

**AGENDA**  
**A meeting of the Council of the Corporation**  
**of the Town of Northeastern Manitoulin and the Islands**  
**to be held on Tuesday, June 2, 2026**  
**at 7:00pm**

- 1. Call to Order**
- 2. Approval of Agenda**
- 3. Disclosure of Pecuniary Interest & General Nature Thereof**
- 4. Minutes of Previous Meeting**
  - i. Confirming By-law 2026-25
- 5. New Business**
  - i. Request for Road Closure – Townline and Limekiln
  - ii. Request for Donation – Manitoulin Family Resources
  - iii. Request for Encroachment – 33 Vankoughnet Street East
  - iv. Request for Sea container – 2422A Rockville Road.
  - v. Funding Application Support
  - vi. Motion of Support – Increase to Provincial Health Care Spending
- 6. Minutes and Reports**
  - i. OPP - First quarter report
  - ii. DSSAB – First quarter report
- 7. Adjournment**

**THE CORPORATION OF THE TOWN OF  
NORTHEASTERN MANITOULIN AND THE ISLANDS**

**BY-LAW NO. 2026-25**

Being a by-law of the Corporation of the Town of Northeastern Manitoulin and the Islands to adopt the minutes of Council for the term commencing November 15, 2022 and authorizing the taking of any action authorized therein and thereby.

WHEREAS the Municipal Act, S.O. 2001, c. 25. s. 5 (3) requires a Municipal Council to exercise its powers by by-law, except where otherwise provided;

AND WHEREAS in many cases, action which is taken or authorized to be taken by a Council or a Committee of Council does not lend itself to an individual by-law;

NOW THEREFORE THE COUNCIL OF THE CORPORATION OF THE TOWN OF NORTHEASTERN MANITOULIN AND THE ISLANDS ENACTS AS FOLLOWS:

1. THAT the minutes of the meetings of the Council of the Corporation of the Town of Northeastern Manitoulin and the Islands for the term commencing November 15, 2022

May 19, 2026

May 21, 2026

are hereby adopted.

2. THAT the taking of any action authorized in or by the minutes mentioned in Section 1 hereof and the exercise of any powers by the Council or Committees by the said minutes are hereby ratified, authorized and confirmed.
3. THAT, where no individual by-law has been or is passed with respect to the taking of any action authorized in or by the minutes mentioned in Section 1 hereof or with respect to the exercise of any powers by the Council or Committees in the above-mentioned minutes, then this by-law shall be deemed for all purposes to be the by-law required for approving and authorizing the taking of any action authorized therein or thereby or required for the exercise of any power therein by the Council or Committees.
4. THAT the Mayor and proper Officers of the Corporation of the Town of Northeastern Manitoulin and the Islands are hereby authorized and directed to do all things necessary to give effect to the recommendations, motions, resolutions, reports, action and other decisions of the Council or Committees as evidenced by the above-mentioned minutes in Section 1 and the Mayor and Clerk are hereby authorized and directed to execute all necessary documents in the name of the Corporation of the Town of Northeastern Manitoulin and the Islands and to affix the seal of the Corporation thereto.

READ A FIRST, SECOND AND THIRD TIME AND FINALLY PASSED THIS  
2nd day of June 2026

\_\_\_\_\_  
Al MacNevin

\_\_\_\_\_  
Mayor

\_\_\_\_\_  
Pam Myers

\_\_\_\_\_  
Clerk

**The Corporation of the Town of Northeastern Manitoulin and the Islands**  
**Minutes of a meeting of Council held Tuesday, May 19, 2026**  
**at 7:00p.m.**

**PRESENT:** Mayor Al MacNevin, Councillors: Patti Aelick, Al Boyd, Laurie Cook, George Williamson, Dawn Orr, Bruce Wood and William Koehler

**ABSENT:** Councillor Mike Erskine

**STAFF PRESENT:** David Williamson, CAO  
Pam Myers, Clerk

Mayor MacNevin called the meeting to order at 7:00 p.m.

**Resolution No. 113-05-2026**

Moved by: L. Cook

Seconded by: A. Boyd

RESOLVED THAT the Council of the Corporation of the Town of Northeastern Manitoulin and the Islands approves the agenda.

Carried

**Resolution No. 114-05-2026**

Moved by: P. Aelick

Seconded by: B. Wood

RESOLVED THAT the Council of the Corporation of the Town of Northeastern Manitoulin and the Islands now reads a first, second and third time and finally passes By-law 2026-23 being a by-law to adopt the minutes of Council for the term commencing November 15, 2022 and authorizing the taking of any action therein and thereby.

Carried

**Resolution No. 115-05-2026**

Moved by: B. Wood

Seconded by: M. Erskine

RESOLVED THAT the Council of the Corporation of the Town of Northeastern Manitoulin and the Islands now reads a first, second and third time and finally passes By-law 2026-24 being a by-law to authorize the Mayor and CAO to enter into an agreement with NOHFC.

Carried

**Resolution No. 116-05-2026**

Moved by: B. Wood

Seconded by: W. Koehler

RESOLVED THAT the Council of the Corporation of the Town of Northeastern Manitoulin and the Islands accepts the tender for Blake St. Water and Sewer Replacement project as presented by Deep Construction in the amount of \$ 2 298 582.30 plus HST.

Carried

**Resolution No. 117-05-2026**

Moved by: L. Cook

Seconded by: P. Aelick

RESOLVED THAT the Council of the Corporation of the Town of Northeastern Manitoulin and the Islands accepts the tender submission by Semple Gooder for the Library roof project in the amount of \$79 500.00 plus HST and FURTHERMORE authorizes the withdrawal of the funds from the Working Capital Reserve to fund the project.

Carried

**Resolution No. 118-05-2026**

Moved by: B. Wood

Seconded by: D. Orr

RESOLVED THAT the Council of the Corporation of the Town of Northeastern Manitoulin and the Islands authorizes Kelly Sinclair of 2426 Bay Estates Road North to apply sand to the shoreline road allowance in front of her property with the permission of the MNR and under the supervision of the Manager of Public Works.

Carried

**Resolution No. 119-05-2026**

Moved by: D. Orr

Seconded by: G. Williamson

RESOLVED THAT the Council of the Corporation of the Town of Northeastern Manitoulin and the Islands proceeds In Camera in order to address a matter pertaining to personal matters about an identifiable individual, including municipal or local employees, a proposed or pending disposition of acquisition of land for municipal or local board purposes, litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board.

Carried

**The Corporation of the Town of Northeastern Manitoulin and the Islands  
Minutes of Council**

**Page 2**

**Resolution No. 120-05-2026**

Moved by: G. Williamson

Seconded by: P. Aelick

RESOLVED THAT the Council of the Corporation of the Town of Northeastern Manitoulin and the Islands hereby approves the cancellation of the license of occupation number 6980 as administered by the MNR and currently held by the Town of Little Current, Town of Northeastern Manitoulin and the Islands.

Carried

**Resolution No. 121-05-2026**

Moved by: B. Wood

Seconded by: D. Orr

RESOLVED THAT the Council of the Corporation of the Town of Northeastern Manitoulin and the Islands does now adjourn at 7:46 pm.

Carried

\_\_\_\_\_  
Al MacNevin            Mayor

\_\_\_\_\_  
Pam Myers            Clerk

**The Corporation of the Town of Northeastern Manitoulin and the Islands**  
**Minutes of a meeting of Council held Thursday, May 21, 2026**  
**at 7:00p.m.**

**PRESENT:** Mayor Al MacNevin, Councillors: Patti Aelick, Al Boyd, Laurie Cook, George Williamson, Dawn Orr, Bruce Wood, Mike Erskine and William Koehler

**STAFF PRESENT:** David Williamson, CAO  
Pam Myers, Clerk

Mayor MacNevin called the meeting to order at 7:00 p.m.

**Resolution No. 122-05-2026**

Moved by: B. Wood

Seconded by: M. Erskine

RESOLVED THAT the Council of the Corporation of the Town of Northeastern Manitoulin and the Islands approves the agenda.

Carried

**Resolution No. 123-05-2026**

Moved by: M. Erskine

Seconded by: A. Boyd

RESOLVED THAT the Council of the Corporation of the Town of Northeastern Manitoulin and the Islands accepts the tender as submitted by Miller Paving in the amount of \$532 029.31.

Carried

**Resolution No. 124-05-2026**

Moved by: M. Erskine

Seconded by: D. Orr

RESOLVED THAT the Council of the Corporation of the Town of Northeastern Manitoulin and the Islands reads a first, second and third time and finally passes by-law 2015-32 as amended being a by-law to regulate traffic and parking into the Town.

Carried

**Resolution No. 125-05-2026**

Moved by: W. Koehler

Seconded by: D. Orr

RESOLVED THAT the Council of the Corporation of the Town of Northeastern Manitoulin and the Islands does now adjourn at 7:32 pm.

Carried

\_\_\_\_\_  
Al MacNevin Mayor

\_\_\_\_\_  
Pam Myers Clerk

## REQUEST FOR TEMPORARY ROAD CLOSURE TO FACILITATE CONSTRUCTION

Staff are requesting permission for the closure of Townline and Limekiln Road that would extend from 7:00 a.m. to 7p.m. from June 8<sup>th</sup> to 19<sup>th</sup>. The road would be open every night and on weekends.

The road would be closed from the corner of Green Bay Road and Townline to the corner of Bidwell Road and Limekiln Road. The five homeowners within the closed area would be permitted travel up to their residences throughout the closure period but will experience some delays based on construction activities (gravel trucks, grading, etc.). Through traffic would not be permitted.

This closure is necessary to complete a 2.8 kilometer grade raise on the closed portion of the road taking into consideration public safety, construction delays, and manpower requirements. There is an alternate route available for traffic that would prove more efficient for the travelling public than the potential wait times for vehicles if the 2.8 kilometer section of the road is not closed.

If Council approves this request, the affected homeowners will receive hand delivered notices of the closure and the general public will be notified through Alerttable, social media and the appropriate traffic control measures on site.

**Fw: Space**

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**From** Town of NEMI Info <info@townofnemi.on.ca>  
**Date** Wed 2026-05-27 9:12 AM  
**To** Dave Williamson <DWilliamson@townofnemi.on.ca>

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**From:** Martha Boyle <mboyle@mfresources.net>  
**Sent:** Tuesday, May 26, 2026 1:50 PM  
**To:** Town of NEMI Info <info@townofnemi.on.ca>  
**Subject:** Space

Hello,

I hope you are doing well.

I am writing on behalf of Manitoulin Family Resources to inquire about the possibility of using community space at no cost for our summer programming. We are planning to provide support for women experiencing domestic violence during June, July, and August, and are looking for space 1–2 days per week.

These sessions are focused on creating a safe, supportive, and confidential environment for women in our community. Having access to a consistent and welcoming space would make a meaningful difference in our ability to offer this support while our shelter is being fixed from the recent floods.

We are committed to respecting all guidelines related to the use of the space and would be happy to coordinate scheduling and discuss any expectations you may have.

We sincerely appreciate your consideration and would welcome the opportunity to connect further.

Thank you for your time and support.

Warm regards,  
**Martha Boyle**

Martha Boyle  
Director of VAWP  
Manitoulin Family Resources  
705-368-6198  
[mboyle@mfresources.net](mailto:mboyle@mfresources.net) | [www.mfresources.net](http://www.mfresources.net)

**24 HOURS CRISIS LINE 705-377-5160 | 1-800-465-6788**

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**Fwd: Vankoughnet parking -Subway Little Current**

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**From** Subway Little Current <subway74711@gmail.com>

**Date** Wed 2026-05-27 2:44 PM

**To** Dave Williamson <DWilliamson@townofnemi.on.ca>

**Cc** gkeatley@dorlandgeomatics.ca <gkeatley@dorlandgeomatics.ca>; James Dorland <jdorland@dorlandgeomatics.ca>; Mohamed Elsanabary, Ph.D, P.Eng <mohamed.elsanabary@ineng.ca>; Alan Palaganas, P.Eng <alan.palaganas@ineng.ca>

 1 attachment (29 KB)

Vankoughnet St parking.pdf;

To the Mayor and The council,

I am forwarding the email that Gord Keatley from Dorland Geomatics send me that has the information about how much space do we need from the City area to extend our parking space at 33 Vankoughnet St E, Little Current, ON P0P 1K0.

I request you if you could allow us and give permit to use the NEMI property area that is on the South side of the Vankoughnet Street for building the parking space where the customers are currently parking.

Thank you,  
Digesha Patel

----- Forwarded message -----

**From:** **Gord Keatley** <[gkeatley@dorlandgeomatics.ca](mailto:gkeatley@dorlandgeomatics.ca)>

**Date:** Tue, May 26, 2026 at 4:41 PM

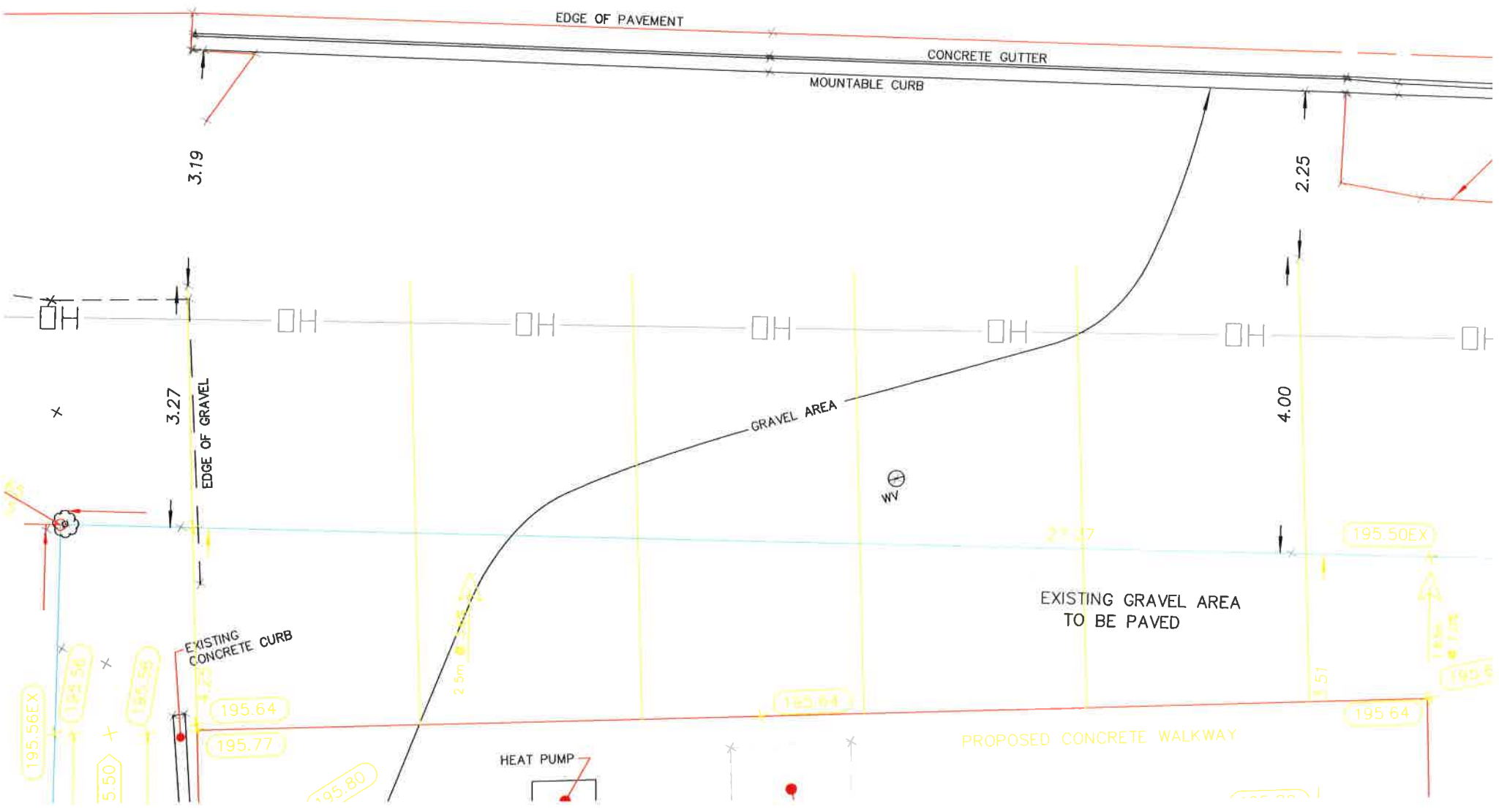
**Subject:** Vankoughnet parking

**To:** Subway Little Current <[subway74711@gmail.com](mailto:subway74711@gmail.com)>

Hello Digesha,

Regarding your inquiry about how much room there is on the Vankoughnet St. side of the building to present to the CAO, I did some quick calculations; full 6 metre long parking spaces would be on NEMI property by 4 metres for the worst one. The end of that spot would be clear of the curb by 2.25 metres. It is a mountable curb in that area so NEMI, maybe back when it was the Town of Little Current, installed the curb and gutter for people to be able to drive in and presumably park as that was the store front when the street would have been done.

