



**City of Kingston
Report to Council
Report Number 26-100**

To: Mayor and Members of Council
From: Jennifer Campbell, Commissioner, Community Services
Resource Staff: Jayne Hartley, Director, Housing & Social Services
Date of Meeting: June 16, 2026
Subject: Integrated Care Hub 2026-27 Funding and Updates on
Council's May 5, 2026, Motion on Consumption Treatment
Services Sites

Council Strategic Plan Alignment:

Theme: Corporate business

Goal: See above

Executive Summary:

The Integrated Care Hub (ICH) plays a critical role in Kingston's homelessness and public health response by providing essential, low barrier services to individuals facing homelessness, substance use and mental health challenges.

Since 2022, the City has funded \$500,000 annually to support the overnight rest zone shelter services at the ICH, which serve as a low-barrier emergency shelter with 24 beds and capacity for 28 individuals each night. These shelter services are not funded through the existing Ministry of Health's base funding for ICH operations and will also not be funded as part of the new HART Hub funding now confirmed from the province. Without the City's financial contribution, the 24 beds would close, removing critical low-barrier shelter capacity from the system.

The ICH and Consumption Treatment Services (CTS) are currently co-located at 661 Montreal Street but are two separate services operated by separate organizations. Effective September 30, 2026, the CTS services at the ICH will close as provincial funding for the program ends.

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Effective October 1, 2026, the ICH site will transition to a HART Hub operated by Addiction and Mental Health Services – Kingston Frontenac Lennox and Addington (AMHS-KFLA). Under the HART Hub model the site will continue to offer low-barrier services like the Access & Support Centre, Rest Zone and other ICH programming.

The purpose of this report is to provide updates on the City funded shelter bed operations at the ICH over the last year and to recommend that Council approve a 2026 contribution of \$500,000 toward the continued operation of rest zone shelter services as part of the constellation of services offered at the current ICH and the future HART Hub.

This report also recommends that Council approve an amount up to \$70,000 in additional funding for AMHS-KFLA that could be needed to support funding gaps arising from the lease obligations that endure beyond the closure of CTS and the loss of CTS’s contribution to site based operating expenses. AMHS-KFLA is exploring the use of transition funding and new HART funding to cover these costs and would only look to the City for assistance if all other funding options have been exhausted.

Finally, the report offers updates and responses to the directions provided to staff through the May 5, 2026 Council motion made as a response to the closure of CTS in Kingston.

Recommendation:

That Council approve the allocation of \$500,000 from the approved Housing & Social Services 2026 operating budget to support shelter operations at the Integrated Care Hub/HART Hub until March 31, 2027; and

That Council approve funding of up to \$70,000 from the Housing and Homelessness Reserve to support Addiction and Mental Health Services – Kingston Frontenac Lennox and Addington in closing funding gaps that may result from lease and facility obligations following the removal of CTS funding at 661 Montreal Street.

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Authorizing Signatures:

ORIGINAL SIGNED BY COMMISSIONER

Jennifer Campbell,
Commissioner, Community
Services

ORIGINAL SIGNED BY CHIEF

ADMINISTRATIVE OFFICER

Lanie Hurdle, Chief
Administrative Officer

Consultation with the following Members of the Corporate Management Team:

Paige Agnew, Commissioner, Growth & Development Services	Not required
Neil Carbone, Commissioner, Corporate & Emergency Services	Not required
David Fell, President & CEO, Utilities Kingston	Not required
Desirée Kennedy, Chief Financial Officer & City Treasurer	
Jenna Morley, City Solicitor	Not required
Ian Semple, Commissioner, Transportation & Infrastructure Services	Not required

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Options/Discussion:**Background**

The ICH was established as an emergency measure in 2020 to address the needs of vulnerable populations who were deeply impacted by the public health restrictions put in place during the COVID-19 pandemic. Its operations were funded mainly through COVID-19 emergency funding, which ended in March of 2022. After a year of advocacy with the Ministry of Health (MOH) by the Mayor's Office, staff and partners, a two-year funding commitment was made by the Province in 2022.

