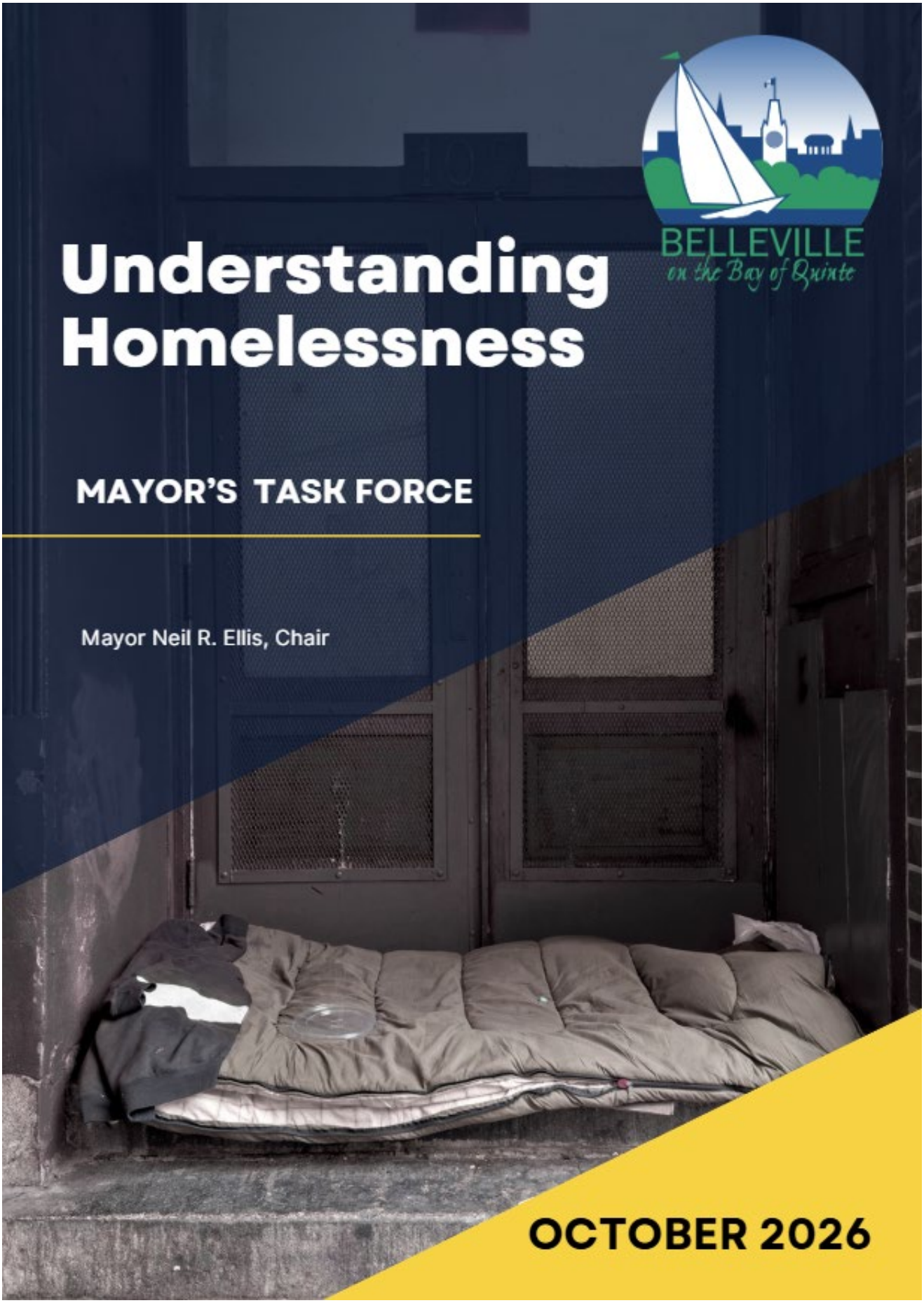


Understanding Homelessness

BELLEVILLE
on the Bay of Quinte

MAYOR'S TASK FORCE

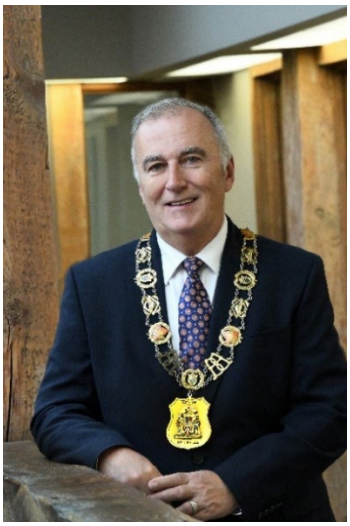
Mayor Neil R. Ellis, Chair

OCTOBER 2026

This Task Force acknowledges these meetings took place on traditional territory of many nations. We recognize and honour the historic relationship of the Indigenous peoples to this land, and acknowledge our shared obligation to respect, honour and sustain these lands and the natural resources contained within.

We recognize all First Nations, Metis, and Inuit who call Belleville their home, and support the need for cultivating a strong relationship with them. We look forward to fostering a path towards reconciliation and show respect for the Indigenous peoples who first lived and currently live on the land where we now all reside together.

About Mayor Ellis



Neil Ellis is the 77th Mayor of the City of Belleville. Neil was elected Mayor on October 24, 2022.

Born and raised in Belleville, Neil is first and foremost a loving husband to Susan, and the proud father of Zachary, Maddison and Abigail.

Neil has deep roots in the community. He owned and operated Doug's Bicycle for nearly 30 years. From 2006-2014, Neil served as Mayor of the City of Belleville. He proved to be a visionary leader who championed physician recruitment and infrastructure improvements, believing such investments to be a precursor to economic growth and an improved quality of life for all citizens.

During his two terms as Mayor, Neil quickly came to realize that federal leadership is key to securing the stable funding needed for municipal infrastructure development and service delivery. This prompted him to run for federal office, and in 2015 Neil was elected as the first Member of Parliament for the Bay of Quinte riding. For the next four years, he served as Chair of the Standing Committee on Veterans Affairs. Upon re-election in 2019, Neil was named Parliamentary Secretary to the Minister of Agriculture and Agri-Food.

Neil has extensive knowledge of Belleville and the surrounding area, and has built strong working relationships with business leaders, elected officials from all levels of government, and community stakeholders. He is a well-respected leader who has earned a reputation for being approachable. Neil welcomes the opinions of others, and is committed to teamwork and collaboration.

Neil is an experienced leader with a proven commitment to the principles of good governance. He has earned a Bachelor of Arts degree in Law and Psychology from Carleton University, and professional designations through McMaster University's Directors College Executive program.

As the Mayor of the City of Belleville, he believes that decisions made by municipal government most directly affect the daily lives of citizens, and this is his greatest passion.

Executive Summary

This report reflects a collective effort to better understand and respond to the complex and evolving challenges of homelessness, addiction, and mental health in our community.

The Task Force was established with a clear objective: to develop practical, actionable strategies that can make a measurable difference in addressing both the immediate pressures facing our community and the underlying factors contributing to homelessness.

Homelessness in Belleville has evolved over the past decade from a largely hidden issue addressed through its emergency shelter and other community supports into a highly visible and complex challenge affecting public spaces, service systems, and community safety.

It has become evident that these challenges cannot be addressed by any one organization or level of government alone. Effective solutions will require sustained collaboration, shared accountability, and continued advocacy to ensure that all partners municipal, provincial, and federal contribute meaningfully to addressing this crisis.

The Task Force recognized five core issues interconnected with challenges that drive homelessness locally:

Insufficient Supportive and Transitional Housing
Homelessness as a Health & Systems Issue
Encampments as Indicators of System Gaps
Need for Integrated, Low-Barrier Services
Unsustainable Municipal Funding & Governance

Testimony across all sessions identified transitional and supportive housing as the most critical pressure point within the homelessness response system.

Witnesses consistently emphasized that homelessness is a complex, non-linear issue rooted in interconnected housing, health, social service, and economic systems.

Encampments were consistently described as visible indicators of system failure rather than isolated enforcement issues.

A key theme from Task Force deliberations was the urgent need for integrated, “no wrong door” service delivery for people experiencing homelessness.

The current model for funding and managing homelessness is proving unsustainable for municipalities like Belleville, with local governments carrying an excessive share of the financial and administrative burden despite homelessness spanning beyond municipal jurisdiction.

All witnesses agreed that the current homelessness response system is not sustainable without structural reform.

The Task Force has concluded that meaningful progress depends on collective commitment and investment across all levels of government.