Most vehicles are less than 6 metres long.



**From:** Darren Clarke <uavpilot2016@outlook.com>  
**Sent:** May 21, 2026 7:21 PM  
**To:** Rick Armstrong <rarmstrong@townofnemi.on.ca>  
**Cc:** Darren Clarke <uavpilot2016@outlook.com>  
**Subject:** 2422A Rockville Road - Container Request

Good Afternoon Mr. Armstrong.

Thank you for meeting us earlier today.

Requesting permission for our 20ft Sea Can Container on our property at 2422A Rockville Road NEMI.

It backs onto bush from our cottage.

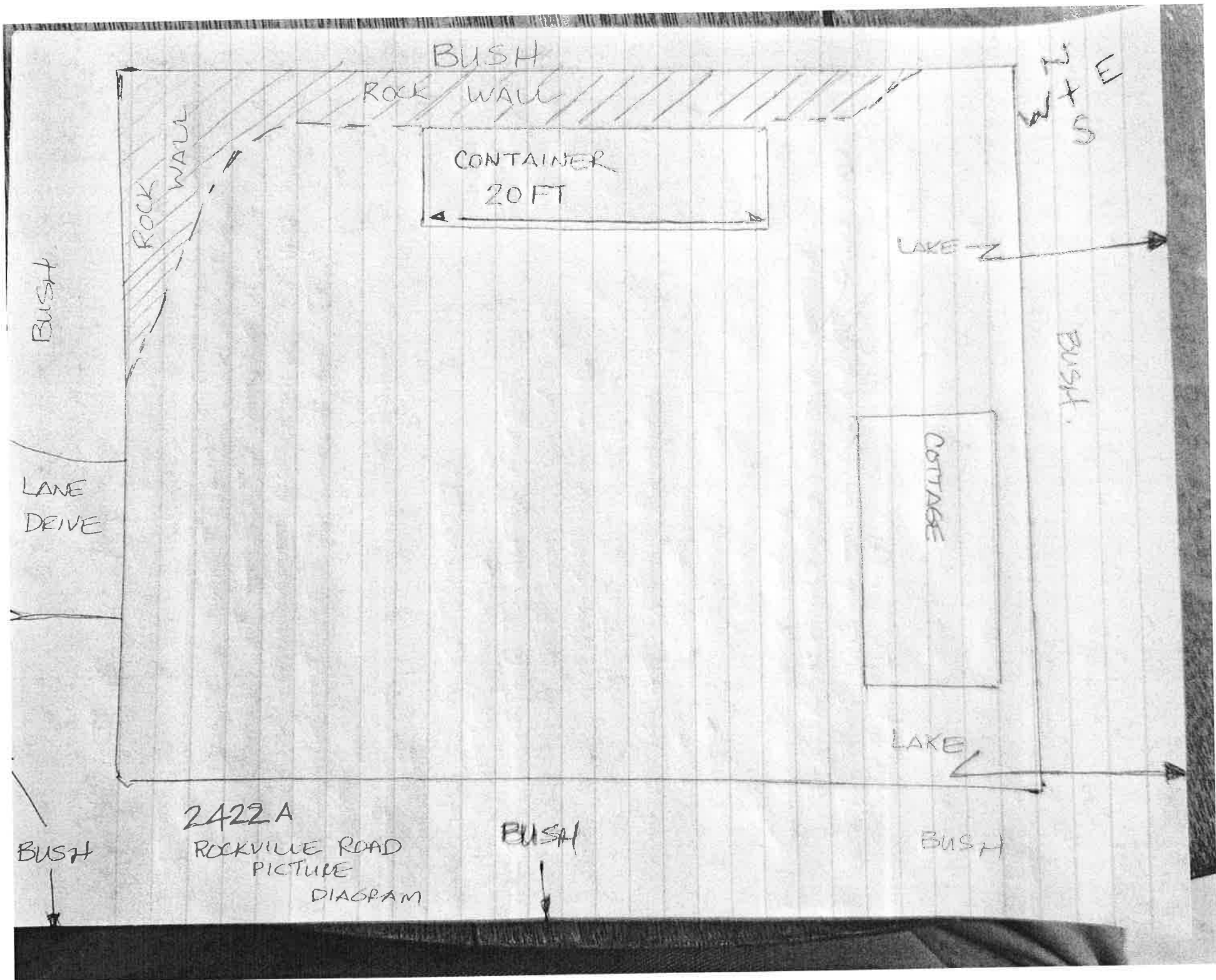
Please see attached diagram.

If you require anything more - feel free to reach out to me at any time.

All the best,  
Darren Clarke  
647 328 6648

Darren Clarke  
Mile High Aerial Imagery Incorporated  
Level 1 Complex RPAS Operator  
Chief Pilot - Clarion Drone Academy

647 328 6648  
[uavpilot2016@outlook.com](mailto:uavpilot2016@outlook.com)  
<https://milehigh.pb.studio>



BUSH  
ROCK WALL

CONTAINER  
20 FT

N  
W  
S  
E

LAKE

BUSH

COTTAGE

LAKE

BUSH

BUSH

2422 A  
ROCKVILLE ROAD  
PICTURE  
DIAGRAM

BUSH

LANE  
DRIVE

BUSH

ROCK  
WALL

**THE CORPORATION OF THE TOWN OF  
NORTHEASTERN MANITOULIN AND THE ISLANDS  
MEETING OF COUNCIL**

MOVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

SECONDED BY: \_\_\_\_\_

MOTION NO. \_\_\_\_\_

RESOLVED THAT the Council of the Corporation of the Town of Northeastern Manitoulin and the Islands supports the NOHFC grant application to make extensive improvements to the “Wallys” building under the title Little Current Waterfront Improvement Project and FURTHERMORE commits to make a cash contribution in the amount of \$166 000.00 towards the total project costs of \$1 525 000.00 as well as any cost overruns that may occur. The funds to cover this project have been set up and accounted for in the 2026 Capital Budget and FURTHERMORE authorizes the Mayor and CAO to enter into an agreement with NOHFC for funding once approved.

**CARRIED** \_\_\_\_\_

**DEFEATED** \_\_\_\_\_

**DEFERRED**

\_\_\_\_\_  
**MAYOR’S SIGNATURE**

**Division Vote**

	For	Against		For	Against
Councillor Aelick	___	___	Councillor Orr	___	___
Councillor Boyd	___	___	Councillor Wood	___	___
Councillor Cook	___	___	Councillor Williamson	___	___
Councillor Erskine	___	___	Mayor MacNevin	___	___
Councillor Koehler	___	___			

**Disclosure of Pecuniary Interest**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**Disclosed his/her (their) interest(s), abstained from discussion and did not vote on this question.**

CLERK: \_\_\_\_\_

## MOTION TO INCREASE PROVINCIAL HEALTH CARE SPENDING

Whereas the Canadian Center for Policy Alternatives (CCPA) has conducted research which unequivocally identifies that Ontario Hospitals are underfunded by the Government of Ontario;

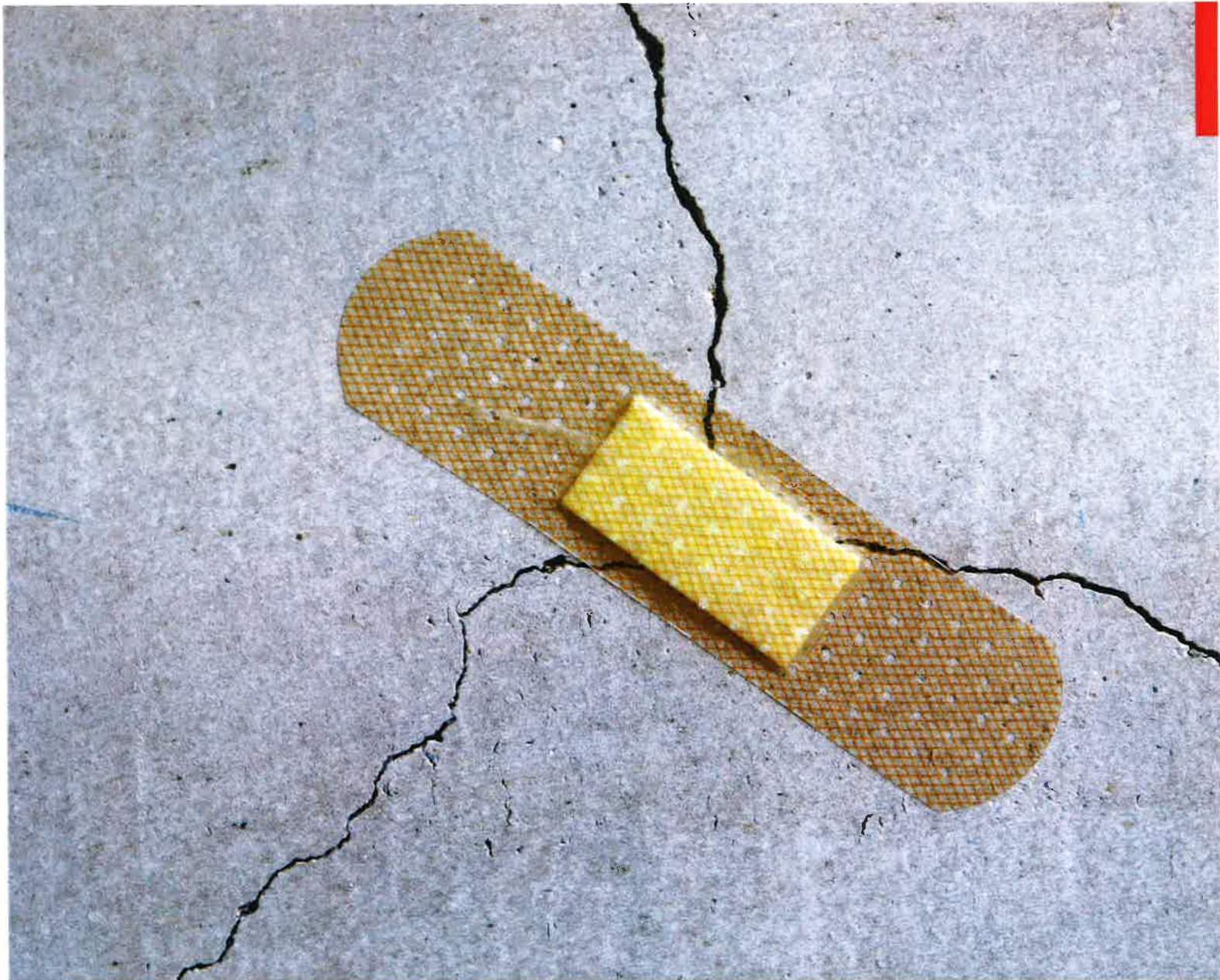
And Whereas the CCPA study, Failure by Design, clearly identifies that smaller and rural hospitals are disproportionately disadvantaged by the underfunding;

And Whereas as a direct result of the underfunding Emergency Department wait times for an initial physician assessment have increased to 4.5 hours in 2024 – 2025 from 2.7 hours in 2020 – 2021;

And Whereas 90 percent of patients spend on average 44 hours in the emergency department waiting to be admitted when further care is required;

And Whereas the Provincial Government increased total health care spending from 7.4 percent of GDP in 2014 to only 7.6 percent of GDP by 2023, which did not keep pace with raising health care costs:

Therefore be it resolved that the Council for the Town of Northeastern Manitoulin and the Islands request that the Province of Ontario provide immediate and sustained funding to improve hospital finances and capacity, which as per the recommendations in the CCPA study, would require an immediate injection of \$3.2 billion supported by annual increases of 6% per year thereafter.



MAY 2026

# FAILURE, BY DESIGN

Ontario's deepening hospital funding crisis

Andrew Longhurst



CCPA  
CANADIAN CENTRE  
for POLICY ALTERNATIVES  
CENTRE CANADIEN  
de POLITIQUES ALTERNATIVES

## **Failure, by design**

Ontario's deepening hospital funding crisis

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# Summary

**T**he deepening Ontario hospital funding crisis is harming patients and communities. New analysis of Ontario's 136 hospitals shows that the majority of hospitals had operating deficits over the last three years. In 2024-25, 55 per cent of hospitals had deficits.

Geographical analysis of hospital deficits by region show that hospitals in northern and western regions of the province were more likely to be in deficit in 2024-25. In the LHIN regions of Erie St. Clair and Mississauga Halton, all hospitals were in deficit, followed by Hamilton Niagara Haldimand Brant (78 per cent), Waterloo Wellington (71 per cent), and the North East (63 per cent).

Costs in the hospital sector have been increasing by about six per cent per year due to population growth, aging, and inflation, according to the Ontario Hospital Association. However, the Ontario budget plans to increase total health care funding to by only 3.5 per cent in 2026-27 and 2.3 per cent in 2027-28.<sup>1</sup> These increases are insufficient to address the health care needs of the population.

