	2021 Q1	2022 Q1	2023 Q1	2024 Q1	2025
Isolation Shelter		2020 Q1 - 2022 Q2					
Hotel Shelter Expansion			2020 Q3 - 2021 Q2				
Accessibility Enhancements			2021 Q1 - 2022 Q3				
Housing Focused Shelter Pilot			2021 Q1 - 2022 Q2				
Updated Shelter Restriction Policy			2021 Q1 - Ongoing				
Expanded Landlord Engagement			2021 Q1 - Ongoing				
Shelter System Expansion			2022 Q1 - Ongoing				
Infection Prevention and Control Guidance			2022 Q2				
Shelter Beds Moved Back to Welland					2022 Q4 - Ongoing		
Updated Shelter Standards				2023 Q2 - Ongoing			
Shelter Capacity Review				2023 Q2			
Shelter Capacity Review Implementation				2023 Q3 - Ongoing			

Q1: Jan., Feb., March, Q2: April, May, June, Q3: July, Aug, Sept, Q4: Oct., Nov. Dec.

# Assertive Street Outreach

**Assertive Street Outreach** was introduced through a collaboration between four service providers to provide a consistent region-wide support for people experiencing **unsheltered homelessness**. An **encampment mapping tool** supports a coordinated social service response to identify and respond to active and inactive encampments. Additional enhancements increase the returns of people experiencing unsheltered homelessness to housing and improved housing stability.

<b>Unsheltered Homelessness</b>	People living in places not designed for human habitation (car, garage, or tent) or in a public space (park, or sidewalk) or abandoned building.
<b>Assertive Street Outreach</b>	An evidence-based, housing-focused program which engages with people experiencing unsheltered homelessness to minimize the harmful effects of rough sleeping while working towards long-term housing solutions.
<b>Outreach Aftercare</b>	Supports to increase housing stability for people who have returned to housing from unsheltered homelessness.
<b>Encampment Mapping Tool</b>	A secure online software application used by all assertive street outreach service providers to collaboratively map the location of sites in Niagara where people are experiencing unsheltered homelessness. The tool also tracks services responses, including resources deployed at each site.