The **10-point call-to-action** balances immediate municipal measures with long-term systemic reforms and provides a coordinated path forward grounded in the best available evidence and local insight.

How to Read This Document

This report is intended to support informed decision-making, guide future action, and provide a foundation for continued progress.

The analysis begins by examining the central bottleneck of housing supply, then moves through the other critical issues in turn, culminating with the need for systemic change in funding and governance.

To focus its efforts, the Task Force structured its work and recommendations around five core issues interconnected with challenges that drive homelessness locally. These five foundational issues outlined below frame the analysis and solutions in this report.

Each section of this report delves into one of these core issues, highlighting findings from Task Force discussions, expert testimonies, local data, and relevant research conducted by Task Force participants.

While each challenge is distinct, together they paint a comprehensive picture of an overburdened system and point toward a set of cohesive recommendations aimed at achieving sustainable, long-term solutions for homelessness in Belleville and beyond.

Testimony from the ten sessions is synthesized within thematic areas, and the report concludes with integrated findings and suggested call to actions.

In addition to the main content, this report highlights further crucial findings and key takeaways within themed sections, as well as a consolidated summary of core challenges identified.

The 10-point call-to-action balances immediate municipal measures with long-term systemic reforms and provides a coordinated path forward based on the best information and perspectives available to the Task Force at this time.

Contents

Message from the Task Force

We are pleased to present the findings and recommendations of the Mayor's Task Force on Homelessness.

This report reflects a collective effort to better understand and respond to the complex and evolving challenges of homelessness, addiction, and mental health in our community. Through this work, we have heard from service providers, community organizations, subject matter experts, and individuals with lived experience. Their insights have been critical in shaping both our understanding of the issues and the recommendations that follow.

The Task Force was established with a clear objective: to develop practical, actionable strategies that can make a measurable difference in addressing both the immediate pressures facing our community and the underlying factors contributing to homelessness. Our work has focused on identifying gaps, examining leading practices, and strengthening coordination among the many partners involved in this system.

Throughout this process, it has become evident that these challenges cannot be addressed by any one organization or level of government alone. Effective solutions will require sustained collaboration, shared accountability, and continued advocacy to ensure that all partners municipal, provincial, and federal contribute meaningfully to addressing this crisis.

This report is intended to support informed decision-making, guide future action, and provide a foundation for continued progress. While it does not represent the end of this work, it offers a coordinated path forward based on the best information and perspectives available to the Task Force at this time.

We thank all those who contributed their time, expertise, and experience to this process, and we remain committed to working together to improve outcomes for individuals and the broader community.

Understanding Homelessness Task Force Backgrounder

Homelessness in Belleville has evolved over the past decade from a largely hidden issue addressed through emergency shelters and informal community supports into a highly visible and complex challenge affecting public spaces, service systems, and community safety. Like many small and mid-sized Ontario cities, Belleville has experienced rapid social and economic changes without a corresponding expansion in housing supply, mental health services, or income supports. These pressures have contributed to a growing number of residents experiencing housing instability, chronic homelessness, and unsheltered living.

Historically, Belleville's homelessness response relied on a limited number of emergency shelter beds, faith-based meal programs, and volunteer-driven outreach. These services were designed for short-term crises rather than long-term or high-acuity need. As housing costs rose and vacancy rates tightened, Belleville's only shelter increasingly became long-stay environments, with fewer pathways into permanent housing. At the same time, changes in provincial health care, deinstitutionalization, and insufficient community-based mental health and addiction supports left many individuals without appropriate treatment or ongoing care, increasing their risk of homelessness.

The COVID-19 pandemic marked a significant turning point. Emergency public health responses brought increased visibility to homelessness through temporary shelter expansions, hotel programs, and outreach efforts. While these measures reduced immediate risks, they also revealed the scale and complexity of homelessness in Belleville, including the number of individuals living unsheltered or cycling between shelters, hospitals, and the justice system. As pandemic-era funding and emergency measures wound down, many of the underlying challenges remained unresolved.

Encampments began to emerge more visibly in parks, along waterways, and near service locations, reflecting both a lack of appropriate shelter options and the preferences of some individuals who felt unsafe or unwelcome in traditional facilities. These encampments heightened public concern around safety, sanitation, and use of shared spaces, while also raising human rights considerations and legal constraints on enforcement. The presence of encampments intensified community debate, often polarizing residents between calls for compassion and calls for stronger enforcement.

At the same time, service providers and municipal staff reported increasing acuity among people experiencing homelessness. Mental illness, addiction, acquired brain injury, and the toxic drug supply became more prominent factors, making it harder for individuals to stabilize without intensive, coordinated supports. Emergency responders, hospitals, and

police services experienced growing pressure as they became default responders to crises rooted in homelessness rather than criminal behaviour.

Belleville's role as a regional service centre has further shaped local dynamics. Individuals from surrounding rural and smaller communities often come to the city seeking services, shelter, or employment, placing additional demand on systems designed for a smaller population base. Municipal resources, funded primarily through the local tax base, have struggled to keep pace with responsibilities that extend beyond traditional municipal mandates.

Public concern intensified as homelessness became more visible in the downtown core and other public areas, affecting businesses, tourism, and residents' sense of safety. At the same time, frontline workers and advocates raised alarms about burnout, system fragmentation, and the lack of appropriate housing options for people with complex needs. These converging pressures highlighted the limits of incremental responses and underscored the need for coordinated leadership.

In this context, the Mayor's decision to convene a Homelessness Task Force reflects a recognition that homelessness in Belleville is no longer an isolated social issue but a community-wide challenge requiring integrated solutions. The Task Force was established to bring together municipal leaders, service providers, public safety, health partners, and community stakeholders to examine root causes, assess system gaps, and identify actionable strategies. Its formation signals a shift toward a more structured, evidence-informed, and collaborative approach aimed at balancing compassion, safety, and long-term system sustainability.

Current statistics

Belleville's homelessness system is hindered by a severe shortage of supportive and transitional housing. Hastings County is the provincially designated Service Manager responsible for housing, homelessness, and community support services across Hastings County, including the City of Belleville. In this role, the County plans, funds, coordinates, and oversees the local homelessness response system, social housing programs, homelessness prevention initiatives, and provincially funded housing supports. According to the latest Hastings County Built for Zero Report Card for January to March 2026, at least **250 individuals** were experiencing homelessness in Hastings County, effective March 31, 2026, including **164 individuals experiencing chronic homelessness**. During the same quarter, the County recorded a chronic homelessness inflow of **50 individuals**, including **28 newly identified as chronically homeless**, **12 who reconnected with services after becoming inactive**, and **10 who returned to homelessness after being unable to maintain housing**. At the same time, **61**

individuals were removed from the chronic homelessness list, including **33 who successfully moved into housing** and **28 who were no longer active in the chronic homelessness population**. The report also indicates that **68 individuals and families secured housing** through the Coordinated Access system during the quarter, including **33 households experiencing chronic homelessness**, representing **49%** of all successful housing placements. Despite this progress, local shelter and transitional housing capacity remains constrained: Grace Inn provides **21 shelter beds**, Shiloh House provides **6 transitional housing beds**, and Hastings County reported **243 people** on the By-Name data list at the time of this report, with **196 living in Belleville**. These figures demonstrate both measurable progress and the continuing scale of need, reinforcing that emergency shelter alone cannot resolve homelessness without expanded supportive, transitional, and long-term housing options.

Built for Zero Hastings

Homelessness response from AMO and counterparts

In January 2025, AMO (with OMSSA & NOSDA) released Municipalities Under Pressure to establish a province-wide baseline of Ontario's homelessness crisis and highlight the unprecedented pressures on municipal systems. The baseline report showed homelessness was rising faster than housing and support systems could respond and traced the crisis to decades of underinvestment in affordable housing and support services.[1] One year later, the January 2026 update confirmed the crisis had continued to worsen, reinforcing that homelessness is not a temporary emergency but a structural challenge – demanding urgent, coordinated action across all levels of government to meaningfully reverse the trend.[2] This report will compare some of the Task Force findings with the current state as found in the reported findings.