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## Smaller and rural hospitals hardest hit

When analyzed by size of hospital, smaller hospitals with operating revenues under \$100 million disproportionately had deficits in 2024-25: Smaller hospitals made up 61 per cent of the hospitals in deficit but made up only 49 per cent of all Ontario hospitals (Figure 3). Meanwhile, larger hospitals with operating revenues over \$100 million made up 49 per cent of hospitals in deficit and accounted for 51 per cent of Ontario hospitals.

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## Hospital funding austerity harms patient care

Emergency department (ED) wait times are a canary in the coal mine for health care system performance. “Hallway medicine” occurs when patients have long waits in the ED, waiting to be admitted because there are no inpatient beds available. Two indicators demonstrate the risks to patient care:

- In 2020-21, 90 per cent of patients waited 2.7 hours in the emergency department for their initial physician assessment, which increased to 4.5 hours in 2024-25—an increase of 67 per cent.
- In 2020-21, 90 per cent of patients spent 29 hours in the emergency department while waiting to be admitted, which increased to 44 hours in 2024-25—an increase of 52 per cent.

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## Misleading claims by the Ontario government

The Ontario government is wrong when it claims that health care spending is “unsustainable.” The increase in total Ontario health care spending—from \$53.9 billion in 2014 to \$84.8 billion in 2023—appears large in absolute terms. However, as a share of the economy (measured as GDP), total health care spending was 7.4 per cent of GDP in 2014 and increased modestly to 7.6 per cent by 2023. These increases are sustainable over this time range and well within historical norms.

The Ontario government also suggests that the care economy is not the ‘real’ economy. These claims are used to justify underinvestment in health care and the devaluing of work in the care economy. In 2024, there were 1.4 million jobs in the care economy—representing one in five jobs in Ontario.

These ideas are harmful to workers as well as the patients and communities who depend on their skills and commitment. Between 2016 and 2025, the average wage for vacant hospital positions was seven per cent lower in 2024 than 2016, when adjusting for inflation. Over the same period, hospital job vacancies per 100,000 people increased by 101 per cent. Over the past decade, hospital funding austerity has contributed to ongoing and severe workforce recruitment and retention challenges.

# Recommendations

**B**ased on the findings of this report, the provincial government should implement an aggressive plan to address the hospital funding and capacity crisis:

**Provide immediate and sustained funding to improve hospital finances and capacity:** Hospital funding needs to increase by \$3.2 billion to put hospitals on stable footing. The province should provide six per cent annual increases to the hospital sector to account for population growth, aging, and inflation.

**Develop a provincial health workforce strategy and capital plan:** Unlike other health systems in Canada and internationally, the Ontario government does not have a provincial health workforce strategy and capital plan to ensure that physical infrastructure, bed capacity, and equipment planning align with workforce expansion.

# Introduction

In March, the Ontario Hospital Association warned that the hospital sector requires a cash infusion of \$2.7 billion to address the dire financial situation.<sup>2</sup> This report provides a three-year geographical analysis of the deepening hospital funding crisis in Ontario.

For this analysis, a custom CCPA dataset of the finances of 136 hospital corporations was created. Operating revenues, expenses, deficits, surpluses, and margins for all hospitals in Ontario were analyzed. In addition, this report draws on publicly available data from the Canadian Institute for Health Information (CIHI), the Ontario Financial Accountability Office (FAO), and Statistics Canada.

# Ontario hospital deficits and the harms to patient care

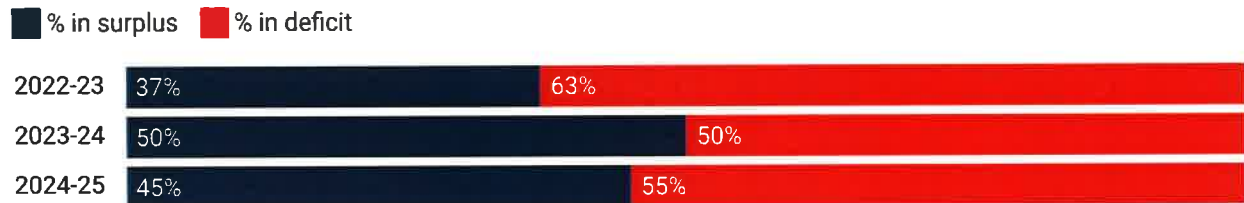
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## **The majority of Ontario hospitals had deficits over the last three years**

New analysis of Ontario's 136 hospitals shows that the majority of hospitals had deficits over the last three years. Operating deficits occur when expenses are greater than revenues. The largest source of revenue for Ontario hospitals is public funding from the Ministry of Health and Ontario Health. The largest expense for Ontario hospitals is staff compensation.

In the last fiscal year (2024-25), 55 per cent of public hospitals ran deficits. In 2023-24 and 2022-23, 50 per cent and 63 per cent of public hospitals had operating deficits (Figure 1). In absolute terms, London Health Sciences had the largest operating deficit of \$153 million in 2024-25.<sup>3</sup>

**Figure 1 / Share of Ontario hospitals in surplus or deficit, 2022-23 to 2024-25**



**Source** Author's calculations from Ontario hospital annual financial statements, 2022-23 to 2024-25, <https://www.ontario.ca/page/financial-statements-government-organizations-and-business-enterprises-2024-25#section-3>

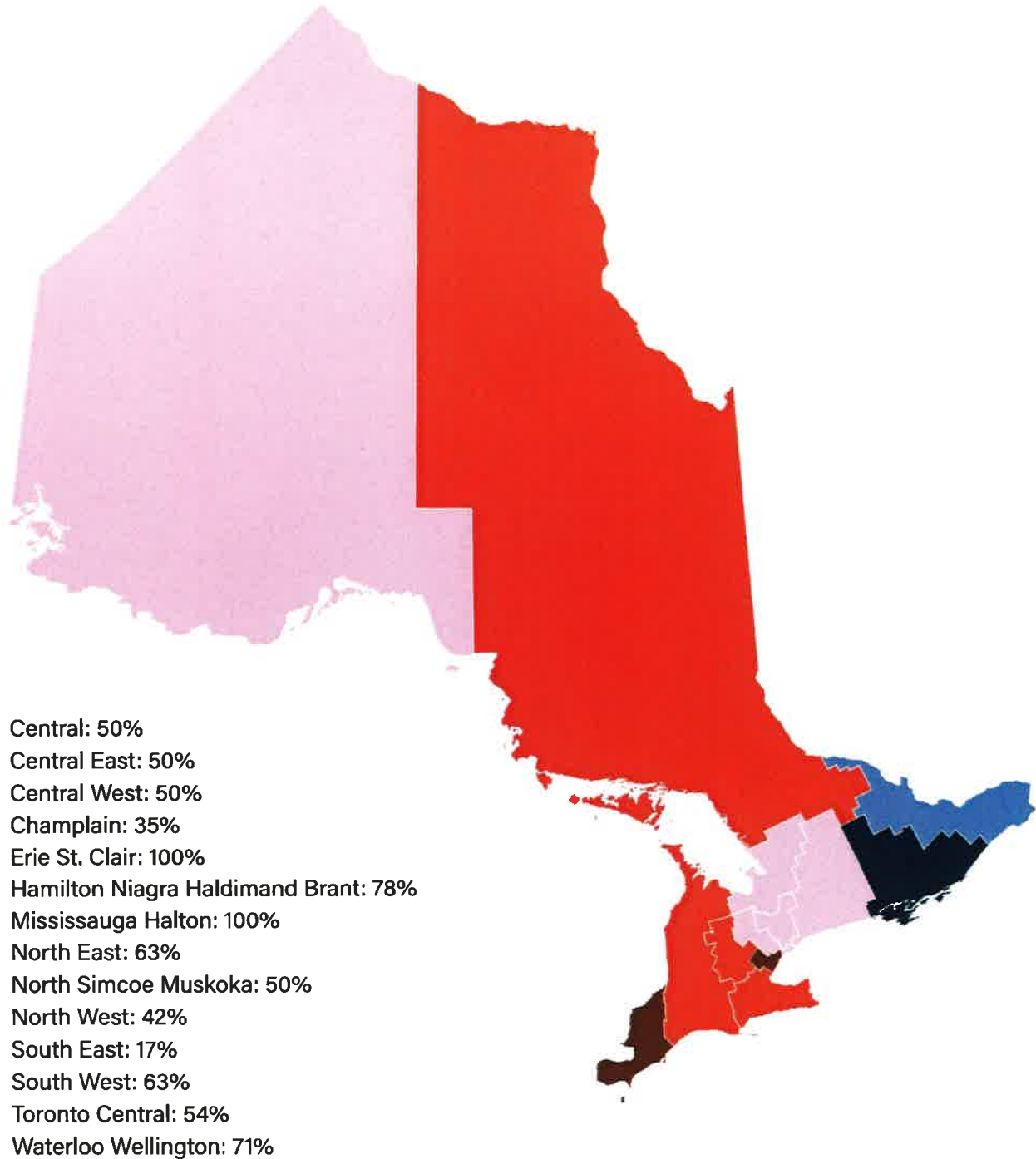
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## Hospitals in the northern and western regions more likely to be in deficit

Geographical analysis of hospital deficits by region show that hospitals in northern and western regions were more likely to be in deficit in 2024-25 (Figure 2). In Erie St. Clair and Mississauga Halton, all hospitals were in deficit, followed by Hamilton Niagara Haldimand Brant (78 per cent), Waterloo Wellington (71 per cent), and the North East (63 per cent).

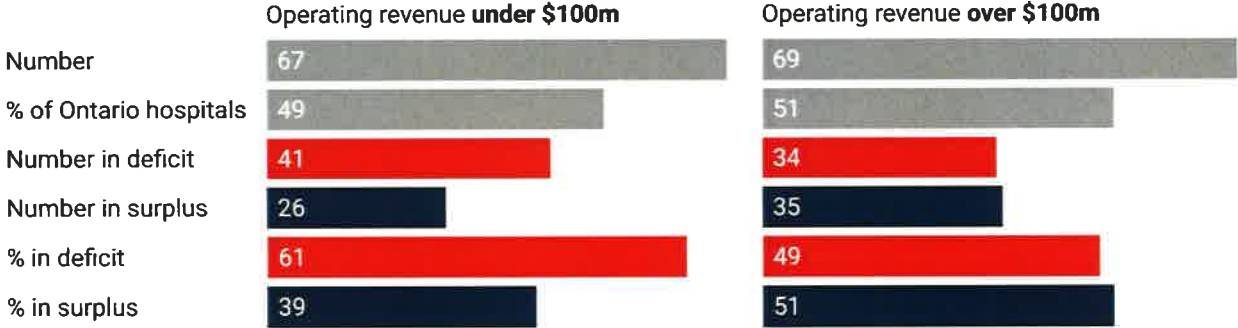
Figure 2 / Percentage of Ontario hospitals in deficit by region, 2024-25

■ <20% ■ 20-39% ■ 40-59% ■ 60-79% ■ >79%



Source Author's analysis of 136 Ontario hospital corporation financial statements, <https://www.ontario.ca/page/financial-statements-government-organizations-and-business-enterprises-2024-25>

**Figure 3 / Hospitals in deficit position by operating revenue, 2024-25**



**Source** Author's calculations from financial statements of individual hospital corporations, <https://www.ontario.ca/page/financial-statements-government-organizations-and-business-enterprises-2024-25#section-3>

### Smaller and rural hospitals are the hardest hit

While the hospital funding crisis affects all hospitals, analysis of financial data from the last three years shows that smaller and rural hospitals are among the hardest hit by provincial funding austerity (Figure 3).

When analyzed by size of hospital, smaller hospitals with operating revenues under \$100 million disproportionately had deficits in 2024-25: Smaller hospitals made up 61 per cent of the hospitals in deficit but made up only 49 per cent of all Ontario hospitals (Figure 3). Meanwhile, larger hospitals with operating revenues over \$100m made up 49 per cent of hospitals in deficit and accounted for 51 per cent of Ontario hospitals.

Smaller hospitals generally have fewer resources to draw upon than large urban hospital systems, including working capital, if they want to backstop shortfalls and maintain service levels.

### Hospital funding austerity harms patient care

Multiple important indicators suggest that hospital funding austerity is undermining care and putting patients at risk.

**Table 1 / Ontario emergency department wait time for physician initial assessment, 2020-21 to 2024-25**

**Hours spent for the 90th percentile of patients**

The 90th percentile represents the maximum length of time that 90% of patients waited for physician initial assessment

<b>Year</b>	<b>Hours</b>
2020-21	2.7
2021-22	3.7
2022-23	4.2
2023-24	4.4
2024-25	4.5
<b>% change, 2020-21 to 2024-25</b>	<b>67%</b>

Source: CIHI Your Health System, 2025 update, <https://www.cihi.ca/en/access-data-and-reports/indicator-library/download-indicator-data>

## **Emergency department wait times are on the rise**

Emergency department (ED) wait times are a canary in the coal mine for health system performance. EDs with long wait times and overcrowding signal that the overall health care system is struggling to meet patient demand for care. The causes are multifactorial. However, hospital capacity—including staffed beds—is a significant influence.

“Hallway medicine” occurs when patients have long waits in the ED, waiting to be admitted because there are no inpatient beds available. Although Ontario Health discontinued public reporting of its hallway medicine indicator, there were an average of 1,390 inpatients being treated in “unconventional spaces” in March 2024.<sup>4</sup>

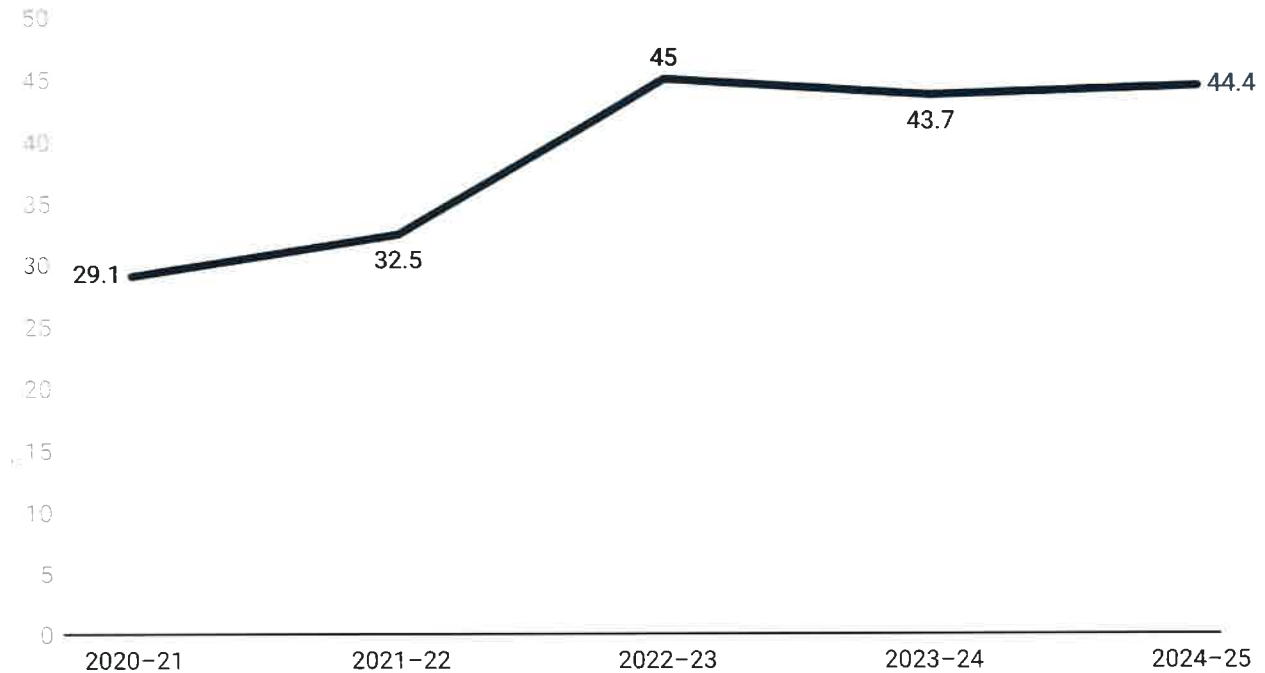
According to provincial data reported by the Canadian Institute for Health Information (CIHI), Ontario ED indicators are moving in the wrong direction. Table 1 shows that the ED wait time for patients to receive an initial physician assessment has significantly increased over the last five years. The 90th percentile of patients waited 2.7 hours in 2020-21, which increased to 4.5 hours in 2024-25—an increase of 67 per cent. The 90th percentile represents the maximum length of time that 90 per cent of patients waited for an initial physician assessment in the ED.