From 2022 to 2024, the ICH operations were largely funded by the two-year annual \$2.3M contribution from the Ministry of Health, the \$500,000 annual contribution from the City of Kingston and the \$250,000 annual contribution from the United Way - KFL&A. During this period, AMHS-KFLA took on the role of lead agency representing the ICH Consortium on these funding agreements. AMHS-KFLA also took over the lease at 661 Montreal Street, which had previously been held by the City of Kingston. At that time, the City's role in the operations of the ICH evolved to become a financial and operational partner with a focus on homelessness reduction deliverables.

Since 2022, the City has continued to make an annual \$500,000 funding contribution to support the rest zone shelter services at the ICH. In 2023, the AMHS-KFLA/ICH Consortium submitted a proposal to the MOH to request ongoing baseline operational funding for the ICH. In July of 2024 the MOH, through Ontario Health East, confirmed base (permanent) funding for the ICH of \$2,300,000 annually for the ICH services delivered by AMHS-KFLA.

On April 10, 2026, the province announced that Kingston would receive a HART Hub. This included direction to AMHS-KFLA to begin developing a HART Hub model and to commence planning to transition the ICH to a HART Hub following the CTS closure on September 30, 2026. The HART Hub will start operations on October 1, 2026 with associated ICH services transitioning to the new HART model and continuing to be offered out of 661 Montreal Street, the current location of the ICH.

It is important to note that the ICH has always been separately funded and operationally distinct from the currently co-located CTS. The CTS was fully funded by the provincial government and is managed by Kingston Community Health Centres (KCHC). The two services have been co-located since the establishment of the ICH. The City has never provided financial support to the CTS.

Analysis**ICH Services and Operations April 1, 2025 - Present**

Following the tragic incident which took place near the ICH on September 12, 2024, the ICH site was temporarily closed and then proceeded through a phased reopen, with Access and Support Centre services reopening first in mid November 2024, and the rest area shelter services

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resuming on January 6, 2025. Since reopening, the ICH has continued to operate as a coordinated, low barrier stabilization model that supports individuals experiencing homelessness, substance use, and complex health and social needs. The model has continued to integrate community health, housing and mental health partners, along with municipal services to reduce service gaps and improve stability outcomes.

Overnight Rest Zone

Over the last year, ICH has continued to operate the City funded overnight Rest Zone that provides 24 beds, with the ability to accommodate up to 28 individuals. When capacity is reached, staff coordinate access to alternate shelter options to maintain continuity of care. The Rest Zone offers immediate, low barrier shelter while reinforcing expectations around engagement and supporting connection to services and care planning. These beds are a crucial part of the City's emergency housing/shelter system and staff are recommending through this report that Council continue to fund these shelter beds over the course of the next year as the ICH transitions into a HART Hub model.

ICH Community Engagement Committee Update

A requirement of Council (through a motion at the October 15, 2024, Council meeting) for the continuation of Rest Zone funding was that the ICH form a Community Engagement Committee. This committee was established in the Spring of 2025 and has continued to meet regularly in the time since.

The ICH Community Engagement Committee provides a structured and collaborative forum to support ongoing communication and problem solving between the ICH and the surrounding neighbourhood. The committee serves several key functions, including:

- Coordinated dialogue among stakeholders;
- Shared problem solving on emerging community issues;
- Early identification of trends or concerns requiring attention; and
- Transparent communication related to ICH operations and neighbourhood impacts.

Membership includes the District Councillor and representation from service providers, municipal staff, police services, community agencies, local residents and a former ICH client whose lived experience contributes valuable insight to committee discussions.

ICH Lease Agreement and Future Operations

AMHS-KFLA has confirmed that the ICH lease for the property at 661 Montreal Street has been extended to March 31, 2027, at a minimum. AMHS-KFLA is actively engaged with a commercial real estate firm to identify a suitable long-term site for HART Hub operations.