Mayor's Task Force Participants

Mayor's Homelessness Task Force

Name	Title	Organization
Neil Ellis	Mayor	City of Belleville
Garnet Thompson	Councillor	City of Belleville
Dr. Andrew Patterson	Addiction Physician	CATC
Connor Dorey	Chief Administrative Officer (CAO)	Hastings County
Brandi Hodge	Executive Director	United Way Hastings & Prince Edward / Bridge Hub
Murray Rodd	Chief of Police	Belleville Police Service
Jill Raycroft	Chief Executive Officer	Belleville Chamber of Commerce

Invited Participants

Local Community Organization Speakers

Name	Title	Organization
Jodie Jenkins	Co-founder & Board Chair	Grace Inn Shelter; Shiloh House
Peter Kerr	Executive Director	Gleaners Food Bank
Ashley Vader	Director of Housing & Homelessness	CMHA Hastings Prince Edward
Lisa Ali	Chief Executive Officer	CMHA Hastings Prince Edward
Sheila Braidek	Executive Director	Belleville & Quinte West Community Health Centre
Danielle Spitzig	Deputy Chief	Hastings–Quinte Paramedic Service
Dan Smith	Fire Chief	Belleville Fire & Emergency Services
Carl Bowker	Chief	Hastings–Quinte Paramedic Services
Danielle Hanoman	Executive Director	Belleville Downtown BIA
Aaron Crawford	Belleville Police	Downtown Community Policing Office
Harry Burley	Volunteer	Downtown Community Policing Office

Persons With Lived Experience (Guest Speakers)

Name	Role
Russ	Lived Experience Speaker
Robbie	Lived Experience Speaker
Mary	Lived Experience Speaker

Peer Municipality & External Government Speakers

Name	Title	Organization
Jennifer Campbell	Commissioner, Community Services	City of Kingston
Tyler Campbell	General Manager, Community Well - Being	City of Greater Sudbury
Rebecca Morgan-Quinn	Director, Social Services	City of Peterborough
Jessica Penner	Project Manager, Homelessness	City of Peterborough
Kevin Dickins	Deputy City Manager, Social and Health Development	City of London
Craig Cooper	Director, Life Stabilization (former Director, Housing Stability Services)	City of London
Mayor Joe Preston	Mayor	City of St. Thomas
Danielle Neilson	Housing Stability Services Manager, City/County; Acting Director, Social Services	City of St. Thomas
Paul Jenkins	CEO; Chair, Community Health Centre	St. Thomas and District Chamber of Commerce
Jamie Lynne Osmond	Director, Community & Human Services	Hastings County

External Health & Sector Experts

Name	Title	Organization
Camille Quenneville	Chief Executive Officer	CMHA Ontario
Rebecca Shields	Chief Executive Officer	CMHA York Region & South Simcoe
Shelley Schneider	Clinical Director, Outreach & Housing	CMHA Peel Dufferin
David Smith	Chief Executive Officer	CMHA Peel Dufferin
Paul Jenkins	CEO; Chair, Community Health Centre	St. Thomas and District Chamber of Commerce
Paul Markle	Chief Executive Officer	Barrie Chamber of Commerce
Hilary Murphy	Property owner/developer; United Way board	Task Force Engineering
Ishpreet Singh	Founder	IPS Property Management

Introduction

Homelessness is a complex, community-wide challenge that affects individual well-being, public health, and multiple municipal systems. In response, the Mayor of Belleville convened a special Task Force on Homelessness to examine underlying causes and identify practical, coordinated solutions. This Task Force quickly recognized that addressing homelessness is a shared responsibility requiring collaboration across all levels of government, health and social service agencies, businesses, and the wider community. To focus its efforts, the Task Force structured its work and recommendations around five core issues interconnected with challenges that drive homelessness locally. These five foundational issues outlined below frame the analysis and solutions in this report:

1. **Insufficient Supportive and Transitional Housing:** The lack of "next step" housing with supports, which limits pathways out of homelessness.
2. **Homelessness as a Health & Systems Issue:** Homelessness is intertwined with healthcare, mental health, addiction, and social services. It requires coordinated care approaches, not only emergency shelter or enforcement responses.
3. **Encampments as Indicators of System Gaps:** Growing encampments reflect unresolved needs in housing and support systems, creating substantial pressures on local resources without offering effective solutions.
4. **Need for Integrated, Low-Barrier Services:** The necessity for accessible, integrated service delivery across sectors ensuring people facing homelessness can easily access coordinated supports (housing, health care, mental health, social supports) without high barriers.
5. **Unsustainable Municipal Funding & Governance:** The current reliance on local municipalities to fund and manage homelessness responses is financially unsustainable. It underscores the urgent need for stronger partnerships and stable support from provincial and federal governments.

Each section of this report delves into one of these core issues, highlighting findings from Task Force discussions, expert testimonies, local data, and relevant research. While each challenge is distinct, together they paint a comprehensive picture of an overburdened system and point toward a set of cohesive recommendations aimed at achieving sustainable, long-term solutions for homelessness in Belleville and beyond. The analysis begins by examining the central bottleneck of housing supply, then moves through the other critical issues in turn, culminating with the need for systemic change in funding and governance.

FINDINGS

1. Insufficient Supply of Supportive and Transitional Housing

Local Bottlenecks and Capacity Shortfalls

Belleville's homelessness response is constrained by a shortage of housing options beyond emergency shelter. Hastings County, as the provincially designated Service Manager, oversees housing and homelessness services for Belleville and the broader region. The January to March 2026 Built for Zero Report Card identified **250 individuals** experiencing homelessness in Hastings County, including **164 experiencing chronic homelessness**. Locally, capacity remains limited, with Grace Inn providing **21 shelter beds**, while, at the time of this report, **243 people** were listed on the By-Name List, including **196 in Belleville**. These figures point to a clear bottleneck: people may access emergency supports, but too few supportive, transitional, and long-term housing options exist to move them out of homelessness and into stability.

Beyond the numbers, these capacity shortfalls represent people and families losing stability in real time. Rising rents, low vacancy rates, and displacement from affordable units mean that some residents are being pushed out of housing faster than the system can rehouse them. Without enough affordable, supportive, and transitional options, even a short-term financial setback can become a pathway into homelessness.

Belleville's struggles mirror a larger provincial crisis. A January 2025/26 report by AMO/OMSSA (Association of Municipalities of Ontario and Ontario Municipal Social Services Association) found that over 84,500 people were experiencing homelessness across Ontario, of whom 8,700 were living outdoors, a population six times larger than recorded in 2018. On any given day in Ontario, about 72,000 people are unhoused.[2] This province-wide housing shortfall is especially acute in smaller urban areas like Belleville, where supportive housing supply is limited and fewer specialized services exist outside major cities.

The "Homelessness as a Circle" phenomenon, widely observed and echoed by Task Force stakeholders, describes how people cycle between street, shelter, hospital, and jail in the absence of stable housing. The report warns that Ontario's homelessness crisis is deepening and emphasizes that inadequate supportive housing capacity is a root cause. It notes that shelter beds alone cannot end homelessness, and that expanding supportive housing is crucial to providing sustainable pathways off the street.[1]

Common Patterns & Regional Comparisons:

Belleville's experiences align with those of peer communities. For example, in Northern Ontario, limited supportive housing has led to a 204% increase in visible homelessness over four years. In more rural areas, homelessness has similarly risen by 150% due to insufficient housing options and services. These staggering increases, even outside large cities, highlight that lack of supportive housing is a common challenge across Ontario—not just in big urban centres. Belleville's rising number of encampments and social housing waitlists reflect this widespread deficit.[2]

Compounding the problem is the treatment and support needs of those experiencing homelessness. Many individuals in Belleville shelters require intensive supports for mental health, addictions, or other health conditions, yet they remain in basic emergency facilities ill-equipped to deliver ongoing care. Without supportive housing, providers struggle to stabilize people or move them toward recovery and self-sufficiency. As one local service provider put it, "We're holding people in shelter for lack of anywhere else to go," underscoring the human toll of the supply gap.

Key City of Belleville Initiatives Addressing Housing Supply:

Despite these constraints, Mayor Ellis points out that the City of Belleville's Council has taken decisive action pursuing initiatives to expand supportive and affordable housing:

Housing Accelerator Fund (HAF) Projects: Belleville secured a $10.5 million federal HAF Round 2 allocation, slated to support creation of hundreds of new market and affordable housing units over three years. This plan prioritizes "missing middle" housing forms (duplexes, triplexes, fourplexes, higher-density projects) and targets 871 new mid-density units, 202 apartments, and 150 affordable units by 2027.

Zoning & Planning Reforms: The City has updated its Official Plan and Zoning By-laws to encourage more housing development. For example, Belleville enabled townhouses and fourplexes as-of-right in all urban residential zones and relaxed lot size and parking requirements to promote multi-unit projects. Such "gentle density" easements have started to yield results, expanding housing supply while respecting neighbourhood character.