The second indicator—shown in Figure 4—demonstrates that wait times to be admitted to an inpatient bed are dramatically increasing for patients waiting in the ED. In 2020-21, the 90th percentile of patients waiting in the ED spent 29 hours to be admitted to an inpatient ward, which increased to 44 hours in 2024-25. This is an increase of 52 per cent.

## Figure 4 / Total time spent in Ontario emergency departments for admitted patients

### Hours spent for the 90th percentile of patients

The 90th percentile represents the maximum length of time that 90% of patients admitted from the ED spend in the ED



**Source** CIHI Your Health System, 2025 update, <https://www.cihi.ca/en/your-health-system-yhs-and-health-indicators-e-publication-epub-are-transitioning-to-serve-you>

The 90th percentile represents the maximum length of time that 90 per cent of patients admitted into hospital from the ED spend in the ED.

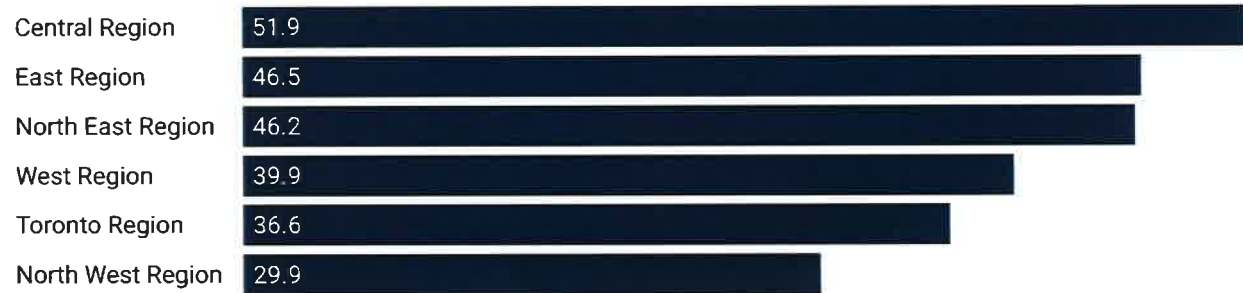
When analyzed geographically, the 90th percentile of patients waited the longest in the Central, East, and North East regions in 2024-25 (Figure 5). The Central region includes cities from Mississauga to Huntsville and Orangeville to Markham, the East region includes the communities from Pickering to the Quebec border north to Deep River, and the North East region includes the communities of West Parry Sound, White River, Peawanuck, the James Bay Coast, Mattawa and all points in between.<sup>5</sup>

The significant increase in wait times for patients to be admitted demonstrates a system under immense strain, unable to cope with the demand for acute care services. The longer patients languish in the ED

## Figure 5 / Total time spent in Ontario emergency departments for admitted patients by region, 2024-25

### Hours spent for the 90th percentile of patients

The 90th percentile represents the maximum length of time that 90% of patients admitted from the ED spend in the ED.



**Source** CIHI Your Health System, 2025 update, <https://www.cihi.ca/en/your-health-system-yhs-and-health-indicators-e-publication-epub-are-transitioning-to-serve-you>

waiting to be admitted, the risks of deteriorating health status and poorer outcomes increase.<sup>6</sup>

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## Staffed hospital beds are far below what is required—and projected to get worse

Projecting inpatient hospital bed demand is complex and depends on multiple factors, including population growth, aging, and utilization. Primary and community care, disease prevalence, and the socio-economic determinants of health are also contributing factors. A sicker population without access to primary and community care is more likely to access emergency departments and require inpatient hospital services.

There is widespread agreement among analysts that Ontario's hospital sector is the most undersized in Canada relative to size of the population—and it is one of the most under capacity when compared to high-income countries.<sup>7</sup> In 2022, Ontario ranked number 33 when compared to 38 OECD countries.<sup>8</sup> At 199 beds per 100,000 people, Ontario had fewer beds than the Canadian average (217 beds per 100,000 people) and fell behind many other high-income countries with universal, publicly financed health systems, including Norway, Finland, New Zealand, and the U.K. Even though many northern European countries generally have

**Table 2 / Actual versus required hospital beds in Ontario**

Population aging is estimated to be 1.2% per annum

	2014-15	2024-25	% growth, 2014-15 to 2024-25
Population	13,617,763	16,124,116	15%
Aging (1.2% p.a.)	-	-	12%
Actual hospital beds	31,411	35,540	14%
Hospital beds required (pop. growth + aging)	-	39,892	27%

Source: Author's calculations from CIHI Spending Trends in Health Service Delivery, 2014–2015 to 2023–2024, CIHI NHEX Appendices, and FAO Ontario Health Sector: 2025 Spending Plan Review.

stronger systems of primary and community care, these countries still have more hospital beds, per capita, than Ontario.

New analysis shows that while population growth and aging increased by 27 per cent between 2014-15 to 2024-25, the actual number of hospital beds increased by only 14 per cent (Table 2). In 2024-25, Ontario had 35,540 inpatient beds when it should have had at least 39,892 beds, if the number of hospital beds increased by 27 per cent.

Ontario had a gap of 4,352 beds in 2025.

This is a conservative estimate of the missing hospital beds in Ontario. Based on rapid growth of the population 65 and older, the Ontario Council of Hospital Unions estimates that 41,777 staffed beds were required in 2025—a gap of 6,237 beds.<sup>9</sup> Between 4,352 and 6,237 staffed beds were required in 2025 to avoid hallway medicine and meet demand for inpatient care.

For multiple years now, the Financial Accountability Office of Ontario (FAO) has also raised concerns over the shrinking size of the hospital sector relative to demand for care. Analysis shows that the provincial government’s funding budget plan for 2025-26 to 2027-28 is projected to result in a reduction in staffed hospital beds from 220 beds per 100,000 people in 2024-25 to 203 beds in 2027-28.<sup>10</sup>

Provincial funding austerity is shrinking the public hospital capacity required to ensure patients receive timely access to care.

# Fact checking the Ontario government's claims

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## Hospital spending is not “unsustainable”

In February, the Ontario finance minister claimed that health care spending growth is “unsustainable.”<sup>11</sup> However, when the hospital and total health care spending increases are put into perspective—that is, relative to the size of the economy (measured as GDP)—the government's claims do not withstand scrutiny.

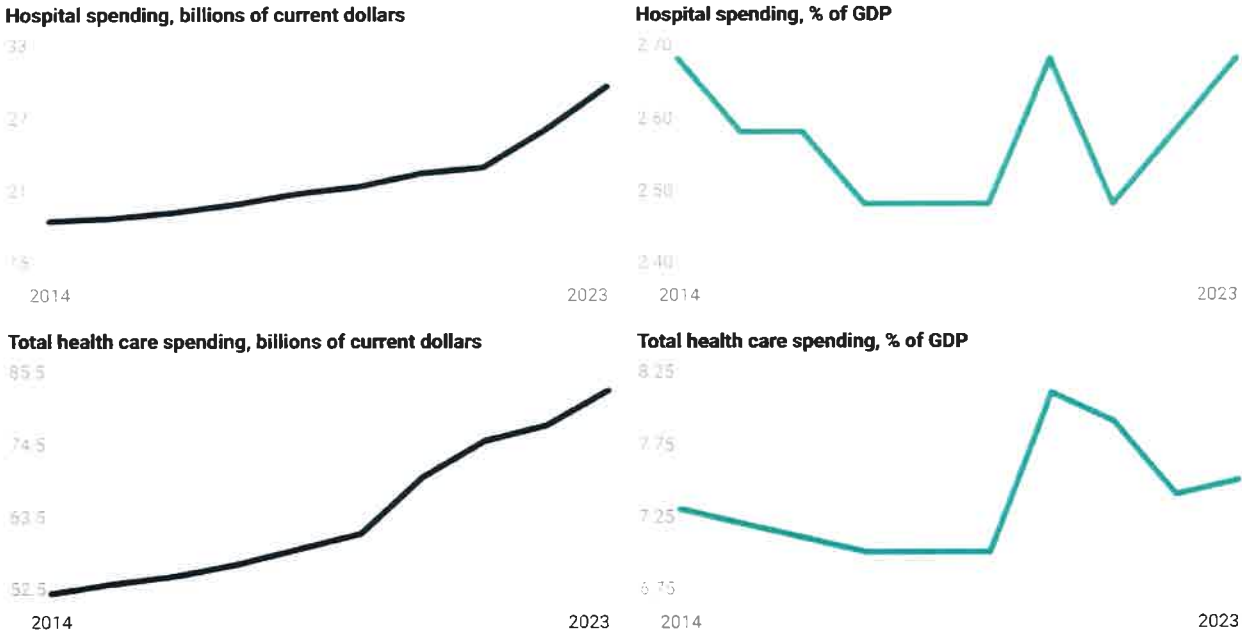
Drawing on provincial expenditure data reported by CIHI, we see that between 2014 and 2023, Ontario's hospital spending increased from \$19.6 billion to \$30.7 billion (Figure 6). This may seem like a big jump in spending, but when we look at it in relation to the size of the growing economy, hospital spending in 2014 to 2023 represents the same share of the economy—2.7 per cent of GDP.

Similarly, the increase in total Ontario health care spending—from \$53.9 billion in 2014 to \$84.8 billion in 2023—appears large, in absolute terms, but represents an increase of only 0.2 percentage points as a share of GDP. In 2014, total health care spending as a share of the economy stood at 7.4 per cent and increased modestly to 7.6 per cent by 2023.

These increases are sustainable within this time range and well within historical norms. The provincial government's claims are misleading. In

**Figure 6 / Ontario hospital spending, 2014-23**

In billions of current dollars and as percentage of GDP



Source Author's calculations from CIHI NHEX 2025, Series D4 and Appendices, <https://www.cihi.ca/en/national-health-expenditure-trends>

fact, Ontario ranks below the Canadian average for provincial hospital and total health care spending (Table 3).

The province is also below the Canadian average when it comes to hospital and total health care spending as a share of the economy. In 2023, Ontario spent 7.6 per cent of GDP on hospitals versus eight per cent in Canada. Clearly, Ontario has the capacity to invest in critical public health services.

However, in order to invest in the health care services that Ontarians depend on, the provincial government must ensure that the province benefits from the significant wealth created in the province by increasing taxes on higher-income households and corporations, and generating revenue that can increase health care access and strengthen the care economy.

**Table 3 / Hospital and total health care spending by provincial governments, 2023**

	Hospitals, \$ per capita	Hospitals, \$ per capita rank	Hospitals % GDP	Total health expenditures, \$ per capita	Total health expenditures, \$ per capita rank	Total health expenditures % GDP
BC	2,111	9	2.8%	6,237	3	8.4%
AB	2,169	7	2.2%	5,870	8	6.1%
SK	2,324	5	2.6%	6,032	7	6.6%
MB	2,427	4	3.8%	6,118	5	9.7%
<b>ON</b>	<b>1,967</b>	<b>10</b>	<b>2.7%</b>	<b>5,425</b>	<b>10</b>	<b>7.6%</b>
QC	2,113	8	3.2%	6,053	6	9.2%
NB	2,593	2	4.6%	5,685	9	10.1%
NS	2,941	1	5.2%	6,594	2	11.7%
PEI	2,323	6	4.1%	6,140	4	10.7%
NL	2,521	3	3.5%	7,516	1	10.4%
Canada	2,132	-	2.9%	5,868	-	8.0%

**Source** Author's calculations from CIHI NHEX 2025, Series D4 and Appendices

## The care economy is the economy

In February, Ontario's finance minister stated that "85 per cent of the spending in the budget is actually for social spending [and] about 15 per cent is for infrastructure and the economy."<sup>12</sup>

This statement assumes that jobs in the care economy are not part of the 'real' economy. This is a very outdated and sexist belief about what counts as Ontario's economy. Work in the care economy is overwhelmingly performed by women in the public sector who pay taxes, support families, and contribute to community wellbeing. The care economy includes employment in health care, social assistance, and educational services.<sup>13</sup>

When we look at the employment data, a very different picture emerges than what the government presents. In Ontario and Canada, there are more jobs in the care economy than in many industries, including finance and insurance, construction, and professional and technical services. In 2024, there were 1,410,087 jobs in the care economy—representing one in five jobs in Ontario (Table 4). In Canada, there were 3,857,142 care economy jobs in 2024—also one in five jobs.

To suggest that this work is not part of the 'real' economy devalues the critical contributions of hundreds of thousands of frontline Ontario

**Table 4 / Employment in the care economy and selected industries, 2024**

Selected provinces and Canada

	British Columbia	Ontario	Quebec	Canada
Care economy employment (health care, social assistance, education)	534,823	1,410,087	912,873	3,857,142
% total employment	20.90%	20.00%	22.40%	21.20%
Finance and insurance	97,759	402,225	173,898	849,610
% total employment	3.80%	5.70%	4.30%	4.70%
Construction	190,208	406,664	243,576	1,179,222
% total employment	7.40%	5.80%	6.00%	6.50%
Professional, scientific and technical services	186,193	544,811	275,886	1,230,157
% total employment	7.30%	7.70%	6.80%	6.80%
Total employment	2,560,442	7,057,582	4,073,130	18,191,631

Source: Author's calculations from Statistics Canada Table 14-10-0202-01, <https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=1410020201>

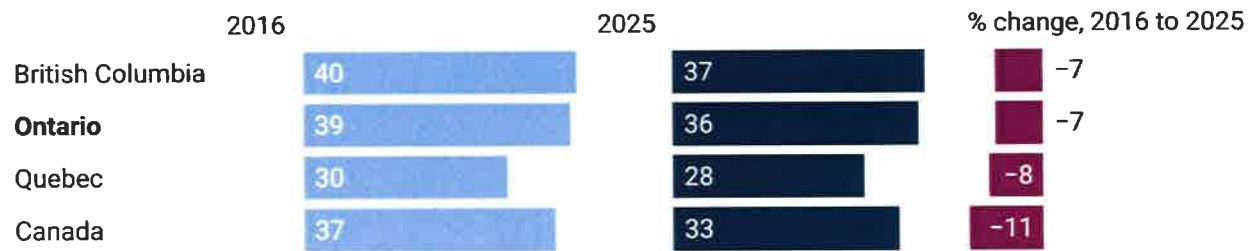
workers in health and social care. At a time of great geopolitical uncertainty, governments must recognize the central importance of the care economy to Canada's ability to care for its population and sustain itself in the world.

