

Memorandum

COM-C 6-2025

Subject: Thorold Motion

Date: Tuesday, April 8, 2025

To: Public Health and Social Services Committee

From: Dr. Azim Kasmani, Commissioner and MOH Public Health and Emergency Services, Henri Koning, Commissioner, Community Services

Further to the attached Motion by the City of Thorold received by the Regional Clerk on February 27, 2025 and in particular to item number 4 which states “That Staff **BE DIRECTED** to request the following from the Regional Municipality of Niagara:

- a) Increased delivery of preventative drug education in our community;
- b) Creation of an Indigenous homeless and housing action plan;
- c) A staff report on the subject of the Indigenous Mobile Crisis Unit; and
- d) Hosting of a public summit for mental health, homelessness and addiction.”

We respond as follows:

The motion highlights four important areas of focus. Public Health and Community Services have done a lot of work over the past few years in line with these priority areas and now have existing systems, processes, programs and communication processes in place to ensure that the four areas of focus highlighted are effectively addressed. Many of these systems and processes include collaboration with a host of community partners, including individuals with lived experience to ensure the ongoing work is inclusive and responsive to changing community needs.

- a) Increased delivery of preventative drug education in our community;

Niagara Region is currently developing a multi-year Substance Use Strategy that aligns with and builds on previous work by the Overdose Prevention and Education Network of Niagara (OPENN) and falls under the Mental Health and Addiction focus of the Community Safety and Well-Being plan. Prevention is a key pillar of the strategy, with a strong focus on preventative drug education, increased supports to families and early intervention. The strategy engages a wide range of community partners, including individuals with lived and living experience, ensuring that our efforts are community-driven and data-informed, and will be brought to Council for approval.

Public Health's substance use, schools, outreach, mental health, and tobacco teams, in collaboration with partners, continue to support the community with health promotion campaigns, resources, professional development, and skill-building programs aimed at preventing, delaying, or reducing substance use and related harms. Additionally, staff continue to consult and advocate for substance use-related policies in collaboration with community networks, ensuring a collective impact on substance use prevention.

b) Creation of an Indigenous homeless and housing action plan;

Niagara's Housing and Homelessness Action Plan includes actions to address Indigenous housing and homelessness. The Indigenous specific action items in the Region's plan have been provided by the Niagara Indigenous Community Advisory Board (NICAB), which includes representatives from local Indigenous organizations. In addition to supporting the creation of the action plan, NICAB monitors progress and provides comments annually on actions made to address Indigenous housing and homelessness in Niagara. NICAB is also involved in Niagara's Point in Time Counts, including the most recent count in October 2024. NICAB is the lead on analyzing data from the count on Indigenous homelessness and providing recommendations to address Indigenous homelessness based on their analysis.

c) A staff report on the subject of the Indigenous Mobile Crisis Unit;

One of the key actions of the Community Safety and Well-Being Plan (2021-2024) is the design of an alternate response model to 911 calls involving mental health and addictions. This is a result of a report brought to Public Health and Social Service Committee in March 2024. The report requested that Canadian Mental Health Association, Niagara Branch, along with the partners they deem appropriate, be requested to make a presentation to Public Health and Social Services Committee about an alternative crisis-response model. The 911 Alternate Response working group is currently in the model development phase, as service providers assess organizational readiness and existing resources to support an alternate model. The model may include a mobile civilian response team. One guiding principle the group agreed upon is that the service has equitable, culturally safe and accessible services for all. The working group is actively exploring opportunities for Indigenous specific supports within the model. Once the model is confirmed, a presentation will be brought forward to committee with further details.

d) Hosting of a public summit for mental health, homelessness and addiction;

Community input into homelessness services is provided through a range of opportunities. The Community Advisory Board (CAB) includes a range of participants

including elected officials, homeless serving agencies, housing, lived experts, Indigenous representatives and health including mental health. In addition, at the most recent CAB meeting in March, there was agreement to expand the membership to expand representation to include an additional Indigenous representative, the Community Officer team of Niagara Regional Police, and addictions treatment agency. Homeless Services engages working groups related to different Homeless Services such as shelters, outreach, diversion, prevention, and lived expertise. These working groups include representatives from funded partners and organizations and groups beyond the homelessness serving system as appropriate. The lived expert advisory is consulted on all policy matters and regularly informs the decisions and work of the homeless division.

Niagara Region's Community Safety and Well Being (CSWB) plan is informed from extensive community engagement and multi-sector collaboration. The multi-sector advisory committee that guides the CSWB plan has representation from various sectors including police, mental health and addictions, education, community and social services, child and youth sector, and many others. This plan has identified key priorities in homelessness and housing and mental health and addictions to support community safety and well-being. To identify priorities, significant public consultation is conducted with residents, community providers, and persons with lived and living experience. To address these priorities, the CSWB plan aligns with the work of the Mental Health and Addiction Working group, a sub-group of the Niagara Ontario Health team. This group is committed to improving patient/client and family/caregiver outcomes and experiences by ensuring integrated, streamlined and coordinated access to appropriate mental health and addictions services. Work is underway to move key mental health and addiction initiatives forward in Niagara. Additionally, the CSWB team, in collaboration with Public Health, is in the process of developing a broad substance use strategy to improve the safety and well-being of Niagara residents by preventing, delaying, or reducing substance use related harms. This strategy will be launched sometime in Q2 2025.

Respectfully submitted and signed by

Azim Kasmani, MD, MSc, FRCPC
Commissioner and MOH Public Health and Emergency Services

Henri Koning, MHSc
Commissioner, Community Services

Appendix 1 City of Thorold Motion