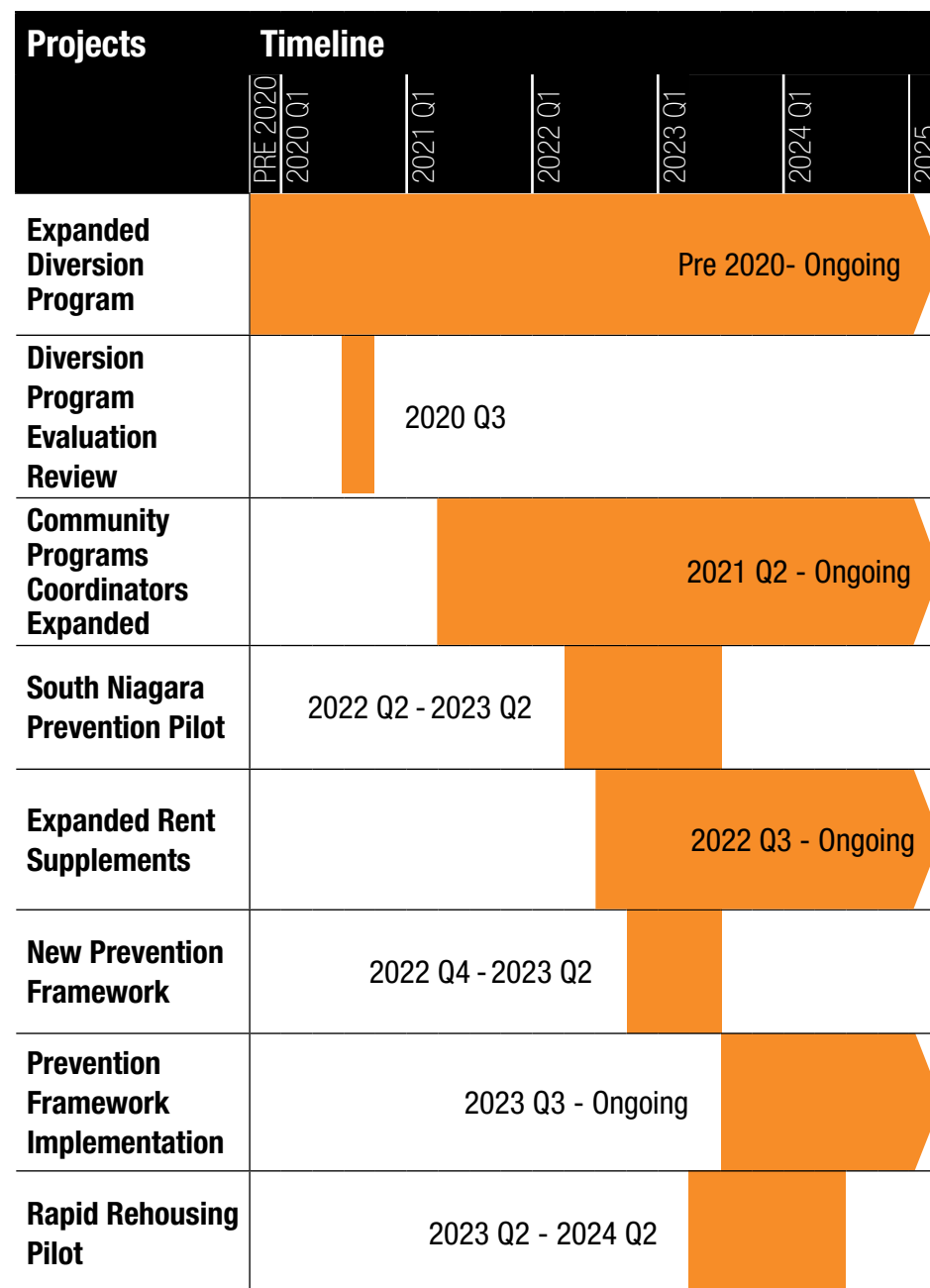
**Q1:** Jan., Feb., March, **Q2:** April, May, June, **Q3:** July, Aug, Sept, **Q4:** Oct., Nov. Dec.



# Homelessness Prevention and Diversion

A consortium was formed by service providers who provide **Prevention** services to increase the quality and consistency of prevention service delivery. Niagara expanded its youth **Diversion** programs and introduced diversion for adults. A new prevention strategy will support increased use of best practices in homelessness prevention. System transformation in the area of prevention created readiness for a **Rapid Rehousing** pilot.

<b>Prevention</b>	Activities and supports to help sustain a safe and appropriate place to live when faced with the prospect of no longer being able to live there and becoming homeless.
<b>Diversion</b>	A practice to help people seeking shelter to identify immediate alternate safe and appropriate housing arrangements and connect them with services and financial assistance to return to permanent housing.
<b>Community Programs Coordinators (CPCs)</b>	Provide eviction prevention, tenant support and community engagement for households in Community Housing.
<b>Rapid Rehousing</b>	Short-term rental assistance and services tailored to individual needs that help people obtain housing quickly, increase self-sufficiency, and stay housed.



**Q1:** Jan., Feb., March, **Q2:** April, May, June, **Q3:** July, Aug, Sept, **Q4:** Oct., Nov. Dec.

# Supportive Housing

Niagara continues to innovate in the area of supportive housing to increase available options for people experiencing homelessness to become successfully housed. Niagara's supportive housing prioritizes people experiencing **chronic homelessness**. The success of the housing focused shelter model inspired the piloting of an innovative **Bridge Housing** facility which later included a **Recuperative Care Bed Program**. The addition of more permanent supportive housing increases the return of people experiencing homelessness to housing.

## Chronic Homelessness

Refers to individuals who are currently experiencing homelessness AND who have either experienced a total of at least 6 months (180 days) of homelessness over the past year or have had recurrent experiences of homelessness over the past 3 years, with a cumulative duration of at least 18 months (546 days).