### Devaluing of the care economy—by the numbers

The problem of devaluing the care economy—and care workers—unfortunately, has a long history in Canada.<sup>14</sup> These ideas are harmful to as well as the patients and communities who depend on their skills and commitment. Devaluing of the care economy comes in the form of cuts to post-secondary training institutions, lower immigration targets, hospital privatization, and real spending cuts to health care services.

We can examine the relationship between hospital wages and vacancies to understand how the devaluing of care work by the Ontario government is detrimental to the ability of hospitals to recruit and retain the workforce that Ontarians depend on. Between 2016 and 2025, the average wage for vacant hospital positions was seven per cent lower in 2024 than 2016, when adjusting for inflation (Figure 7). Over the same period, hospital job vacancies per 100,000 people increased by 101 per cent (Figure 8).

**Figure 7 / Hospital average hourly wages in real terms, 2016-25**



Source Author's calculations from Statistics Canada Table 14-10-0442-01 and CIHI NHEX Appendices B and D

**Figure 8 / Hospital job vacancies per 100,000 people**



Source Author's calculations from Statistics Canada Table 14-10-0442-01 and CIHI NHEX Appendices B and D

The recent history of public sector wage suppression is important. Passed in 2019, Bill 124 was an explicit attempt by the government to suppress wages and was ultimately found to be unconstitutional. This wage suppression legislation and hospital funding austerity over the past decade have contributed to ongoing and severe workforce recruitment and retention challenges.

# Conclusion and recommendations

**T**he majority of Ontario public hospitals had operating deficits over the last three years—this is a clear sign of a deepening hospital funding crisis in Ontario. It demonstrates that the available resources are insufficient to meet the population’s needs. **Although the funding crisis is felt in rural and urban communities and hospitals large and small, hospitals in northern and western regions of the province were more likely to be in deficit in the last fiscal year.**

The funding crisis harms patient care. Multiple health care system indicators provide dire warnings of the growing harms. Emergency department wait times have dramatically increased, leaving Ontario short thousands of inpatient beds. Rather than “hallway medicine” becoming a thing of the past, it has become a permanent fixture in Ontario’s hospitals. Unfortunately, the Ontario government mistakenly claims that health care spending is “unsustainable” when, in fact, it has remained relatively stable as a share of the economy.

Based on the findings of this report, the provincial government should implement an aggressive plan to address the hospital funding and capacity crisis:

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## Immediately increase funding to improve hospital finances and capacity

The Financial Accountability Office of Ontario (FAO) estimates that \$6.4 billion in new health care spending is required in 2026-27 just to maintain 2024-25 service levels.<sup>15</sup> Budget 2026 only adds \$3.4 billion in additional spending, which leaves the health care system short by \$3 billion in this fiscal year.

Costs in the hospital sector have been increasing by about six per cent per year due to population growth, aging, and inflation, according to the Ontario Hospital Association.<sup>16</sup> However, the Ontario budget plans for total health care funding to increase by 3.5 per cent in 2026-27 and 2.3 per cent in 2027-28.<sup>17</sup> These increases are insufficient to address the health care needs of the population.

The Ontario Hospital Association (OHA) estimates that hospitals require financial stabilization funding of \$2.7 billion in 2025-26. While the provincial government offered an additional \$1.1 billion for 2026-27, this falls short of addressing the dire financial situation. Detailed analysis by the Ontario Council of Hospital Unions (CUPE) finds that core hospital funding needs to be increased by \$3.2 billion in the fiscal year ending March 2026.

In 2026-27, the provincial government is projected to increase base and targeted hospital funding by four per cent, which falls short of the six per cent annual needed to account for population growth, aging, and inflation—and to simply maintain service levels.

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## Develop a provincial health care workforce strategy and capital plan

Ontario lacks a health care workforce strategy with provincial and regional solutions to address staffing shortages. Importantly, the provincial government and health care sector employers must recognize that the conditions of work are the conditions of patient care, and that improving the workplace environment is associated with better-performing organizations that deliver safer patient care and better outcomes.<sup>18</sup>

A workforce strategy should be accompanied by a long-term hospital capital infrastructure plan to ensure that physical infrastructure, bed capacity, and equipment planning aligns with workforce expansion.

The Ministry of Health and Ontario Health should establish a provincial advisory table, including researchers, unions, educators, employer representatives, professional associations, and patient and citizen advocacy groups, to inform development and implementation of a provincial health workforce strategy and capital plan.

# Notes

- 1 Government of Ontario, *A Plan to Protect Ontario: 2026 Ontario Budget*, March 26, 2026, <https://budget.ontario.ca/2026/pdf/2026-ontario-budget-en.pdf>.
- 2 Rob Ferguson, "Hospitals get \$1.1 billion infusion from Ford government as critics warn it's not enough," *The Toronto Star*, March 26, 2026, [https://www.thestar.com/politics/provincial/hospitals-get-11b-infusion-from-ford-government-as-critics-warn-its-not-enough/article\\_8c180c27-fbb0-426c-a8ab-926bec8c2a08.html](https://www.thestar.com/politics/provincial/hospitals-get-11b-infusion-from-ford-government-as-critics-warn-its-not-enough/article_8c180c27-fbb0-426c-a8ab-926bec8c2a08.html).
- 3 Author's calculations from analysis of financial statements from 136 Ontario hospital corporations.
- 4 Ontario Health, *Ontario Health Annual Report 2023-24*, <https://www.ontariohealth.ca/content/dam/ontariohealth/documents/annual-report-2023-24.pdf>, page 45; Sneh Duggal, "Hallway health care metric one of several 'to be retired' from health agency's public report," *The Trillium*, February 5, 2026, <https://www.thetrillium.ca/news/health/hallway-health-care-metric-one-of-several-to-be-retired-from-health-agencys-public-report-11824240>.
- 5 Ontario Health, "Ontario Health Regions," <https://www.ontariohealth.ca/system/regions>.
- 6 Canadian Association of Emergency Physicians, "Official statement regarding ED closures and crowding in Canada," September 5, 2023, [https://caep.ca/wp-content/uploads/2023/09/Crowding\\_Closures\\_Statement\\_Sept5.pdf](https://caep.ca/wp-content/uploads/2023/09/Crowding_Closures_Statement_Sept5.pdf).
- 7 Andrew Longhurst, *Hollowed Out: Ontario public hospitals and the rise of private staffing agencies*, CCPA: Ottawa, <https://www.policyalternatives.ca/news-research/hollowed-out/>; Ontario Hospital Association, *Leaders in Efficiency: Third Edition*, [https://www.oha.com/Bulletins/FINAL\\_OHA\\_Leaders\\_in\\_Efficiency-Third\\_Edition\\_June2025.pdf](https://www.oha.com/Bulletins/FINAL_OHA_Leaders_in_Efficiency-Third_Edition_June2025.pdf); Financial Accountability Office of Ontario, *Ontario Health Sector: 2025 Spending Plan Review*, October 23, 2025, <https://fao-on.org/wp-content/uploads/Ontario-Health-Sector-2025-Spending-Plan-Review-EN.pdf>.
- 8 Andrew Longhurst, *Hollowed Out: Ontario public hospitals and the rise of private staffing agencies*, CCPA: Ottawa, <https://www.policyalternatives.ca/news-research/hollowed-out/>.
- 9 OCHU/CUPE, *Driven to the Brink: Projected Cuts to Intensify Hospital Crisis*, <https://ochu.on.ca/driven-to-the-brink-projected-cuts-to-intensify-hospital-crisis/>, page 3.
- 10 Financial Accountability Office of Ontario, *Ontario Health Sector: 2025 Spending Plan Review*, <https://fao-on.org/wp-content/uploads/Ontario-Health-Sector-2025-Spending-Plan-Review-EN.pdf>, page 7.
- 11 Colin D'Mello and Isaac Callan, "Ontario finance minister says rate of health-care spending is 'unsustainable,'" *Global News*, February 17, 2026, <https://globalnews.ca/news/11669653/ontario-unsustainable-health-care-spending/>.

- 12** Colin D’Mello and Isaac Callan, “Ontario finance minister says rate of health-care spending is ‘unsustainable,” *Global News*, February 17, 2026, <https://globalnews.ca/news/11669653/ontario-unsustainable-health-care-spending/>.
- 13** This report adopts the definition of the care economy from The Care Economy Statement, <https://thecareeconomy.ca/statement/>.
- 14** Pat Armstrong, Hugh Armstrong, and Krista Scott-Dixon, *Critical to Care: The Invisible Women in Health Services*, Toronto: University of Toronto Press.
- 15** Financial Accountability Office of Ontario, *Ontario Health Sector: 2025 Spending Plan Review*, October 23, 2025, <https://fao-on.org/wp-content/uploads/Ontario-Health-Sector-2025-Spending-Plan-Review-EN.pdf>.
- 16** Rob Ferguson, “Hospitals get \$1.1 billion infusion from Ford government as critics warn it’s not enough,” *The Toronto Star*, March 26, 2026, [https://www.thestar.com/politics/provincial/hospitals-get-11b-infusion-from-ford-government-as-critics-warn-its-not-enough/article\\_8c180c27-fbb0-426c-a8ab-926bec8c2a08.html](https://www.thestar.com/politics/provincial/hospitals-get-11b-infusion-from-ford-government-as-critics-warn-its-not-enough/article_8c180c27-fbb0-426c-a8ab-926bec8c2a08.html).
- 17** Government of Ontario, *A Plan to Protect Ontario: 2026 Ontario Budget*, March 26, 2026, <https://budget.ontario.ca/2026/pdf/2026-ontario-budget-en.pdf>.
- 18** K. Kapinos, P. Fitzgerald, N. Greer, I. Rutks, T. J. Wilt, *The Effect of Working Conditions on Patient Care: A Systematic Review*, Department of Veterans Affairs, Health Services Research & Development Service, 2012, [https://www.ncbi.nlm.nih.gov/books/NBK114450/pdf/Bookshelf\\_NBK114450.pdf](https://www.ncbi.nlm.nih.gov/books/NBK114450/pdf/Bookshelf_NBK114450.pdf); J. Braithwaite, J. Herkes, K. Ludlow, et al., “Association between organizational and workplace cultures, and patient outcomes: systematic review,” *BMJ Open* 7,e017708 (2017), <https://bmjopen.bmj.com/content/bmjopen/7/11/e017708.full.pdf>; J. Perlo, B. Balik, S. Swensen, et al., *IHI Framework for Improving Joy in Work*, IHI White Paper, Cambridge, MA: Institute for Healthcare Improvement, 2017.

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We acknowledge the Anishinaabe Algonquin People whose traditional unceded, unsundered territory is where this report was produced.

#### **About the authors**

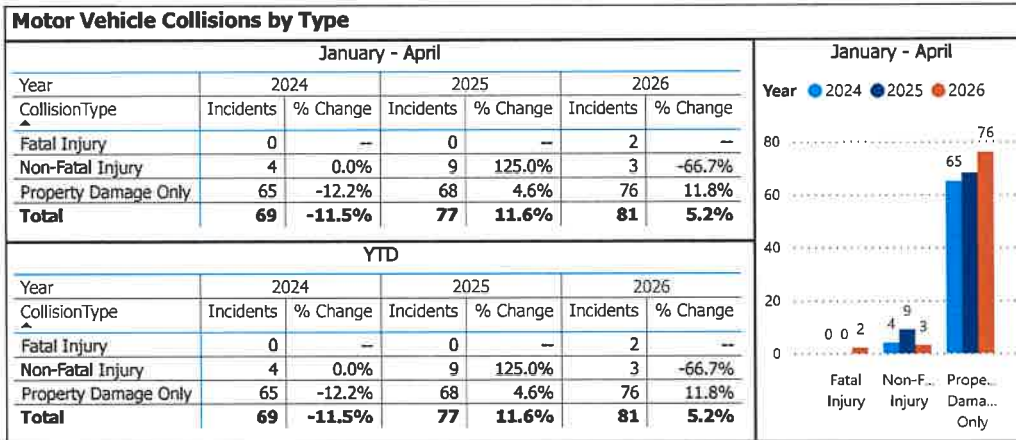
Andrew Longhurst is a senior researcher and political economist, with a focus on health policy, at the Canadian Centre for Policy Alternatives. He holds an M.A. from Simon Fraser University where he is also a doctoral candidate. His work has been published in academic journals and by research institutes, including *Canadian Journal on Aging*, *Political Geography*, the CCPA, and the Parkland Institute. His commentaries appear regularly in news media across the country.