The intent is to locate a site that can provide a stable long-term location for services. The City funded overnight rest zone shelter services would continue to be offered as part of the HART Hub operations and the \$500,000 in funding recommended for approval through this report will

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support these operations until the end of March 2027. As mentioned earlier in this report, these shelter services are not funded through the current Ministry of Health's base funding for ICH operations nor are they included in the future HART Hub funding. Without the City's continuing investment, the 24 beds with the capacity of 28 individual each night would close, removing critical low-barrier shelter capacity from the system.

City staff are in close communication with AMHS-KFLA regarding their relocation intents and are hopeful that shelter bed operations will be able to continue at any new location. Staff will return to Council with updates as the HART Hub transition planning moves forward and will continue to advise on any considerations needed to secure these beds, or to plan for any relocation of these services.

Updates on Council May 5, 2026, Council Motion

At the May 5, 2026, Council meeting, Council passed a motion directing:

1. Staff to work with Kingston Community Health Centres, Trellis HIV & Community Care, Addiction & Mental Health Services, Home Base Housing, Southeast Public Health, other Integrated Care Hub (ICH) consortium partners, and other community groups to share information with the public about harm reduction services and where these supports can be accessed following the closure of the Consumption and Treatment Services (CTS).
2. The Chief Administrative Officer to report back to Council on the implications of the provincial CTS closure for the ICH lease, ICH programming, and the City's \$500,000 annual shelter bed contribution.
3. The City Solicitor, in consultation with the Mayor and the Chief Administrative Officer, to formally assess whether a declaration of emergency under Section 4 of the Emergency Management and Civil Protection Act is warranted given the documented interlocking policy gap created by provincial defunding and federal program ineligibility, and to report that assessment to Council no later than end of Q3 2026.
4. \$350,000 as one-time funding from the Working Fund Reserve to support new proposals from new community groups that introduce pilot projects to reduce harm to the public at potentially lower cost to the City and that staff develop a process with partner expertise for the allocation of funds.
5. Staff to request that Kingston Community Health Centre collect all Consumption Treatment Services and harm reduction information and data and report back to Council.

Updates on each of these directions follow below.

Direction 1: Communication on Harm Reduction Services/Supports Following CTS Closure

Since May 5, 2026 City Staff have joined the 'HART Hub and CTS Closure Partner Planning Group Meetings' where health agencies and consortium partners are present and focusing on the impacts of the CTS closure and providing input and affirming partnerships in support of the AMHS-KFLA transition planning for HART Hub operations. In addition, staff are also at several

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sector tables where the closure of the CTS is being anticipated and communication needs and next steps to address gaps and service disruptions considered. Staff also recently attended the Ontario Municipal Social Services Association (OMSSA) meetings where the impacts of CTS closure and the opening of new HART Hub sites were discussed and communications approaches shared. Staff will continue to participate and work with community agencies, groups and partners to support communications planning and advance information sharing with the public about Harm Reduction Services and where these supports can be accessed following the closure of CTS on September 30, 2026.

Direction 2: Implications of CTS Closure on ICH Lease, Programming and Shelter Operations

The earlier sections of this report speak to the impact of the CTS closure on the Rest Zone/Shelter Bed continuance. In short, there is no impact to rest zone/shelter beds, and these services will continue over the annual municipal funding term, which concludes at the end of March 2027. As discussed earlier, staff are following closely AMHS-KFLA's efforts to secure a new location for HART Hub/prior ICH services and will return to Council with updates and recommendations as things move forward.

The impacts on the closure of CTS services/end of CTS funding on the lease obligations held by AMHS-KFLA are understood to amount to approximately \$70,000 annually. CTS will continue to contribute to the lease at 661 Montreal Street until the services end on September 30, 2026. This leaves approximately 6 months of lease obligation to be absorbed by AMHS-KFLA. In addition to the loss of funding to support the lease obligation, AMHS-KFLA is likely to need to take on additional costs associated with the reintegration of the former CTS held spaces.