## Housing First and Home for Good Programs

A proven recovery-oriented approach to ending homelessness that focuses on moving individuals with complex needs into independent and permanent housing with case management to support housing retention and improved well-being.

## Bridge Housing

A temporary support for individuals with significant need in the areas of mental health, addictions and physical health to prepare for permanent housing or permanent supportive housing.

## Recuperative Care Bed Program

A short stay transition setting for individuals experiencing homelessness who are discharged from hospital and need supports to recover and recuperate.

Projects	Timeline						
	PRE-2020	2020 Q1	2021 Q1	2022 Q1	2023 Q1	2024 Q1	2025
<b>Consolidated Housing First</b>		2020 Q1 - Ongoing					
<b>Expanded Peer Support</b>		2020 Q1 - Ongoing					
<b>Additional Home For Good Units</b>			2020 Q4 - Ongoing				
<b>Canada-Ontario Housing Benefit (COHB) Roll-out</b>			2021 Q1 - Ongoing				
<b>YWCA Oakdale Home For Good</b>			2021 Q2 - Ongoing				
<b>Salvation Army Housing Worker</b>					2021 Q3 - 2022 Q4		
<b>Bridge Housing</b>			2021 Q3 - Ongoing				
<b>Buchanan Permanent Supportive Housing</b>				2022 Q1 - Ongoing			
<b>Transfer of Housing First Units to Home for Good Program</b>				2022 Q3 - Ongoing			
<b>Increased Housing First/Home For Good Rent Supplements</b>				2022 Q3 - Ongoing			
<b>Recuperative Care Bed Program Pilot</b>			2023 Q1 - 2024 Q2				
<b>Indigenous Housing First Pilot</b>			2023 Q3 - 2024 Q2				
<b>New Supportive Housing</b>				2024 Q1 - Ongoing			
<b>New Transitional Housing</b>				2024 Q2 - Ongoing			

Q1: Jan., Feb., March, Q2: April, May, June, Q3: July, Aug, Sept, Q4: Oct., Nov. Dec

# Community Housing

Housing Services and Niagara Regional Housing (NRH) continue to develop new community housing including a recent build at Hawkins Avenue in Niagara Falls, and new builds underway at York Street in Welland and Crescent Avenue in Fort Erie. New developments have included units for **Housing First** program participants. An expanded development team is providing project management support to non-profits developing community housing in Niagara. A Community Housing Master Plan has identified the needed supply of **community housing** and that there is sufficient land available on which to develop community housing.

## Community Housing

Includes housing provided by Niagara Regional Housing as well as Non-Profits and Co-operative Housing as well as rent supplements and housing allowances with private landlords.

Projects	Timeline						
	PRE 2020	2020 Q1	2021 Q1	2022 Q1	2023 Q1	2024 Q1	2025
<b>Community Housing Master Plan</b>	Pre 2020 - 2022 Q2						
<b>Community Housing Master Plan Roadmap and Implementation</b>					2023 Q1 - Ongoing		
<b>NRH Project Manager Expansion</b>			2021 Q1 - Ongoing				
<b>Hawkins Build (Includes Housing First Units)</b>				2022 Q1 - Ongoing			
<b>Rapid Housing Initiative (RHI)</b>					2023 Q2 - Ongoing		
<b>York Street (RHI 2, includes Housing First Units)</b>					2023 Q2 - Ongoing		

Q1: Jan., Feb., March, Q2: April, May, June, Q3: July, Aug, Sept, Q4: Oct., Nov. Dec

# Partnerships with Other Sectors

Partnerships with other sectors including Health and Justice are essential to support the safety and overall well-being of people experiencing homelessness.