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**OPP Detachment Board Report  
Collision Reporting System  
January - April 2026**



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13-May-2026

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Areas: ALL  
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13-May-2026

Report Generated on:  
13-May-2026 5:05:53 PM

**OPP Detachment Board Report  
Collision Reporting System  
January - April 2026**

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January - April									
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Year	Alcohol/Drugs	Incidents	% Change	Alcohol/Drugs	Incidents	% Change	Alcohol/Drugs	Incidents	% Change
2024	0	0	--	0	0	--	0	0	--
2025	0	0	--	0	0	--	0	0	--
2026	0	1	--	0	1	--	0	0	--

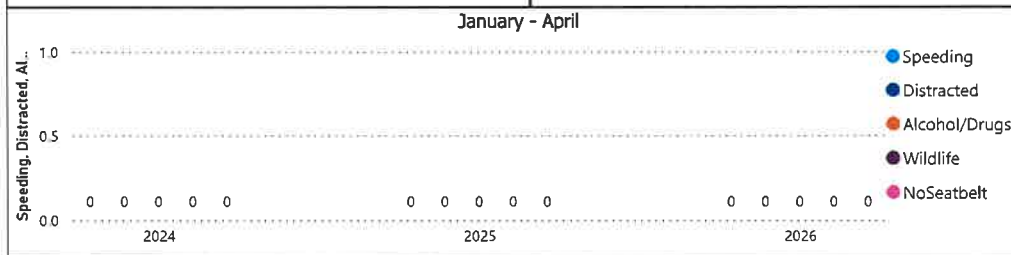
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Type	Motor Vehicle			Motorized Snow Vehicle			Off-Road Vehicle		
Year	Alcohol/Drugs	Incidents	% Change	Alcohol/Drugs	Incidents	% Change	Alcohol/Drugs	Incidents	% Change
2024	0	0	--	0	0	--	0	0	--
2025	0	0	--	0	0	--	0	0	--
2026	0	1	--	0	1	--	0	0	--

Fatalities in Detachment Area - Persons Killed							
January - April							
Type	Motor Vehicle		Motorized Snow Vehicle		Off-Road Vehicle		
Year	Persons Killed	% Change	Persons Killed	% Change	Persons Killed	% Change	
2024	0	--	0	--	0	--	
2025	0	--	0	--	0	--	
2026	1	--	1	--	0	--	

YTD							
Type	Motor Vehicle		Motorized Snow Vehicle		Off-Road Vehicle		
Year	Persons Killed	% Change	Persons Killed	% Change	Persons Killed	% Change	
2024	0	--	0	--	0	--	
2025	0	--	0	--	0	--	
2026	1	--	1	--	0	--	

Primary Causal Factors in Fatal Motor Vehicle Collisions											
January - April					YTD						
	2024	2025	2026		2024	2025	2026		2024	2025	2026
Speeding	0	0	0	Speeding	0	0	0				
Speeding % Change	--	--	--	Speeding % Change	--	--	--				
Distracted	0	0	0	Distracted	0	0	0				
Distracted % Change	--	--	--	Distracted % Change	--	--	--				
Alcohol/Drugs	0	0	0	Alcohol/Drugs	0	0	0				
Alcohol/Drugs % Change	--	--	--	Alcohol/Drugs % Change	--	--	--				
Wildlife	0	0	0	Wildlife	0	0	0				
Wildlife % Change	--	--	--	Wildlife % Change	--	--	--				
NoSeatbelt	0	0	0	NoSeatbeltYTD	0	0	0				
NoSeatbelt YoY%	--	--	--	NoSeatbeltYTD YoY%	--	--	--				



Data source (Collision Reporting System) date:  
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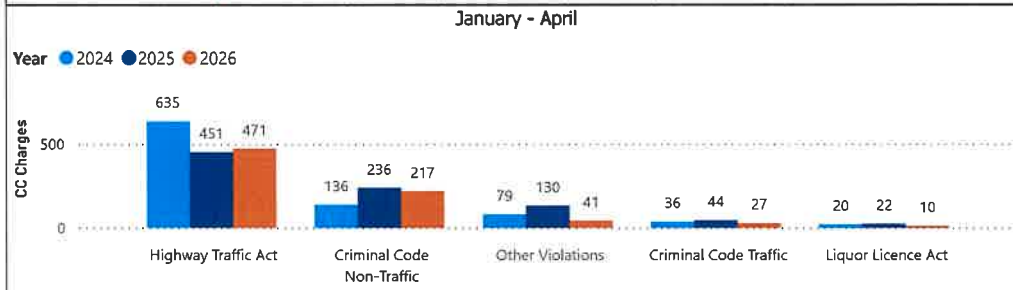
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January - April 2026**

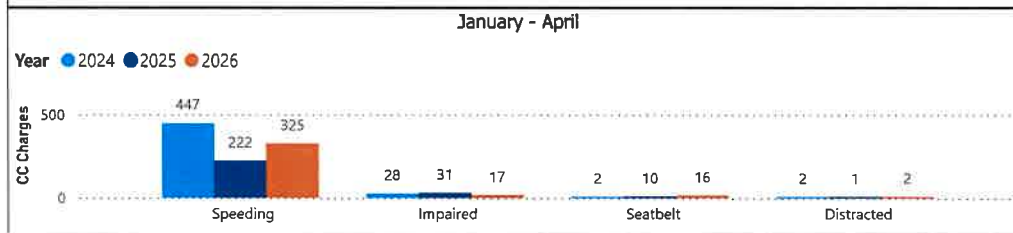
Criminal Code and Provincial Statute Charges Laid						
January - April						
Year	2024		2025		2026	
ChargeCategory1	Offence Count	% Change	Offence Count	% Change	Offence Count	% Change
Criminal Code Non-Traffic	136	112.5%	236	73.5%	217	-8.1%
Criminal Code Traffic	36	71.4%	44	22.2%	27	-38.6%
Highway Traffic Act	635	198.1%	451	-29.0%	471	4.4%
Liquor Licence Act	20	233.3%	22	10.0%	10	-54.5%
Other Violations	79	259.1%	130	64.6%	41	-68.5%
<b>Total</b>	<b>906</b>	<b>177.9%</b>	<b>883</b>	<b>-2.5%</b>	<b>766</b>	<b>-13.3%</b>

YTD						
Year	2024		2025		2026	
ChargeCategory1	Offence Count	% Change	Offence Count	% Change	Offence Count	% Change
Criminal Code Non-Traffic	136	112.5%	236	73.5%	217	-8.1%
Criminal Code Traffic	36	71.4%	44	22.2%	27	-38.6%
Highway Traffic Act	635	198.1%	451	-29.0%	471	4.4%
Liquor Licence Act	20	233.3%	22	10.0%	10	-54.5%
Other Violations	79	259.1%	130	64.6%	41	-68.5%
<b>Total</b>	<b>906</b>	<b>177.9%</b>	<b>883</b>	<b>-2.5%</b>	<b>766</b>	<b>-13.3%</b>



Traffic Related Charges						
January - April						
Year	2024		2025		2026	
ChargeCategory2	Offence Count	% Change	Offence Count	% Change	Offence Count	% Change
Speeding	447	249.2%	222	-50.3%	325	46.4%
Seatbelt	2	-50.0%	10	400.0%	16	60.0%
Impaired	28	86.7%	31	10.7%	17	-45.2%
Distracted	2	100.0%	1	-50.0%	2	100.0%

YTD						
Year	2024		2025		2026	
ChargeCategory2	Offence Count	% Change	Offence Count	% Change	Offence Count	% Change
Speeding	447	249.2%	222	-50.3%	325	46.4%
Seatbelt	2	-50.0%	10	400.0%	16	60.0%
Impaired	28	86.7%	31	10.7%	17	-45.2%
Distracted	2	100.0%	1	-50.0%	2	100.0%

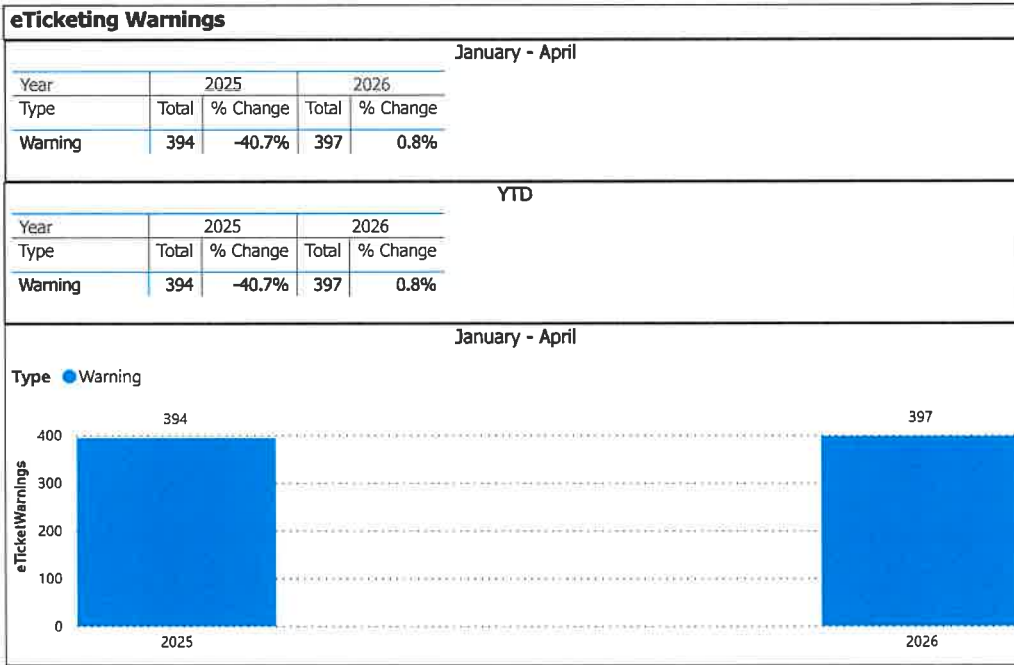


Detachment: 4H - MANITOULIN (Little Current)  
Location code(s): 4H00 - MANITOULIN (Little Current), 4H30 - GORE BAY

Areas: ALL  
Data source date:  
13-May-26

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13-May-2026 5:05:53 PM

**OPP Detachment Board Report  
Records Management System  
January - April 2026**



*Note: The eTicketing system was not fully implemented until the end of 2022, therefore data is only available beginning in 2023. % Change in 2023 may appear higher in this report due to the incomplete 2022 data.*

Detachment: 4H - MANITOULIN (Little Current)

Location code(s): 4H00 - MANITOULIN (Little Current), 4H30 - GORE BAY

Area(s): ALL

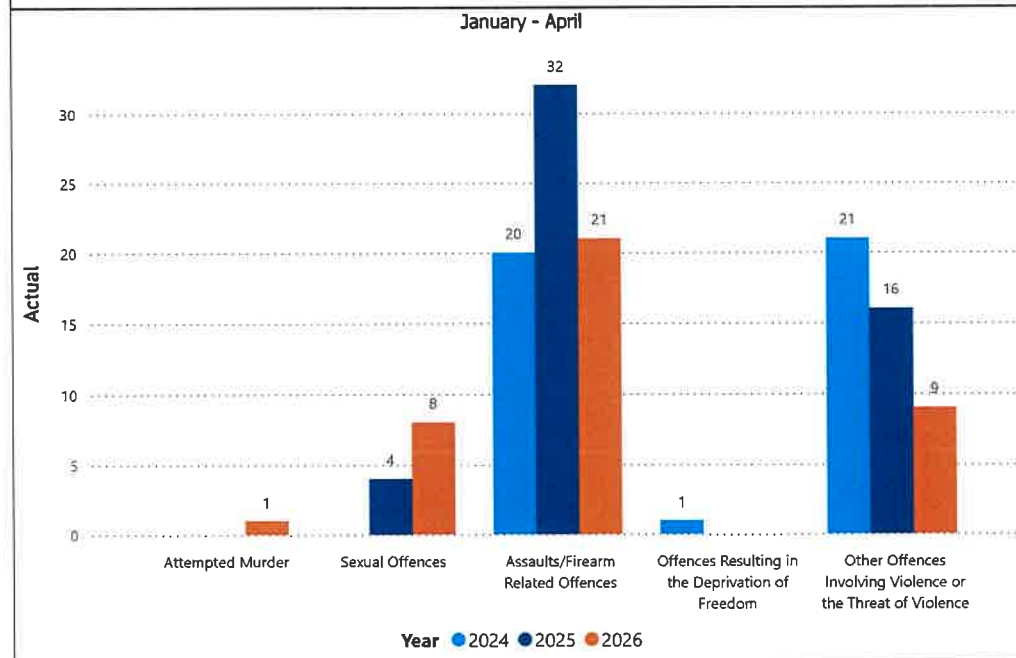
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13-May-26

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**OPP Detachment Board Report  
Records Management System  
January - April 2026**

Violent Crime						
January-April						
Year	2024		2025		2026	
	Actual	% Change	Actual	% Change	Actual	% Change
ViolationGrp						
Homicides	0	--	0	--	0	--
Other Offences Causing Death	0	--	0	--	0	--
Attempted Murder	0	--	0	--	1	--
Sexual Offences	0	-100.0%	4	--	8	100.0%
Assaults/Firearm Related Offences	20	66.7%	32	60.0%	21	-34.4%
Offences Resulting in the Deprivation of Freedom	1	--	0	-100.0%	0	--
Robbery	0	--	0	--	0	--
Other Offences Involving Violence or the Threat of Violence	21	133.3%	16	-23.8%	9	-43.8%
Offences in Relation to Sexual Services	0	--	0	--	0	--
<b>Total</b>	<b>42</b>	<b>50.0%</b>	<b>52</b>	<b>23.8%</b>	<b>39</b>	<b>-25.0%</b>

YTD						
Year	2024		2025		2026	
	Actual	% Change	Actual	% Change	Actual	% Change
ViolationGrp						
Homicides	0	--	0	--	0	--
Other Offences Causing Death	0	--	0	--	0	--
Attempted Murder	0	--	0	--	1	--
Sexual Offences	0	-100.0%	4	--	8	100.0%
Assaults/Firearm Related Offences	20	66.7%	32	60.0%	21	-34.4%
Offences Resulting in the Deprivation of Freedom	1	--	0	-100.0%	0	--
Robbery	0	--	0	--	0	--
Other Offences Involving Violence or the Threat of Violence	21	133.3%	16	-23.8%	9	-43.8%
Offences in Relation to Sexual Services	0	--	0	--	0	--
<b>Total</b>	<b>42</b>	<b>50.0%</b>	<b>52</b>	<b>23.8%</b>	<b>39</b>	<b>-25.0%</b>



Detachment: 4H - MANITOULIN (Little Current)

Location code(s): 4H00 - MANITOULIN (Little Current), 4H30 - GORE BAY

Area(s): ALL

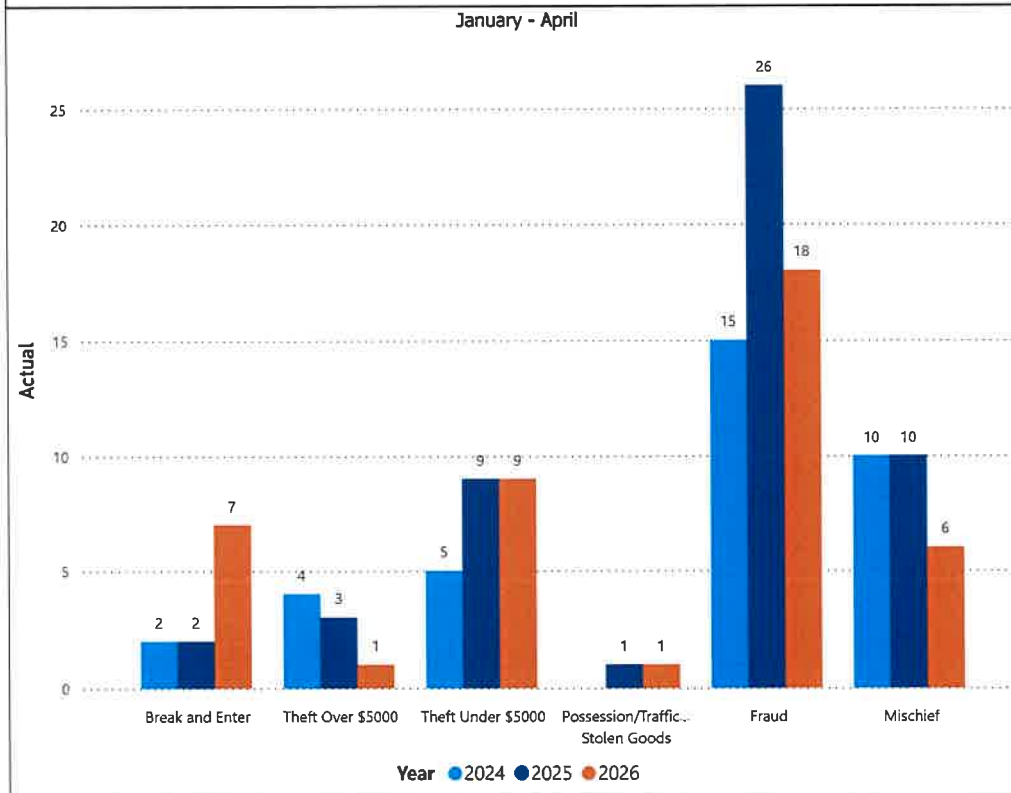
Data source date:  
13-May-2026

Report Generated on:  
13-May-2026 5:05:53 PM

**OPP Detachment Board Report  
Records Management System  
January - April 2026**

Property Crime						
January - April						
Year	2024		2025		2026	
	Actual	% Change	Actual	% Change	Actual	% Change
Arson	0	--	0	--	0	--
Break and Enter	2	-75.0%	2	0.0%	7	250.0%
Theft Over \$5000	4	-33.3%	3	-25.0%	1	-66.7%
Theft Under \$5000	5	-64.3%	9	80.0%	9	0.0%
Possession/Trafficking Stolen Goods	0	-100.0%	1	--	1	0.0%
Fraud	15	7.1%	26	73.3%	18	-30.8%
Mischief	10	25.0%	10	0.0%	6	-40.0%
<b>Total</b>	<b>36</b>	<b>-29.4%</b>	<b>51</b>	<b>41.7%</b>	<b>42</b>	<b>-17.6%</b>