Streamlined Approvals & Incentives: The City is fast-tracking development approvals and refreshing its Community Improvement Plan (CIP) with new incentives for affordable housing. Planned measures include a per-door grant for "missing middle" units, rebating certain fees, and leveraging city-owned land for affordable projects. Belleville has also leveraged provincial programs like Home for Good to create supportive housing, though inconsistent funding limits broader impact.

City-Owned Land & Partnerships: In partnership with Hastings County (the local housing service manager) and non-profit developers, Belleville is identifying municipal land suitable for new supportive or transitional housing. For instance, plans are advancing to redevelop a former school property into permanent affordable housing through a land-lease arrangement, adding dozens of supportive units.

Combined, these initiatives demonstrate Belleville's commitment to expanding housing options and reducing homelessness. However, local efforts alone cannot fully close the substantial housing gap. The Task Force emphasizes that significant provincial and federal support is required to scale up supportive housing supply to meet the community's needs.

2. Homelessness as a Health and Systems Issue (Not Just a Shelter or Policing Problem)

The Task Force found that homelessness is fundamentally a health and social systems challenge, not merely a housing shortage or law enforcement issue. Many people in Belleville who are homeless are grappling with complex medical, mental health, and substance use issues, requiring services well beyond what any shelter or by-law enforcement approach can provide. Treating homelessness as solely a housing or by-law problem misses the underlying health needs of this population.

Health Challenges & Service Gaps:

According to Hastings County data presented to the Task Force, a large proportion of local homeless individuals experience serious mental health conditions, addictions, or disabilities. Provincial estimates indicate that across Ontario roughly 60–70% of homeless individuals have mental illness or substance use challenges. These conditions often go inadequately treated, leading to frequent crises and heavy use of emergency services.

Belleville's first responders and healthcare facilities shoulder rising demand from this cycle of crisis. Paramedics report a small number of high-needs individuals account for a disproportionate share of 911 calls and emergency room visits. One Task Force contributor cited a single individual who called 911 nearly 180 times in one year. In another case highlighted by the Belleville Police, a homeless person visited the hospital over 70 times in six months, often being discharged back into homelessness and then quickly readmitted due to the same unresolved issues. These patterns of frequent cycling between the street, ER, jails, and shelters reflect a lack of continuous care or stable housing, and they carry immense human and financial costs. This pressure is largely the

result of infrastructure not yet keeping pace with community need, creating the need for partners to work together on practical, purpose-built housing and support solutions.

Policing & By-law Response – Limited Effectiveness:

Reliance on law enforcement to manage homelessness (for trespassing, loitering, camp evictions, etc.) has proven both ineffective and costly. Belleville Police noted that enforcing by-laws to disband encampments or move homeless individuals "just shifts the problem elsewhere" and often leads to negative outcomes like fines or criminal records that further entrench homelessness. The Task Force heard that local officers spend significant time responding to mental health crises, public disturbances, or minor infractions involving homeless individuals, but these efforts do not reduce homelessness.[2] "It's a revolving door," as one official described. This has also aligned with provincial findings in communities across Ontario, increased enforcement has not decreased the number of people living unsheltered. Instead, such approaches can shift people to more dangerous locations and strain police resources better used elsewhere.[2]

Benefits of a Coordinated Care Approach:

The Task Force was presented with compelling examples of how integrated health and housing interventions can break the costly cycle of crisis. In Peterborough, placing 10 high needs individuals into supportive housing was shown to reduce their collective ER visits by over 90%, freeing hospital resources while vastly improving those individuals' stability. In Belleville, the Community Paramedic Program at the Bridge Street Outreach Centre (a low barrier drop-in) has started providing on-site medical care for homeless clients, leading to a 50% reduction in 911 ambulance calls from the area.

These examples show that linking unhoused people to healthcare, mental health, and substance use services through a coordinated, low-barrier system improves outcomes and eases pressure on emergency services.

Conclusion – A Shift to Health & Housing Solutions:

The Task Force concludes that homelessness should be addressed as an integrated health, housing, and social care challenge, rather than left primarily to shelters and law enforcement. This means embedding healthcare and support workers into homeless services, expanding mental health and addiction treatment access, and forging stronger partnerships between housing providers, public health, hospitals, and police. The next section further explores the need for integrated service delivery models, including the importance of sustainable funding to support these shifts.

3. Encampments as Indicators of System Gaps (and Municipal Pressures)

Encampments Reflect System Failures:

The proliferation of encampment outdoor clusters of people living in tents or makeshift shelters has become a visible symptom of the failures in the housing, health, and social support systems. Belleville experienced a sharp rise in local encampments during 2023–2025 as housing pressures intensified and shelter spaces proved insufficient. Task Force discussion highlighted that encampments emerge not by choice but as a last resort for those who have exhausted all other options. They symbolize unmet needs: inadequate housing, inaccessible mental health care, insufficient income supports, and other gaps that force people to seek refuge wherever they can.

Crisis Perspectives from Stakeholders:

The Task Force heard firsthand accounts underscoring the desperation driving encampments. For example, the local BIA (Business Improvement Area) reported an encampment of more than 50 people behind city stores and establishments, effectively an informal community of individuals who "have fallen through every crack" in the system. The Belleville Police Chief termed homelessness "a wicked problem" during a Task Force meeting, capturing the complexity of encampments that involve overlapping jurisdictions without clear ownership. A public health expert noted that living rough is a health emergency in itself, with exposure exacerbating physical and mental illnesses. People who have lived in encampments explained that some couples choose tents over shelters because shelters often separate them by gender or impose strict rules. They feel more secure staying together, even though living in an encampment is difficult. This shows that existing shelter systems do not address everyone's needs.

Municipalities Under Unprecedented Strain:

According to the 2025 AMO/OMSSA Municipalities Under Pressure report, widespread encampments are overwhelming Ontario's cities and towns. The report found that municipalities are investing millions into managing encampments and related crises, often diverting staff and funds from other services.[2] For example, the City of Greater Sudbury saw encampment sites balloon after a shelter closure, requiring significant municipal intervention. Meanwhile, smaller communities like Belleville still must manage

encampments but lack dedicated resources or clear guidance from upper levels of government on how to do so effectively.

Belleville's situation illustrates this problem. City departments such as fire and police have become involved in handling encampments, dealing with issues like campfires and enforcing orders to vacate including tasks that fall outside their usual responsibilities. In one quarter of 2023, Belleville's Fire Chief reported dozens of incidents responding to tent fires, which highlights safety risks for both people living in the camps and emergency workers. These extra duties are unsustainable and pull resources away from their main functions. However, if encampments are left unmanaged, they can create safety, health, and environmental problems.

Encampments & System Failures: A Matrix of Evidence

To illustrate the systemic nature of the encampment crisis, the Task Force compared insights from local stakeholders with findings from provincial studies. Clear patterns emerged linking personal experiences in Belleville's encampments to larger system failures and data evidence:

Local Insight (Task Force Discussion)	System Gap Highlighted	Provincial Evidence (AMO/OMSSA Reports)
"We discharged a patient to a tent because we had nowhere else." – Paramedic Services (Dec. 17, 2025), describing a long-term patient with no housing	Inadequate infrastructure, and supports, including supportive housing for patients with complex needs	Unplanned hospital discharges into homelessness rose sharply, straining both health and shelter systems. Provincial reports cite poor discharge coordination as a key driver of chronic homelessness.
"Encampments reflect our failure on housing – the supply just isn't there." – Kevin Dickins (Apr. 23, 2026), noting that lack of affordable housing fuels encampments	Housing supply failure: insufficient affordable and supportive housing leaves people with no stable options	Homelessness increased dramatically since 2017 in some regions, correlating with persistent housing shortages. Provincial analysis warns that inadequate housing supply is a root cause of the encampment surge.
Chief Murray Rodd described the growing public-safety risk for businesses, noting that store owners are increasingly dealing with people sheltering or starting fires behind their	Social safety net failure: simultaneous breakdown of housing, health, and income supports	Encampment numbers have soared across Ontario, with municipalities reporting large encampments driven by cumulative system failures. Provincial updates confirm

buildings, creating serious risks for both vulnerable individuals and nearby properties.	forces people to live in camps	encampments remain pervasive, reflecting gaps in intergovernmental response.