Projects	Timeline						
	PRE 2020	2020 Q1	2021 Q1	2022 Q1	2023 Q1	2024 Q1	2025
Emergency Medical Services (EMS) Street Outreach		2020 Q1 - 2023 Q3					
Regional Essential Access to Coordinated Health (REACH) Clinic Expansion		2020 Q4 - Ongoing					
Mobile REACH Clinic		2021 Q1 - Ongoing					
Collaborative Homelessness and Mental Health Pilot (CHAMP)		2021 Q1 - 2023 Q1					
Niagara Regional Police Community Oriented Response and Engagement (CORE) Unit			2022 Q2 - Ongoing				
Expanded Mental Health and Addictions Support Home For Good			2022 Q3 - Ongoing				
Port Colborne Situation Table	Timeline: Pre-2020 – Ongoing						
Expansion of Situation Table		2023 Q4 - Ongoing					

Q1: Jan., Feb., March, Q2: April, May, June, Q3: July, Aug, Sept, Q4: Oct., Nov. Dec

# System Capacity Building

Niagara Region provides ongoing training to homeless services providers on recognized best practices, improves data to inform good decision-making, and includes input from people who have used homeless services in Niagara. These efforts ensure a consistent, professional, streamlined approach among homeless services providers.

Projects	Timeline						
	PRE 2020	2020 Q1	2021 Q1	2022 Q1	2023 Q1	2024 Q1	2025
Homelessness Data Strategy and Training		2020 Q1 - Ongoing					
Provider By-Name List Champions				2023 Q2 - Ongoing			
Lived Expert Journey Mapping		2020 Q1 - 2023 Q2					
Anti-Racism Anti-Oppression Training			2022 Q2				
Peer Support Training			2022 Q2				
Trauma Informed Care Training				2022 Q3			
Housing Focused Shelter Training					2023 Q2		
Common Assessment Tool Training					2023 Q3		
Diversion Training for Prevention Organizations					2023 Q3		

Q1: Jan., Feb., March, Q2: April, May, June, Q3: July, Aug, Sept, Q4: Oct., Nov. Dec

## **Don't know where to call for help?**

**Dial 211 to access homelessness services or connect with over 50,000 services in Ontario.**

## **Have a question about Niagara's homeless serving system?**

**Email your question to:  
[homelessness@niagararegion.ca](mailto:homelessness@niagararegion.ca)**

**Niagara We're Here for You**

June 2023

# NIAGARA EMS

## MHART and Street Outreach Program Overview

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June 2023

**What is MHART?**

The Mental Health and Addictions Response Team (MHART) is comprised of a Paramedic and Mental Health Nurse, who respond together to 9-1-1 emergency calls in the community, perform mental health assessments, and intervene correspondingly. They provide a holistic, patient centered, multidisciplinary response in real time, building alternate pathways to care. Currently there is one MHART team operational each day, covering the entire Niagara Region and working from 9:30am - 9:30pm, 7 days a week.

**Program history/community need:**

Niagara has been experiencing an increased demand for emergency health services, reflective of evolving patient needs, and evidenced through increasing calls to Niagara EMS and hospital emergency visits. Collectively, these factors were placing non-sustainable demand on available resources. As a result, in spring of 2018, NEMS engaged in system transformation and strategic program development, with the goal of developing mobile integrated health teams, including creation of the MHART team.

**Goals/Objectives:**

- Respond to low acuity patients in psychological distress and attempt to align them with community resources that better meet their needs, rather than transport to an ED.
- Respond to active overdose calls, encourage addiction treatment and referral to community resources, and provide harm reduction guidance and materials.
- Help reduce stigma associated with mental illness and substance misuse by providing an enhanced medical response to 9-1-1 calls, and create an opportunity to work closely with our police services to ensure mental health is treated as a health and medical issue.

**Community partner support:**

MHART exists as a partnership, with Paramedics and vehicle provided by Niagara EMS and mental health nurses provided by Niagara Health, Welland McMaster Family Health Team, and Quest Community Health Centre. They respond to 9-1-1 calls in a marked NEMS SUV.