YTD						
Year	2024		2025		2026	
	Actual	% Change	Actual	% Change	Actual	% Change
Arson	0	--	0	--	0	--
Break and Enter	2	-75.0%	2	0.0%	7	250.0%
Theft Over \$5000	4	-33.3%	3	-25.0%	1	-66.7%
Theft Under \$5000	5	-64.3%	9	80.0%	9	0.0%
Possession/Trafficking Stolen Goods	0	-100.0%	1	--	1	0.0%
Fraud	15	7.1%	26	73.3%	18	-30.8%
Mischief	10	25.0%	10	0.0%	6	-40.0%
<b>Total</b>	<b>36</b>	<b>-29.4%</b>	<b>51</b>	<b>41.7%</b>	<b>42</b>	<b>-17.6%</b>



Detachment: 4H - MANITOULIN (Little Current)  
Location code(s): 4H00 - MANITOULIN (Little Current), 4H30 - GORE BAY

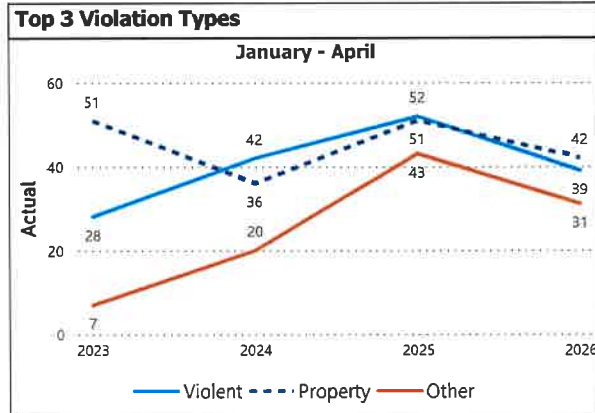
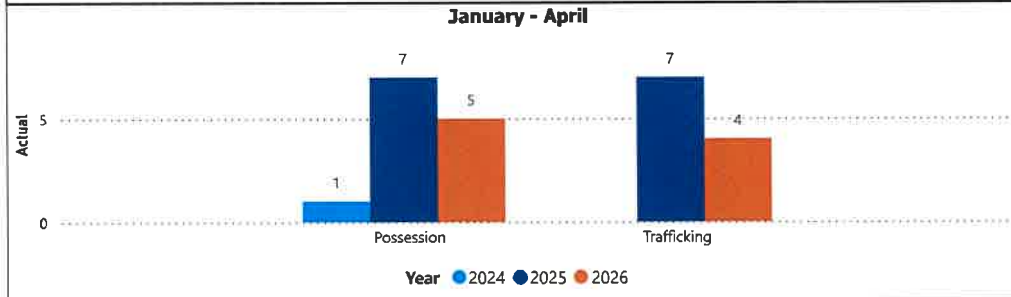
Area(s): ALL  
Data source date:  
13-May-2026

Report Generated on:  
13-May-2026 5:05:53 PM

**OPP Detachment Board Report  
Records Management System  
January - April 2026**

Drug Crime						
January - April						
Year	2024		2025		2026	
ViolationGrp	Actual	% Change	Actual	% Change	Actual	% Change
Possession	1	0.0%	7	600.0%	5	-28.6%
Trafficking	0	--	7	--	4	-42.9%
Importation & Production	0	--	0	--	0	--
Cannabis Possession	0	--	0	--	0	--
Cannabis Distribution	0	--	0	--	0	--
Cannabis Sale	0	--	0	--	0	--
Cannabis Importation & Exportation	0	--	0	--	0	--
Cannabis Production	0	--	0	--	0	--
Other Cannabis Violations	0	--	0	--	0	--
<b>Total</b>	<b>1</b>	<b>0.0%</b>	<b>14</b>	<b>1300.0%</b>	<b>9</b>	<b>-35.7%</b>

YTD						
Year	2024		2025		2026	
ViolationGrp	Actual	% Change	Actual	% Change	Actual	% Change
Possession	1	0.0%	7	600.0%	5	-28.6%
Trafficking	0	--	7	--	4	-42.9%
Importation & Production	0	--	0	--	0	--
Cannabis Possession	0	--	0	--	0	--
Cannabis Distribution	0	--	0	--	0	--
Cannabis Sale	0	--	0	--	0	--
Cannabis Importation & Exportation	0	--	0	--	0	--
Cannabis Production	0	--	0	--	0	--
Other Cannabis Violations	0	--	0	--	0	--
<b>Total</b>	<b>1</b>	<b>0.0%</b>	<b>14</b>	<b>1300.0%</b>	<b>9</b>	<b>-35.7%</b>



**Top 5 Violation Groups**

**January - April**

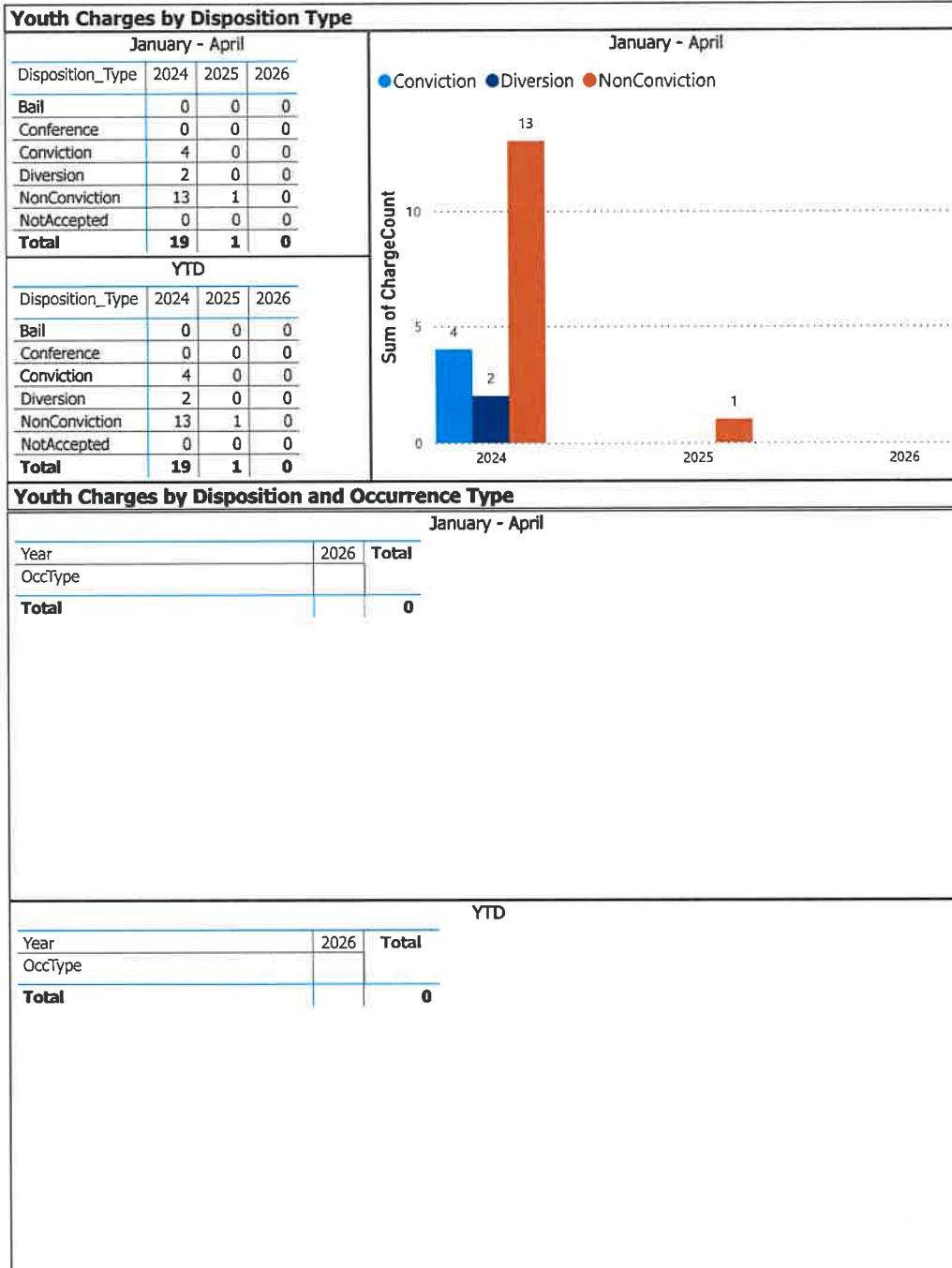
ViolationGrp	2023	2024	2025	2026	Total
Provincial Statutes	13	22	35	22	<b>92</b>
Assaults/Firearm Related Offences	12	20	32	21	<b>85</b>
Failure to Comply	5	14	33	26	<b>78</b>
Fraud	14	15	26	18	<b>73</b>
Other Offences Involving Violence or the Threat of Violence	9	21	16	9	<b>55</b>

Detachment: 4H - MANITOULIN (Little Current)  
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Area(s): ALL  
Data source date:  
13-May-2026

Report Generated on:  
13-May-2026 5:05:53 PM

**OPP Detachment Board Report  
Records Management System  
January - April 2026**



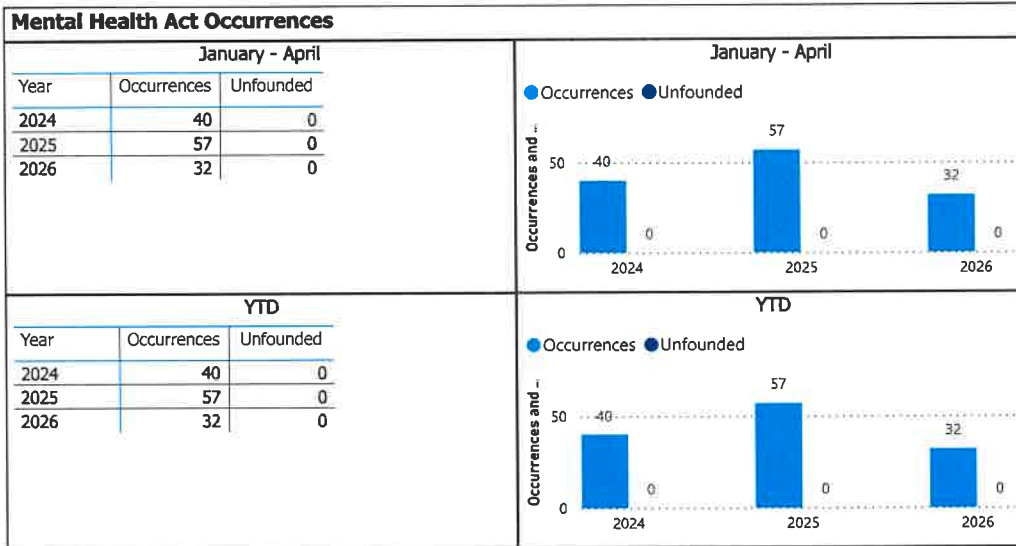
*The tables and chart on this page present summarized youth charges by disposition and occurrence type that have been recorded in the OPP Niche RMS application. Of note... the Niche data sourced for this report page only lists youth charges that have had a disposition type entered against them. Therefore, please be aware that the counts of youth charges entries on this report page are under stating the potential sum of youth charges that are in OPP Niche RMS.*

Detachment: 4H - MANITOULIN (Little Current)  
Location code(s): 4H00 - MANITOULIN (Little Current), 4H30 - GORE BAY

Area(s): ALL  
Data source date:  
13-May-2026

Report Generated on:  
13-May-2026 5:07:45 PM

**OPP Detachment Board Report  
Records Management System  
January - April 2026**



**Mental Health Act Occurrences by Occurrence Type**

Year	January - April	
	Occurrences	Unfounded
2024	40	0
2025	57	0
2026	32	0
<b>Total</b>	<b>129</b>	<b>0</b>

OccurrenceType	2026	
	Occurrences	Unfounded
Attempt or threat of suicide	2	0
Harassment	1	0
Intimate Partner Violence	5	0
Mental health act	22	0
Mischief	1	0
Person Well-Being Check	1	0
<b>Total</b>	<b>32</b>	<b>0</b>

Detachment: 4H - MANITOULIN (Little Current)

Location code(s): 4H00 - MANITOULIN (Little Current), 4H30 - GORE BAY

Area(s): ALL

Data source date:  
13-May-2026

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**OPP Detachment Board Report  
Records Management System  
January - April 2026**

Overdose Occurrences				YTD			
January - April				YTD			
Fatal	2024	2025	2026	Fatal	2024	2025	2026
<input type="checkbox"/> <b>Fatal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<input type="checkbox"/> <b>Fatal</b>	<b>0</b>	<b>0</b>	<b>0</b>
non-opioid overdose	0	0	0	non-opioid overdose	0	0	0
opioid overdose	0	0	0	opioid overdose	0	0	0
<input type="checkbox"/> <b>non-Fatal</b>	<b>0</b>	<b>1</b>	<b>0</b>	<input type="checkbox"/> <b>non-Fatal</b>	<b>0</b>	<b>1</b>	<b>0</b>
non-opioid overdose	0	1	0	non-opioid overdose	0	1	0
opioid overdose	0	0	0	opioid overdose	0	0	0
<b>Total</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>Total</b>	<b>0</b>	<b>1</b>	<b>0</b>

Fatal Overdose Occurrences		Non-Fatal Overdose Occurrences	
January - April		January - April	
<p>Legend: ● non-opioid overdose ● opioid overdose</p>		<p>Legend: ● non-opioid overdose ● opioid overdose</p>	

Detachment: 4H - MANITOULIN (Little Current)

Location code(s): 4H00 - MANITOULIN (Little Current), 4H30 - GORE BAY

Area(s): ALL

Data source data:  
13-May-2026

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## **2026 First Quarter Activity Report May 21, 2026**

The following is the most recent consolidated Quarterly Report that the DSB will be sending to member municipalities and posting on the public website. Expect Quarterly Reports in February, May, September, and November of each year.