AMHS-KFLA has committed to exploring the use of transition funding and new HART funding to cover these costs and would only look to the City for assistance if all other funding options have been exhausted. For this reason, staff are recommending that Council have an allocation of up to \$70,000, to be funded from the Housing and Homelessness Reserve to support these additional costs. This funding would be issued on approved expenses arising as a direct result of the loss of CTS funding for facility based operating expenses.

In terms of ICH programming, AMHS-KFLA has confirmed that following the closure of CTS, the ICH site as a HART Hub will continue to offer 24/7 programming in the form of a drop in and group services and will continue to serve as an access point for other specialized health and social services.

On site access to washroom facility, showers, meals and rest spaces will continue and be maintained within a low barrier, secure setting. These services/programs are consistent with the current ICH drop in programming and will continue to facilitate access and referrals to primary care and other community services.

The sites embedded partnerships will continue to enhance coordinated access to housing, health and clinical services. AMHS-KFLA will operate out of 661 Montreal Street until March 31,

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2027 with the site functioning as a central access point, facilitating warm handoffs to clinical and housing programs and improving navigation across the broader system of care.

Key operational strengths of the ICH model will continue:

- Integrated safety and care delivery by Mental Health and Addictions Clinicians
- Clear capacity and flow management
- Structured engagement programming
- On-site clinical and housing partnerships
- Transportation supports enabling access to services

Direction 3: Assessment Whether Declaration of Emergency is Warranted

In response to the announced closure of Consumption and Treatment Services at the ICH, Council passed a motion (on May 5, 2026) directing the City Solicitor, in consultation with the Mayor and Chief Administrative Officer, to formally assess whether a declaration of emergency under section 4 of the *Emergency Management and Civil Protection Act* (the “Act”) is warranted given the documented interlocking policy gap created by provincial defunding and federal program ineligibility. The motion also directed the City Solicitor to report that assessment to Council no later than end of Q3 2026.

The City Solicitor is reporting that assessment to Council through this report.

The *Act* grants the Mayor wide discretion whether to declare that an emergency exists. However, a declaration of emergency is subject to the authority of the Premier to, at any time, declare that an emergency has terminated.

A Mayor’s declaration of emergency under the *Act* triggers the municipality’s emergency plan. Generally, the City’s emergency plan authorizes staff to direct City resources to respond to the emergency. It also authorizes staff to request assistance from the provincial or federal governments (or both).

The City Solicitor has consulted with the Mayor and the Chief Administrative Officer. Following that consultation, the City Solicitor’s assessment follows.

Even if the Mayor declares an emergency under the *Act*, the City lacks the resources necessary to respond to the situation caused by the closure of Consumption and Treatment Services at the ICH. Further, the federal and provincial governments are unlikely to provide the required assistance. Indeed, the Premier may well exercise his authority to quickly declare that the emergency has terminated. A declaration of emergency is unlikely to significantly reduce the severity of the situation and accordingly is not warranted.

Direction 4: Pilot Project Funding

Since May 5, 2026, staff been working on drafting the pilot project funding framework. This has involved discussing service needs and gaps that are expected to arise from CTS closure with

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partner agencies with expertise in providing harm reduction, addiction and mental health, health care and homelessness support(s). Staff are also engaging with agencies and organizations who have experienced CTS closure in their communities to understand what impacts they experienced amongst people who could no longer access these services but also in and around their communities more generally. In keeping with the motion direction, a focus has been on understanding what areas of need or opportunity arose where innovative programs could have assisted in reducing harm to the public.

Staff are also exploring the opportunity to have an arms length agency lead submission review and make funding recommendations. The review panel approach could also formalize the motion's direction to include partner expertise in determining the allocation of funds. Once the funding framework and application process is confirmed, more information will be shared with Council and the community and a call for submissions will be issued. Given the timing of the CTS closure, the aim is to have funds awarded by mid September at latest.