**Key Performance Indicators:**

- MHART responded to 1,044 incidents during the past 12 months. They were dispatched 81% of the time, and self-assigned to calls 19% of the time.
- Of those 1,044 responses, all 12 local area municipalities have been serviced but since only one MHART unit is available per day the majority of responses are in the larger urban areas that have the highest call volume.
  - 398 in St. Catharines
  - 228 in Niagara Falls
  - 126 in Welland
  - 292 (in the other 9 Niagara municipalities combined)
- Priority 1 calls are dispatched as time critical/potentially life-threatening. When you remove Priority 1 calls which are very difficult to divert, MHART had a diversion rate of **85%** (meaning of the 911 emergency calls they were assigned, 85% of the time their ability to work with patients in crisis and find alternative solutions to meet their mental health needs did not result in ambulance transport to ED).



**What is EMS Street Outreach?**

Our Street Outreach paramedics are not part of the 911 emergency response system. They work as community paramedics, engaging with the homeless, unsheltered and marginalized population in community to address their healthcare needs by “meeting people where they are”. Currently there is one Street Outreach community paramedic operational each day, covering the entire Niagara and working from 8:00am - 8:00pm, 7 days a week.

**Program history/community need:**

This population does not access healthcare in traditional ways as a result of how they have been historically treated in care settings. In response, the Street Outreach team has been utilizing the Mobile Integrated Health (MIH) model of service delivery. This model of community-based healthcare allows paramedics to assist under-resourced areas in both urgent and non-urgent health needs. The Street Outreach program launched with one-time LHIN funding in January 2021, and has been sustained since that time using other temporary funding sources.

**Goals/Objectives:**

The overarching goal of this program is to eliminate barriers in accessing health services, specifically primary care, for the living-rough community in Niagara. The team will identify needs and either initiate the care that is required for clients, or refer to more appropriate medical, social and health community based services.

Daily Duties of the Street Outreach team include:

- Locate clients who are living-rough in the community
- Build trusting relationships among the living-rough cohort
- Complete full assessments on consenting clients where they are in the community
- Follow up on community referrals with Niagara Assertive Street Outreach (NASO) staff and new community partners

- Encourage and broker referrals to appropriate non-medical related services (ie. housing)
- Work under the direction of Dr. Stobbe/REACH Niagara and attend shelters to complete assessments
- Meet with community partners to align with their services and interactions with the clients
- Facilitate community vaccinations

**Community partner support:**

The street outreach paramedics have developed meaningful partnerships that aid in meeting program objectives. These partnerships have given ways to locate, understand, assist and empower this priority population, while avoiding overlap and duplication of service. Common partners include: Niagara Assertive Street Outreach, REACH Niagara, Positive Living Niagara, Start Me Up Niagara, Public Health Outreach Nurses, Local Area Municipalities (city parks), Silver Spire United Church, YWCA Men's Shelter, The Raft, Port Cares, Niagara HELPS peer support program, Gateway Residential and Community Support Services.

**Key Performance Indicators:**

- Average # of unique client interactions per month – 50
- Average total # of client interactions per month – 200

The higher number of total interactions per month compared to unique interactions illustrates the repetitive use by clients of the street outreach team's services. The high number of repeat client interactions reinforces the need, as well as the importance of, relationship building and shows that the living-rough clientele have had a positive and equitable opportunity to receive service through the team.

As a temporarily funded program, we've received qualitative feedback from stakeholders as well:

"Most important is that they take care of health issues people are facing, but were ignoring because it was difficult to access care. Health care counts. Really effective service that is making a difference with people who need care!"

- Hostels & Extended Services Manager at Start Me Up Niagara

"The program is so much needed and valuable to marginalized folks, and it helps those of us on the front lines to have some direct support that we can access."

- Minister at Silver Spire United Church

"I love the positive results we're seeing with the EMS preventative care initiative. Please keep this program running and expand it, if possible."

- Frontline shelter worker

"The mobility as a paramedic is also beneficial to our clients. Increasing the area of coverage and meeting clients where they are at, whether it's at one of the multiple drop in centers, on the street, or hiding away from the public's eye."

- Niagara EMS Paramedic

"I was happy to see your truck over there."

- Client