This matrix makes clear that encampments are not isolated issues; they stem from overlapping system breakdowns. Discharging patients to nowhere indicates failures in aftercare and housing coordination, rising street homelessness signals housing supply shortfalls, and large encampments reveal fundamental inadequacies in social safety nets.[1]

Municipal Dilemmas & Public Pressures:

Belleville's City Council responded to the escalating encampment situation with a formal resolution in late 2022 declaring homelessness an emergency. This declaration aimed to mobilize resources and draw attention to the crisis. The City continues to encounter complex challenges in the routine administration of camps, requiring a careful balance between public safety, property interests, compassion, and human rights. Enforcement measures, including encampment clearance, frequently result in the relocation of individuals without addressing the underlying issues of homelessness. At the same time, leaving camps in place can raise neighbourhood tensions and legitimate safety concerns for both occupants and nearby residents.

The Task Force recognizes that encampments will persist as long as significant gaps in housing and services remain. In the short term, humane, health-oriented protocols are needed for managing existing encampments, emphasizing outreach, sanitation, and connections to services over punitive measures. Ultimately, addressing encampments requires upstream solutions: adequate housing supply, accessible mental health and addiction care, and sufficient income supports. These systemic solutions are explored in subsequent sections of this report.

4. The Need for Integrated, Low-Barrier Services (Accessible, Coordinated Supports Across Sectors)

Breaking Silos to Meet Complex Needs:

A key theme heard from stakeholders was that people experiencing homelessness can still encounter a fragmented service system, particularly when their needs cross multiple areas such as housing, income support, mental health, addictions and healthcare.

Different organizations necessarily have different mandates, eligibility requirements and intake processes, but for someone experiencing crisis, navigating those differences can be difficult. Stakeholders described individuals having to repeat their stories, complete multiple intake processes, or move between organizations to access the combination of supports they need.

The development of The Bridge/HART Hub represents an important local response to this challenge by bringing a range of services together through a low-barrier, coordinated point of access. However, integration at the front door does not eliminate the need for strong coordination across the broader service system. Continued collaboration, information-sharing, coordinated referrals and effective hand-offs between organizations are essential to reducing fragmentation and helping people move more easily between the supports they require.

Low-Barrier and One-Stop Access:

Low-Barrier and One-Stop Access

Belleville has already taken an important step toward integrated, low-barrier service delivery through The Bridge and the HART Hub. Significant investments by the City of Belleville, the Province of Ontario, the federal government and the community, have established a central point of access where people experiencing homelessness can have immediate basic needs met and connect with a range of health and social supports.

The Bridge/HART Hub serves as a critical first point of access within a broader continuum of care. In one location, individuals can access food, showers, laundry and other basic needs, as well as nursing and health services, housing and income supports, mental health and addiction supports, and connections to additional care. Its low-barrier approach helps engage people who may otherwise face difficulty accessing traditional service systems.

The Task Force recommends continuing to strengthen and expand this model, recognizing that the Hub is not intended to provide every service a person may require. Rather, it provides an essential front door to the system. The opportunity now is to ensure that people entering through that door can move effectively into the broader range of housing, healthcare, treatment and social supports required to achieve greater stability.

Building the Continuum of Care

The Task Force recommends building on the integrated model already established through The Bridge/HART Hub by strengthening the continuum of services that follows

initial access. The Bridge/HART Hub provides an important front door to the system, but its effectiveness also depends on having appropriate services and supports available for people to move into as their needs are identified.

Locally, significant gaps remain across that continuum. These include access to detox and withdrawal management, additional transitional beds, supportive housing, residential treatment beds, and ongoing mental health and addictions care. Just as importantly, people need continued wraparound support as they move through treatment and back into the community, including housing supports and connections to the health, social and community services that can help them maintain stability and successfully reintegrate.

The goal is to build out the continuum around the foundation already established locally. A strong low-barrier access point must be connected to somewhere for people to go next, from immediate support and stabilization, through treatment and transitional services, to supportive or permanent housing and ongoing community-based care.

Coordinated Case Management:

Coordinated case management already exists within Hastings County and Belleville through the local homelessness response system, including coordinated access, housing navigation, outreach, and partner-supported service planning. Building on this developing foundation, the Task Force supports continued opportunities to strengthen and expand coordination as this work evolves and community needs change. This work should recognize and strengthen the important efforts already underway by housing providers, healthcare partners, mental health and addictions services, income support programs, emergency services, outreach teams, and community agencies. Continued collaboration can help partners share information, align services, and support individuals in a more seamless and person-centred way, while respecting the capacity and expertise of each organization. Stakeholder feedback suggests there are opportunities across the broader service system to further strengthen coordination and reduce fragmentation for people accessing multiple supports Rather than creating new pressures for service providers, the focus should be on working together to identify practical improvements, support shared problem-solving, and build on existing partnerships so people are connected to the right supports at the right time. As the homelessness crisis continues to change, this collaborative approach will help the community respond with compassion, flexibility, and a shared commitment to long-term housing stability.[1]

Interagency Collaboration & Data Sharing:

Achieving this level of integration requires breaking down silos among agencies. The Task Force identified successful models in other communities to emulate. For instance, during a Task Force session in January 2026 with experts from Belleville and neighbouring cities, both a Community Health Centre director and a mental health agency CEO emphasized the importance of working together as one team rather than operating in parallel tracks. In some jurisdictions, integrated teams composed of outreach workers, nurses, social workers, and peer support specialists conduct joint outreach visits to encampments and shelters, ensuring clients receive wraparound care. This collaborative model has been shown to improve outcomes, including reductions in hospital use and justice system involvement among high-needs homeless clients.[1]

Reducing Barriers to Entry:

"Low-barrier" service delivery means making it as easy as possible for people to engage. This includes adopting harm-reduction practices, such as allowing entry even when someone is actively using substances, provided they are not endangering others. It also means recognizing unique needs, such as keeping couples together or allowing pets so that people are not forced to choose between safety and remaining with a partner or service animal. Rules that are overly rigid often drive people away from help, while flexible, person-centred approaches keep them engaged. The Task Force supports expanding Housing First models and drop-in centres that prioritize relationship-building and meeting immediate needs, followed by gradual stabilization. A "meet people where they are" philosophy has proven more effective than requiring individuals to resolve all personal challenges before receiving housing or services.[1]

System Navigation & Prevention:

Integrated service hubs can also function as prevention and system navigation points. By centralizing information on available resources—such as housing programs, health clinics, treatment options, ID replacement, and legal aid—these hubs help prevent people from falling through service gaps. Early intervention, supported by coordination among multiple partners, can prevent evictions or discharges into homelessness. One local suggestion was the creation of an Encampment Response Table, bringing together representatives from housing, police, healthcare, and social services to collaboratively plan transitions from encampments into housing or treatment. This approach mirrors practices in other Ontario communities, where integrated teams meet regularly to review all known unsheltered individuals and assign lead workers for follow-up.[1]

5. Unsustainable Municipal Funding & Governance Model (Need for Provincial/Federal Partnership)

High Municipal Costs, Limited Capacity:

The current model for funding and managing homelessness is proving unsustainable for municipalities like Belleville. Local governments are carrying an excessive share of the financial and administrative burden, despite homelessness being a problem that spans beyond municipal jurisdiction. Belleville, like other Ontario cities, must help fund shelters, outreach, and some supportive housing through property taxes, which strains local budgets and can divert funds from other important services. These costs have ballooned in recent years, far outpacing increases in municipal revenues. For instance, during 2022, Hastings County which administers homelessness programs including Belleville's shelters was required to allocate emergency relief funds to meet rising shelter costs as usage surged; these expenses ultimately draw on local taxpayers in the absence of sufficient provincial support.

Unsustainable Governance Structure:

The provincial government designates upper-tier municipalities, such as counties or regions, as "Service Managers" for housing and homelessness, tasking them with delivering services and partially funding them. However, provincial funding contributions have not kept pace with growing need, leaving local governments struggling to respond. An advocacy question posed by Belleville to local Members of Provincial Parliament in 2026 captured this dilemma: "How can we improve provincial funding programs so that our community's needs are met without placing unsustainable strain on the municipality?" This reflects a broader call from local leaders for stronger partnerships and more reliable senior-government support, so homelessness does not fall almost entirely on municipal shoulders.

The Municipalities Under Pressure report shows municipal spending on homelessness has risen sharply, but cities struggle to keep up due to high demand and limited funding options. The report recommends Ontario boost provincial and federal support to ease city burdens and reduce homelessness.