Direction 5: Request for CTS/Harm Reduction Reporting Kingston Community Health Centres

As per the direction of Council, staff requested that ICH/CTS partners share Consumption Treatment Services information and data related to consumption and treatment services that staff could report back to Council. To date, staff have received reporting on the CTS services offered as part of the ICH over the 2025 operating period. This data is included as Exhibit A to this report. Staff will continue to share reporting with Council as it is made available and through future Council reports on the CTS closure and HART Hub transition.

Financial Considerations:

Funding of \$500,000 to support the 2026 ICH operations has been included in the 2026 operating budget of the Housing & Social Services Department. The additional one-time contribution of up to \$70,000 to help AMHS-KFLA offset increased facility and rental costs associated with the closure of CTS services at 661 Montreal Street would be funded from the Housing and Homelessness Reserve.

Contacts:

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Jayne Hartley, Director, Housing & Social Services, 613-546-4291 extension 4871

Other City of Kingston Staff Consulted:

Julie Lambert, Manager, Homelessness Services, Housing & Social Services

Exhibits Attached:

Exhibit A ICH/CTS Consortium Service Data, April through December 2025

Table 1: Snapshot of Service Volume Statistics from April 2025 to December 31, 2025, Maintained by the Consortium of Partners

Integrated Care Hub Consortium Activity Report December 2025					
Organization Activity		Fiscal Year Actuals		Fiscal Year 2025-26	
		2023-24	2024-25	YTD December	Projection
AMHS - ICH Services	Unique Individuals Served	470	476	438	438
	Showers	5,110	3,411	3,681	4,908
	Meals Provided - LH	38,535	26,698	20,912	27,883
	CA Intakes/Reactivations	45	12	9	11
	ER Diversions	947	77	28	42
	ICH Intakes	N/A	102	124	124
	Rest Spaces Used Per Month	21,193	11,036	6,546	8,728
	Drop In Services - # of Participants	24,779	17,513	16,317	19,250
	New enrollments - # of Participants	290	263	205	292
KCHC Services CTS	Unique Individuals	211	280	246	246
	Visits	18824	21,953	18,582	24,776
	Overdose Events Non-Fatal	252	140	119	179
	Consumptions: Avg. Per Month	1,253	1,310	1,391	
Other AMHS Programs	Unique Individuals	268	247	131	944
	Contacts	2,228	2,239	2,084	2,672
Home-Base	Housing First Clients on case load	19	22	60	60

Table 2: Integrated Care Hub and EMH Services April 2025– December 2025

Activity	2023-24 YTD	2024-25 YTD	2025-26 YTD
Reaching Home Reports			
Unique Individuals Served	456	476	438
Rest Spaces Used Per Month	6,618	11,036	6,546
Showers	5,110	3,411	3,681
Meals Provided - LH	38,597	26,698	20,912
CA Intakes/Reactivations	45	12	15
ER Diversions	947	77	28
Police Diversions	574	48	-
Drug Poisoning	221	93	41
Post Consumption Care (Heavy Nod)	3,513	1,624	204
ICH Intakes		102	124
EMHware Data			
Day Bed Stay - # of Participants	7,606	2,792	2
Drop In - Services - # of Participants	24,779	19,709	16,317
Drop in Overnight - # of Participants	4,574	2,199	8
Overnight Bed Stay - # of Participants	10,444	6,045	6,536
New enrollments - # of Participants	290	263	205
Youth (16-24)	178	287	143
Adult (25-54)	2,331	2,964	2,055
Adult (55-64)	355	455	301
Senior (65+)	89	87	130
Male	1,921	2,252	1,529
Female	1,085	1,433	1,044
Gender Non-conforming/Trans	73	39	26
Do not know			
AMHS Case Management Referrals	64	20	-
AMHS Criminal Justice and Support Referrals	27	0	1
AMHS Addictions Referrals	N/A	7	9