A Need for Stable, Long-Term Funding:

The Task Force emphasizes that solutions like supportive housing, integrated services, and low-barrier hubs require stable, long-term funding. Short-term or pilot funding is inadequate, as homelessness needs ongoing staff and consistent services. Past

programs failed when reliant on one-time grants. The Task Force recommends provincial and federal governments commit to multi-year funding so agencies can retain staff and build effective strategies.[1]

Provincial & Federal Roles:

Homelessness intersects with provincial responsibilities for housing, health, and social services, with additional funding participation from the federal government. In practice, when senior-government funding falls short, municipalities often intervene out of necessity to address immediate human needs. This piecemeal approach is not sustainable, particularly for small and mid-sized cities like Belleville with limited tax bases. The Task Force supports recommendations from municipal associations that the Province establish a strategic homelessness fund, or significantly strengthen existing programs, to fully cover the costs of housing and support expansions across Ontario. Federal initiatives, including the National Housing Strategy and programs such as Reaching Home, should be maintained and expanded so that funding flows directly to communities to support locally identified priorities.[2]

Homelessness governance needs improvement, as no single entity is fully responsible, leading to coordination issues. Hastings County manages housing programs, but healthcare, mental health, policing, and income supports involve other jurisdictions. A more integrated governance model or formal partnership would align strategies and clarify accountability. Some Task Force members suggest creating a Belleville-region Homelessness Leadership Table, including government and community groups, to coordinate planning, monitor outcomes, and advocate for resources.

Call to Action – Stronger Partnerships:

In conclusion, the Task Force finds that the current funding and governance model is not sustainable and must evolve. The City of Belleville cannot resolve homelessness on its own; sustained provincial and federal leadership and investment are essential. Stronger partnerships must include stable funding, coordinated planning, and clear accountability for outcomes. Homelessness is a societal challenge, not solely a municipal one, and addressing it will yield broad public benefits, including reduced healthcare and justice system costs and improved community well-being. The recommendations accompanying this report reflect the shared understanding that meaningful progress depends on collective commitment and investment across all levels of government.[2]

Lived experiences

The lived experience speakers provided a compelling and deeply personal account of homelessness in Belleville, highlighting that pathways into homelessness are often complex, sudden, and rooted in a combination of economic, health, and systemic factors. Their experiences demonstrated that homelessness is not limited to individuals with addictions or long-term instability; rather, it can affect people with work histories, family responsibilities, and no prior involvement with substance use. Situations such as job loss, medical crises, or untreated mental health conditions can quickly destabilize individuals, pushing them into homelessness despite their best efforts to remain housed.

A consistent theme across all speakers was that homelessness is rarely a one-time event. Instead, it is often cyclical, with individuals moving between periods of housing and homelessness. Even when housing is secured, it is frequently temporary or precarious, such as transitional housing with strict timelines or conditions. This instability creates ongoing uncertainty and increases the risk of returning to homelessness, underscoring the need for long-term, sustainable housing solutions rather than short-

Mental health emerged as a central factor in both the causes and consequences of homelessness. Speakers described long-term experiences with depression, PTSD, and trauma, noting that access to mental health supports is limited by long waitlists and insufficient service capacity. While medication may provide some stability, it is not a complete solution; counselling, therapy, and ongoing support are critical but often inaccessible. Without timely and adequate mental health care, individuals are more likely to fall into homelessness or struggle to regain stability once housed.

The speakers also expressed strong views on addiction and recovery, emphasizing that stable housing alone is not enough for individuals with active addictions. From their perspective, addiction must be addressed first, or at least in tandem with housing since untreated addiction often leads to a loss of housing and a return to homelessness. They highlighted the importance of having clear pathways from treatment to housing, where the prospect of stable housing can serve as motivation for recovery. However, a significant barrier is the lack of accessible, local treatment centres, forcing individuals to leave their community or forgo treatment altogether.

A critical issue identified was the severe shortage of supports across the system. This includes insufficient mental health services, addiction treatment programs, transitional housing, and case management supports to help individuals secure and maintain housing. Many individuals are left on waiting lists or are unaware of

available resources altogether. The speakers noted that early interventions, such as temporary financial assistance, better access to health supports, or clearer information about services could have prevented their homelessness in the first place.

Structural barriers within the housing system were also highlighted as a major challenge. High rental costs far exceed what individuals on fixed incomes or social assistance can afford, while requirements such as credit checks, deposits, and landlord screening exclude many from accessing housing. Speakers also described experiences of stigma and discrimination, particularly related to mental health, which further limits housing opportunities. As a result, even individuals ready for housing face significant obstacles in securing and retaining it.

Community organizations were identified as essential supports within this system. Programs such as Grace Inn and local hubs were described as lifelines, providing not only shelter but also advocacy, connection, and assistance navigating the housing system. In several cases, it was the intervention of these organizations and other partnerships that enabled individuals to secure housing, particularly when they were unable to do so independently due to systemic barriers.

The speakers also highlighted broader social challenges, including stigma and isolation. They noted that individuals experiencing homelessness are often unfairly stereotyped and grouped together, despite having very different experiences and needs. Life in encampments was described as largely unsupported, with limited outreach and a sense of having to "fend for yourself." This lack of proactive engagement further isolates individuals and limits their access to help.

Finally, there was a strong collective message that homelessness is a complex, systemic issue requiring thoughtful, long-term solutions. The speakers emphasized that quick fixes will not be effective and may worsen the situation. Instead, they called for coordinated, well-planned approaches that address housing, mental health, addiction, and affordability simultaneously. They stressed the need for increased funding, expanded services, and a comprehensive strategy that reflects the realities of those with lived experience.

Summarized Key Issue Takeaways

The Homelessness Task Force convened nine sessions to hear testimony from municipal service managers, elected officials, public safety leaders, health professionals, and community partners. Witnesses represented mid-sized Ontario communities facing similar pressures related to chronic homelessness, shelter capacity constraints, encampments, mental health and addiction, housing affordability, and public safety.

Throughout all meetings, homelessness was described as a complex, non-linear issue rooted in interconnected housing, health, social service, and economic systems. Witnesses emphasized that, although municipalities have adopted numerous evidence-informed strategies, the current scale and severity of need surpass what existing systems and funding models can address. In addition to the main content, this report highlights further crucial findings and key takeaways in the below headings. Testimony from the nine sessions is synthesized within these thematic areas, and the report concludes with integrated finding and suggested call to actions.

Integrated Hubs and Service Models

Witnesses consistently identified integrated service hubs as a critical foundation for an effective homelessness response. These models bring together housing navigation, income assistance, primary care, mental health and addiction services, and basic needs supports in a single, low-barrier location. Testimony highlighted that integrated hubs improve engagement among individuals who do not access traditional shelters and reduce fragmentation across service systems.[1]

Communities with fully integrated hubs reported stronger outcomes, particularly for individuals experiencing chronic homelessness or high acuity needs. Hubs connected to transitional or modular housing were seen as especially effective, as they allow individuals to stabilize while receiving consistent, wraparound support. Witnesses also cautioned that integrated models require sustained operating funding, specialized staffing, and clear governance to remain effective beyond pilot or emergency phases.[1]

Data Baselines and Measurements

By-Name Lists were identified across all jurisdictions as the most reliable tool for measuring homelessness in real time. Witnesses described these lists as essential for understanding inflow, outflow, chronicity, and acuity, while acknowledging that Point-in-Time counts remain useful for trend analysis and public reporting. Testimony emphasized that both tools undercount homelessness, particularly among individuals who avoid formal systems or decline consent.

Witnesses stressed that increases in reported homelessness often reflect improved outreach and engagement rather than true population growth. There was broad agreement that performance measurement must evolve beyond housing placement counts to include indicators of stabilization, reduced emergency service use, improved health outcomes, and longer-term housing retention.[1]

Encampments

Encampments were a central topic across all meetings and were consistently described as visible indicators of system failure rather than isolated enforcement issues. Witnesses noted that encampments often emerge when shelter capacity is insufficient, inaccessible, or inappropriate for individuals with complex needs. While encampments can provide a consistent location for outreach, they also expose residents to significant risks, including violence, exploitation, fire hazards, and health emergencies.

Municipal approaches to encampments vary widely, shaped by local bylaws, court decisions, and available alternatives. Witnesses emphasized that enforcement-only strategies displace people without resolving homelessness and may increase risk by pushing individuals into more remote or unsafe locations. Effective responses were described as those that clearly separate enforcement from outreach and service delivery, while maintaining a focus on safety for both encampment residents and the broader community.

Transitional and Supportive Housing

Testimony across all sessions identified transitional and supportive housing as the most critical pressure point within the homelessness response system. Supportive housing with on-site or intensive supports was consistently described as the most effective option for individuals experiencing chronic homelessness, mental illness, addiction, or cognitive impairment. Early evidence shared by witnesses demonstrated significant reductions in emergency service use and improved stability among residents.

Transitional housing was described as an essential bridge for individuals exiting long-term homelessness who require time to stabilize, undergo assessment, and rebuild daily routines. Modular housing, converted shelters, and adaptive reuse projects were highlighted as effective ways to accelerate housing delivery. However, witnesses repeatedly emphasized that limited supportive and affordable housing supply creates bottlenecks, resulting in prolonged shelter stays and system stagnation.[1]

Prevention and Diversion

Prevention and diversion were widely described as among the most effective and cost-efficient homelessness interventions. Witnesses outlined programs focused on rent and utility arrears, first and last month's rent, flexible emergency funds, landlord mediation, and targeted youth prevention initiatives. These approaches were shown to significantly reduce inflow into homelessness when paired with timely intervention and case management.

Witnesses emphasized that preventing individuals from entering homelessness yields far better outcomes than attempting to rehouse people after prolonged system involvement. Rising rents and cost-of-living pressures were cited as increasing the importance of scaling prevention programs to match current market realities.[1]

Outcomes and Effectiveness

Witnesses cautioned against evaluating homelessness systems solely through the lens of housing placement numbers. Instead, they advocated for a broader understanding of effectiveness that includes harm reduction, stabilization, and improved quality of life. Measures such as reduced emergency department visits, fewer police interactions, and decreased justice system involvement were repeatedly cited as meaningful indicators of success.

Several witnesses referenced comparative cost data demonstrating that supportive housing is significantly less expensive than repeated emergency health care, policing, and crisis responses. This evidence was presented as a strong argument for sustained investment in housing and supports as a means of improving outcomes while reducing long-term public costs.[1]

Funding, Policy, and Advocacy

A consistent theme across all testimony was the unsustainability of the current municipal-led funding model. Witnesses emphasized that municipalities lack both the fiscal capacity and policy authority to address homelessness at its current scale. Fragmented funding streams, particularly the separation of housing capital from operating funds for supports, were identified as major barriers to effective system planning.

Witnesses called for coordinated federal and provincial leadership, framing homelessness as both a housing and health system responsibility. Stronger cross-ministerial collaboration and long-term, predictable funding were described as essential to achieving durable progress.[2]

Community Awareness, Safety, and Balancing Needs

Witnesses acknowledged increasing community concern related to visible homelessness, encampments, and safety near service locations. Compassion fatigue among residents and service providers was frequently noted, alongside legitimate concerns about public safety and access to shared spaces. At the same time, witnesses emphasized the need to uphold human rights and avoid criminalizing poverty.

Clear communication, public education, and visible safety measures were identified as critical tools for balancing community needs with compassionate service delivery. Transparent reporting on outcomes and costs was seen as key to maintaining public trust and support.[2]

Food Banks and Drop-Ins as Entry Points

Food banks and drop-in programs were repeatedly identified as essential low-barrier entry points into the homelessness response system. Witnesses described these services as critical for engaging individuals who avoid shelters or formal services, and as opportunities for outreach, referral, and early intervention. In many cases, food-based services were the first point of contact for individuals at risk of or experiencing homelessness.

Formal integration of food banks and drop-ins into coordinated access and data systems was identified as an opportunity to improve early identification and reduce long-term system involvement.

Shelter Capacity and Transition Gaps

Shelter systems across communities face differing but interconnected challenges. Some jurisdictions reported full shelters with extended lengths of stay due to limited housing exits, while others described unused capacity resulting from safety concerns, restrictive rules, or misalignment with individual needs. Witnesses emphasized that increasing shelter capacity alone will not resolve homelessness without corresponding investments in housing and supports.

Addressing transition gaps between shelter, transitional housing, and permanent housing was identified as a priority for improving overall system flow.

System Sustainability

All witnesses agreed that the current homelessness response system is not sustainable without structural reform. Municipalities are experiencing escalating operating costs, increasing emergency service demand, and growing public pressure, often without adequate tools or long-term funding commitments.

Witnesses stressed that sustainability will require senior government leadership, integrated funding models, and recognition of homelessness as a shared societal responsibility rather than a municipal service issue.[2]

Mental Health and Safety

Mental health, addiction, and acquired brain injury were consistently identified as central drivers of chronic homelessness. Witnesses described increasing complexity associated with a toxic drug supply, untreated psychiatric conditions, and cognitive impairments that limit housing success within existing models.[1]

A recurring theme was the need for expanded psychiatric care, treatment-based housing, and long-term care options for individuals whose needs exceed the capacity of current homelessness

Context and Urgency

Belleville is grappling with a worsening homelessness crisis that has strained public services and impacted neighbourhoods. The Mayor's Homelessness Task Force convened local leaders, service providers, and community partners to develop practical solutions and urgent interventions. Through months of consultation and analysis, the Task Force's work revealed that homelessness is a shared responsibility, requiring urgent municipal action in the short term (0–12 months) and strategic reforms in collaboration with provincial/federal partners in the longer term.[2]

Council is now presented with the core findings and a 10-point call-to-action, which together form a clear narrative – one that explains the problem, why it matters now, and the pragmatic path forward.

Homelessness through the Business Community Lens

The business community described homelessness as both a social and economic issue with direct implications for workforce capacity, investment, and long-term economic stability. As one Chamber representative noted, "it really is a business issue these days," reflecting a shift toward recognizing homelessness as a core economic concern. Business leaders emphasized that business is part of the broader community and that addressing homelessness requires shared responsibility across sectors. At the same time, they identified operational impacts, including labour attraction challenges, with businesses reporting difficulty securing housing for employees and citing gaps in available units. From a housing perspective, risk remains a key barrier, including financial exposure, delays in dispute resolution, and concerns about tenant screening, which contribute to hesitancy among private landlords. Business representatives also stressed that solutions must go beyond funding alone, noting that "you can't just throw money at these problems," and instead require coordinated, practical action supported by

multiple stakeholders. Importantly, there was broad recognition that economic success is tied to community well-being, with participants emphasizing that businesses cannot thrive in an unhealthy or unstable environment

In conclusion, the business community expressed a clear willingness to play a more active role in addressing homelessness through advocacy, investment, and the application of practical expertise. While acknowledging system-level barriers beyond their control, they emphasized that stronger collaboration with government and community partners, combined with targeted, coordinated action, will be essential to advancing timely and sustainable solutions.

"We need major changes in how we run this country and what we do with the money that we collect through everyone's taxes. This is not a simple problem and it's not going to go away tomorrow."

— **Russ**, Lived Experience Panel Participant

Conclusive Core Challenges Identified

The Task Force has concluded by identifying key information provided throughout the ten sessions, and has broken it down to reflect the following consolidated core challenges identified.

1. **Severe Supportive Housing Bottlenecks:** There is critically insufficient supportive and transitional housing – this is the primary bottleneck preventing people from moving out of shelters. Emergency shelters are constantly full, and individuals ready to "step up" in housing often have nowhere to go. Many stay "stuck" in short-term lodging because Belleville–Hastings County lacks 'next step' housing units with the needed mental health or addiction supports. This bottleneck also overburdens the health system and police; individuals cycling between emergency departments, public spaces, and shelters result in inefficient use of scarce resources.[1]

2. **Homelessness as a Health & Systems Issue:** Traditional enforcement or ad-hoc measures can't solve the problem. Persons experiencing homelessness often face complex health, mental health, and addiction challenges, making homelessness fundamentally a health and social systems issue, not just a housing one. Integrated care – bridging housing, healthcare, and community support is needed to break the cycle, reduce 911 calls, and alleviate pressure on hospitals and police.[1]

3. **Rising Encampments:** Encampments are proliferating, particularly in parks and near downtown. Encampments indicate systemic gaps in housing and services, resulting in increased municipal challenges such as safety concerns, sanitation issues, and heightened community tensions. Residents of these encampments frequently represent highly marginalized populations. Simply removing encampments without alternatives is neither humane nor effective; it shifts the problem rather than solves it.[2]

4. **Improving Integrated Service Access:** Historically, individuals experiencing homelessness in Belleville were required to navigate a fragmented network of agencies and services spread across multiple locations. The introduction of the HART Hub represents an important step toward addressing this challenge by creating a centralized access point for health, addiction, mental health, housing, income and outreach services. While the Hub has improved coordination and service accessibility, **continued strengthening of connections across the broader service system**, including housing, shelter, employment, income support, and community services will help ensure individuals can more easily access and move between the supports they need. Building stronger connections between these services will help

reduce barriers, prevent people from falling through gaps in the system, and improve outcomes for those experiencing homelessness and housing instability.[1]

5. **Unsustainable Funding Model:** Belleville's current role in funding homelessness responses is unsustainable and mismatched to its resources. Municipal budgets have stretched to fund warming centres and ad-hoc programs, but the scale of need far exceeds local capacity. This crisis is surpassing City jurisdiction; sustained solutions require senior government investment and policy support. The City must lead with local innovations but actively seek provincial and federal partnership, as Belleville cannot solve homelessness alone.[2]

The 10-Point Call-to-Action

(Summary of Recommendations)

In response to these challenges, the Task Force developed a 10-point call-to-action that balances immediate municipal measures with long-term systemic reforms. Key priorities include:

1. **Accelerate Supportive Housing Projects:** Identify and launch at least one new supportive or transitional housing development urgently (e.g., modular homes or hotel conversion) using City land or partnerships. This creates more "next step" units to unclog the shelter bottleneck.
2. **Expand Emergency Measures (0–12 months):** Within the next year, expand low-barrier shelter capacity (especially in winter) and enhance outreach programs (like the HART* hub) to ensure even hard-to-house individuals are sheltered. Augment mental health crisis response teams to reduce police burden.
3. **Enhance the Integrated Services Hub ("One-Stop Shop"):**
   Build on the already established HART Hub model by continuing to strengthen and expand a centralized, low-barrier service hub that provides access and connections to homelessness, housing, mental health, addictions, primary care, and social support services in a single accessible location. Expanding service capacity, coordination, and operating hours will improve access to wraparound supports, streamline service navigation, and foster better outcomes for individuals experiencing homelessness and housing instability.
4. **Encampment Response Protocol:** Implement a compassionate encampment management strategy that works towards the elimination of encampments. Pair Hub with community outreach that offers real alternatives (shelter, treatment, storage for belongings) and involves people with lived experience to build trust.

5. **Strengthen Prevention & Housing Retention:** Launch early intervention initiatives to prevent new homelessness – e.g., rent bank, eviction prevention programs, and supporting at-risk youth and families – to stop at-risk households from falling into homelessness.
6. **Mobilize Healthcare Partnerships:** Work with local hospitals, Hastings County, and Ontario Health Teams to embed health supports (like on-site nurse practitioners or addiction counsellors) within shelters and supportive housing. This addresses the health needs underlying chronic homelessness and eases ER pressures.
7. **Supportive Housing Pipeline:** Plan beyond emergency fixes by developing a pipeline of supportive housing projects (with appropriate zoning, incentives, and partnerships) for the mid-term (1–3 years). Engage private, non-profit, and faith-based partners to leverage every opportunity, including provincial/federal grants.
8. **Advocate for Sustainable Funding & Policy:** Proactively engage provincial and federal governments to secure dedicated funding for supportive housing, addiction treatment, and transitional programs in Belleville. Advocate for policy changes (like portable housing benefits, more rent-geared-to-income units, Co-ops, and mental health supports) that take the local burden off property taxes.
9. **Community Engagement & Communication:** Continue transparent communication with the public – highlighting that homelessness solutions are evidence-based, humane, and cost-effective. Mobilize community groups and volunteers to assist with employment programs, peer support, and neighbourhood integration efforts.
10. **Measure & Report Outcomes:** Implement robust tracking of key metrics (shelter occupancy, new housing placements, reduction in unsheltered count, etc.). Regularly report to Council and community to maintain momentum, adjust tactics, and celebrate progress.

"When we were developing the proposal for our HART Hub locally, we certainly realized how under-resourced we were and the lack of infrastructure that we had."

— Brandi Hodge, United Way Hastings & Prince Edward / Bridge Hub

"The solution to homelessness is housing with supports. It is complicated work, but there are no two ways about it."
— **Danielle Nielsen**, City of St. Thomas & Elgin County

Conclusion:

Belleville is at a crossroads. With proper leadership, the city can turn an escalating crisis into an opportunity to implement evidence-informed, humane, and cost-effective solutions. The Task Force's 10 recommendations are clear and actionable, supporting a coherent direction of travel: take swift local action to bolster shelter and services now while actively forging provincial/federal partnerships for deeper long-term solutions.[2]

By aligning their efforts, Ontario and the federal government can transform homelessness from a local crisis to a shared solvable challenge. It is this Task Force recommendation that the Ontario government should lead on integrated housing and health solutions – significantly boosting supportive housing units, embedding care for mental health and addictions, and fortifying prevention programs, thereby addressing root causes and reducing the costly over-reliance on shelters, hospitals, and police. Concurrently, the Government of Canada should provide the financial firepower and policy support to expand housing supply and income supports at a scale proportionate to the challenge. Municipalities will continue to coordinate local services and land-use, but they cannot fund large-scale housing and health interventions alone. Provincial and

federal partners must shoulder the majority of funding and system design, freeing local governments to focus on delivery and community coordination.[2]

Investing robustly in supportive housing and integrated services is not only humane and just – it alleviates pressure on emergency systems and ultimately saves public money by breaking the expensive cycle of shelters, hospital ER visits, and policing. In fact, a national study found that every $10 invested in supportive housing yields over $21 in savings through reduced health and justice costs.[1] With robust measures from Ontario and the federal government, Belleville and other communities throughout the province can effectively implement the Task Force's recommendations. This approach will facilitate the advancement of supportive housing, broaden service availability, address encampments in a compassionate manner, and prevent the emergence of new homelessness. This will in turn focus on aiming to ensure that homelessness becomes rare, brief, and non-recurring. The result will be safer, healthier communities and a more just society, achieved through shared responsibility and sustained senior government leadership.[2]

Understanding Government Jurisdictions

Homelessness is a shared challenge that requires action across all orders of government. Municipalities play a critical role within Ontario's homelessness response system, particularly in local planning, coordination, service delivery and community-based problem solving. Municipal governments are often the first to experience the impacts of homelessness within their communities and are responsible for responding to immediate local pressures. However, many of the systems and policy levers that influence homelessness extend beyond municipal jurisdiction, including housing affordability and supply, mental health and addictions services, healthcare access, income security, immigration and the broader social safety net.

Addressing these interconnected factors requires coordinated action from municipal, provincial and federal governments. While municipalities play an important role in identifying local needs, convening community partners and supporting frontline responses, many of the policy, legislative and financial tools necessary to prevent and reduce homelessness fall within provincial and federal jurisdiction. No single order of government holds all of the tools required to address homelessness effectively.

Provincial decisions related to healthcare, mental health and addictions treatment, social assistance programs, supportive housing and housing policy have a direct influence on homelessness outcomes. While municipalities experience the impacts of gaps in these systems at the local level, provincial leadership, policy and investment are essential to ensuring communities have access to the housing, treatment, healthcare

and income supports needed to respond effectively and address the underlying causes of homelessness.

Similarly, the federal government plays an important role through investments in affordable housing, infrastructure, Indigenous housing initiatives, income supports and national housing policy. These investments help establish the broader conditions and resources within which provincial and local responses operate.

The findings of this report demonstrate that municipalities can make significant contributions through local leadership, innovation and collaboration. However, sustained reductions in homelessness will require coordinated leadership across all orders of government, predictable long-term funding, and policies that address the systemic drivers of housing instability. Success will depend on governments and community partners working in alignment, recognizing their respective roles and responsibilities, and ensuring that local knowledge and community-based solutions are supported by the policy, program and funding capacities available at the provincial and federal levels.

For Council and senior leadership, the message is pragmatic yet optimistic. These steps will protect our most vulnerable residents, improve community well-being, and save public dollars over time. Immediate investments and decisions are needed, the time to act is now. The recommended approach positions Belleville as proactive and compassionate, ready to do its part and call on other levels of government to equally do theirs.

Footnotes

[1] Ending Chronic Homelessness in Ontario (2025)

[2] Municipalities Under Pressure (2026)

"Throughout these discussions, one message remained clear: homelessness is complex, but it is not unsolvable. By combining housing with the right provincial and federal government supports, listening to lived experience, investing in prevention, and working together across sectors, communities can create lasting change. The resilience, compassion, and commitment demonstrated throughout these conversations provide hope that every person can have the dignity, stability, and opportunity of a place to call home."

—**Mayor Neil Ellis**, City of Belleville

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