The program statistics are provided separately and updated monthly. They are available on the website by clicking the following link: [Monthly Program Statistics](#)

### **CAO Overview**

The DSB 2026 First Quarter (Unaudited) Financial Report was presented to the Board and projects a year-end municipal **surplus of \$116,871**. Ontario Works is projected to be \$7,111 over budget. Children's Services is projected to be on budget. Community Housing is projected to be over budget by \$78,061. Paramedic Services is projected to be over budget by \$94,759. Interest revenue on non-reserve accounts is estimated to be \$296,802 more than budgeted.

The DSB quarterly financial reports are available on the DSB website by clicking the following link: [Quarterly Financial Reports](#).

### **Paramedic Services**

The posting for external recruitment of Regular Part-time Primary Care Paramedics remained in place throughout the first quarter of 2026 with the onboarding of 7 new staff. Additionally, conditional offers of employment have been provided to 8 candidates, who must successfully complete designated actions to move to employed status. Included in this later set, is an external Advanced Care Paramedic (ACP) set for Base Hospital certification in Q2. Between 6 to 9 students are being considered for final residency placement with Paramedic Services in May. This effort could increase the new staffing profile by as much as 24 in 2026.

The three Primary Care Paramedics who began their ACP education in the fall of 2025 are nearing the end of their didactic program and will begin residencies in Q2. Additional employees have been accepted to begin their ACP education in September 2026.

The final group of ambulances ordered in 2023 were received in this quarter, meaning that the 3 2026 new vehicles are now in deployment. This move has helped to reduce the overall fleet age to fall within the DSB plan.

Paramedic Services onboarded a fifth Full-Time Superintendent in Q1, ensuring that dependance on relieving personnel is reduced significantly and permitting Paramedic Services to offer more consistent 24/7 management oversight. Additionally, in Q1, the Logistics Coordinator position was deployed and the resulting Administrative Assistant position filled. The Logistics Coordinator will oversee the management of fleet and equipment programs, thereby allowing the senior staff to focus more strategically.

Staff continue to advocate for increased grant dollars for 100% provincially funded sections of Paramedic Services and are meeting with partner communities to explore opportunities for program enhancement.

### **Community Paramedicine**

The Community Paramedicine (CP) Program successfully achieved full deployed staffing in Q1 with 8 Community paramedics providing this specialized care across the districts. Additionally, the collaborative Service Navigator position operating from the Espanola office was extended through Fiscal Year 2027 and the pilot Service Navigator position operating on Manitoulin Island was extended through the end of Q2.

The CP Program delivered the pilot Equity Clinic throughout Q1, attending to the community need close to 30 times. This program received temporary pilot funding from the local Ontario Health Team (OHT). Despite the success of this program, the extension of funding was not possible, and the program was discontinued at the end of March, 2026. Staff will continue to advocate with the OHT for pilot projects to demonstrate the benefit from CP activities.

The first and second groups of Community Paramedics continued their educational journeys with Saskatchewan Polytechnic Institute. The first three are due to graduate in Q2/3 while the second group will graduate in Q4.

In Q1, the province announced that funding for the Community Paramedic Long Term Care Program would be rolled into the responsibility of the Ministry of Health's Emergency Health Services Department at the end of Q1. The DSB and the Northern Ontario Service Deliverers Association (NOSDA) continue to advocate for additional funding opportunities to address annual cost increases and to support program expansion to meet community needs.

### **Non-Urgent Patient Transportation Service**

Manitoulin-Sudbury DSB's Patient Transportation Service (PTS) program continues to operate on a 7 day per week basis with two units operating Monday to Friday on ten-hour shifts and a single crew operating for twelve hours over the weekend.

Staffing was a significant challenge through 2025, but recruitment of Personal Support Workers (PSWs) and Patient Transportation Attendants (PTAs) in the first quarter of 2026

has helped to reduce these challenges. The PTS program has also recruited some paramedic graduates who await their provincial certification.

The deployment model of PSWs and Transfer Attendants is proving successful, reducing the need for medical escorts from sending facilities. In January and February of 2026, PTS completed 232 transfers. Staff continue to work to increase these numbers.

PTS fleet vehicle upfitting for 2026 began in Q1 to operationalize lower mileage vehicles, thereby reducing mechanical breakdown and loss of available vehicles. Manitoulin-Sudbury DSB will continue efforts with funding partners to shift responsibility to fund this program to the Ministry of Health, Emergency Health Services Division.

## **Children's Services**

In Q1 2026, the Manitoulin-Sudbury District maintained a stable network of licensed child care services while completing a provider transition. Child care operations in Little Current and Mindemoya transitioned to Our Children, Our Future (OCOF).

The system currently includes 14 school-based centres, 1 community-based site, and 3 licensed home child care providers, with additional home-based capacity expected in Q2 as OCOF assumes home child care operations.

Demand for licensed child care continues to exceed available capacity. While enrolment increased to 660 children in Q1 2026, including 563 full fee and 97 subsidized, representing a 7% increase from Q4 2025 and a 15% increase from Q1 2025. This sustained growth reflects ongoing efforts to maximize utilization of existing spaces despite persistent staffing shortages, which remain the primary constraint on system expansion, particularly in smaller rural communities.

The child care waitlist declined to 553 children this quarter, down from 611 in Q4 2025 and 616 in Q3 2025. This reduction reflects both increased enrolment and the implementation of the centralized waitlist policy, which has improved the accuracy, prioritization, and movement of families through the system. While the waitlist has decreased, demand remains high, with the greatest pressures in Sudbury East and Manitoulin Island. These trends continue to inform directed growth, workforce planning, and capital investment priorities.

Special Needs Resourcing supported an average of 74 children this quarter, a 25.4% increase from 59 children in Q4 2025 and a 32.1% increase from Q1 2025. This significant growth indicates rising demand for inclusive support and continued reliance on cross-sector partnerships to meet increasingly complex needs.

EarlyON programs recorded 2,482 visits this quarter, compared to 2,946 visits in Q4 2025 and 3,308 in Q1 2025. While participation declined seasonally, overall engagement remains stable, supported by flexible service delivery models that continue to meet the needs of families across rural communities. EarlyON services are now being delivered by OCOF on Manitoulin Island.

## **System Development, Reporting and Funding**

Work in Q1 focused on strengthening system accountability, planning, and alignment with provincial direction. New policies related to the [Child Care Waitlist Management](#) and [Child Care Infrastructure Funding Policy](#) were developed to support transparent, consistent decision-making and future growth. Together, these policies strengthen access management and provide a clear framework for allocating infrastructure funding in alignment with provincial requirements and local growth priorities.

The Board also received an overview of [Ontario's Early Years and Child Care Annual Report 2025](#), which confirmed strong local performance. The DSB maintains 100% participation in Canada-Wide Early Learning and Child Care (CWELCC), exceeding the provincial average, and continues to operate below the \$22 per day fee cap. Licensed centre-based capacity has grown to 919 spaces, with projected access expected to increase from 28.6% to 37.8% by the end of 2026.

The Ministry's [2026 funding update](#) confirmed that the District's CWELCC space target remains at 663 spaces and includes infrastructure funding to support projects most likely to create licensed spaces by the end of 2026. This direction will continue to guide local planning and space creation efforts.

## **Financial Management and Accountability**

Staff continued to manage implementation of the cost-based funding model under CWELCC, with a focus on affordability, operator sustainability, and system stability. Workforce shortages remain a key risk affecting utilization and long-term viability, particularly in smaller rural communities where licensed capacity does not always translate into operational capacity.

## **Community Engagement, Safety, and Workforce Support**

A significant growth initiative was also advanced in Warren, where a new partnership will expand licensed child care at [École St-Thomas](#). The project will create up to 30 new spaces to support both French and English service expansion. The first phase will establish 15 French-language spaces for children aged 0 to 4, with an anticipated opening at the start of the 2026–2027 school year, while a second phase is being explored for an additional 15 English-language spaces later in 2026.

## **Ontario Works**

In the first quarter of 2026, the Ontario Works/Temporary Care Caseload average was 520. Compared to last year at this time, the caseload has increased by 9.7%.

## **Centralized Intake**

167 applications were received by the Manitoulin-Sudbury DSB in the first quarter of 2026. Of the 167 applications received, 119 were auto-granted by the Ontario Works Intake Unit

(OWIU), formally Intake and Benefits Administration Unit (IBAU), 1 was referred by the OWIU to the Manitoulin-Sudbury DSB for processing, 25 were transfers from another Ontario Works office, 11 were for Emergency Assistance which is completed online and sent to the local office for processing, and 11 applications were processed at the local office rather than being referred to the OWIU as certain applications are not being processed through the Intake Unit.

The initial goal of Centralized Intake was to have 70% of applications completed by the OWIU. During the first quarter, 71% of applications were completed by the OWIU.

## **Employment Ontario**

The first quarter of 2026 marks the end of our first year of Integrated Employment Services. Effective April 1, 2026, we will begin our second full year of Integrated Employment Services. Our client volume targets remain unchanged for the 2026-2027 year. The Employment Services (ES) programs continue to be advertised and delivered from the Chapleau office. From January to March 2026 there were 14 new intakes for Employment Services.

## **Navigating to Employment/Naviguer vers l'emploi**

The first quarter of 2026 also marks the end of our first year of Navigating to Employment/Naviguer vers l'emploi. Effective April 1, 2026, we will begin our second year of programming. Navigating to Employment/Naviguer vers l'emploi is delivered from the Chapleau office in collaboration with Employment Ontario. From January to March 2026, there were 9 new intakes for Navigating to Employment/Naviguer vers l'emploi.

Employment Services in Chapleau continue to advance overall service quality across the region. This work has focused on strengthening service delivery practices, enhancing coordination across programs, and supporting the ongoing transitions within Integrated Employment Services to ensure that services remain responsive, consistent and client focused.

A workshop series was designed to build employment readiness skills and included workshops on job interview skills, time and task management, and networking. Planning is currently underway for the next employment workshop series and Soft Skills training, with a continued focus on addressing local needs and supporting successful employment outcomes.

Outreach efforts remain a priority, outreach continued in Gogama and was expanded to Foleyet to increase awareness of Integrated Employment Services and expand access to in person supports for individuals in surrounding communities.

## **Quality Assurance**

A strong focus was placed on strengthening quality across the early years service system through planning, collaboration, and engagement. Key activities included initiating the Children's Services System Review, continuing sector-focused professional learning,

supporting 2025 year-end financial reviews, advancing inclusion, diversity and equity work through the IDEA project, and maintaining regular contact with providers and partners across the district.

Preparatory work was completed for the Children's Services System Review, including planning for engagement activities to occur in Q2. Multiple focus groups have been scheduled across the district to support broad participation and gather input from service providers and partners. This work will inform the development of a Quality Framework and a Special Needs Resourcing Review, with the objective of identifying strengths, gaps, and opportunities for system improvement.

The Growing Our Capacity of Leaders professional learning series continued monthly during Q1. This initiative supports the development of reflective practice and strengthens leadership capacity among 33 supervisors, directors, and pedagogical leads within child care and EarlyON programs. The series provides an opportunity for shared learning and dialogue, while supporting sector leadership in promoting quality service delivery.

During Q1, a series of listening sessions were scheduled for senior management, managers, and frontline staff to enhance Inclusion, Diversity, and Equity in partnership with Gallagher. The team at Gallagher will assess the information gathered through these sessions and develop a roadmap to guide the DSB in continuing and strengthening this work across the organization.

Staff continue to support sector networks and strengthen relationships with early years providers and community partners across the district. Site visits continue and remain an important component of quality assurance work, providing direct insight into service delivery and helping to inform responsive supports and future planning.

The Housing and Homelessness team continued to work collaboratively with community partners to strengthen the range of supports and programming available to tenants of Cornerstone Homes. These efforts remained focused on delivering coordinated, person-centred services that promote tenant well-being, skill development, and long-term housing stability.

Cornerstone Homes continues to successfully house 11 individuals. Through partnerships with community providers, tenants are actively developing life skills, employment knowledge, and personal resilience. During this quarter, an art therapy drop-in program was introduced at the building, further enhancing on-site support and engagement opportunities for tenants. In addition, a dietitian from the Espanola Family Health Team attended Cornerstone Homes to facilitate a cooking workshop focused on nutrition, meal preparation, and cooking on a budget. The session also provided practical budgeting tools to help tenants build confidence and skills related to food planning and financial management.

As of March 31, 2026, there were 79 households (96 individuals) active on the By-Name List, representing an increase of more than 25% over the previous quarter. Of these households, 44 identified as Indigenous. 32 households were in the LaCloche area, 28 on

Manitoulin Island, 11 in Sudbury North, and 8 in Sudbury East. The increase in actively homeless individuals reflects improved program capacity and staffing to complete consents and intakes, along with continued coordination with community partners through case conferencing to identify and reconnect with individuals who had previously fallen into inactivity.

Data collected during the winter months showed 20% of households experiencing homelessness identified as unsheltered, highlighting the significant impact of limited emergency shelter capacity across the district and the ongoing need for coordinated community responses and service development.

Staff collaborated with the Espanola and Area Community of Care Planning Network Mental Health and Substance Use Sub-Committee to support a pilot initiative in Espanola that offered Wellness Pop-up Clinics in partnership with the Community Paramedicine program and other local service providers. These clinics created a neutral, low-barrier space where community members could ask questions, access resources, and connect with primary care and other supports.

Work also continued in support of food insecurity programs across the district, with an ongoing focus on collaboration and service improvement. Staff attended the Leadership Academy on Ending Homelessness conference, which brought together leaders from across North America and supported learning related to identifying system strengths and gaps, influencing human services systems, driving meaningful change, and building networks with sector leaders working toward similar goals.

### **Community Housing**

There were 883 active applications at the end of the 1<sup>st</sup> quarter. The applicant breakdown is as follows:

1 Bedroom	649	2 Bedroom	104
3 Bedroom	78	4 bedroom	52

Staff continue to identify and complete the application process with eligible applicants for the Direct Shelter Subsidy (DSS) program. All applicants receiving the benefit are deemed housed. As of the end of this quarter there were 182 active DSS recipients, which is a 9% decrease from last quarter and a 14% decrease from last year.

Per DSB Policy, every effort is being made where the waitlist allows to mix the Community Housing buildings with Rent-Geared-To-Income (RGI), Affordable, and Market Rent tenants. As of March 31, 2026, we have successfully housed 23 market rent tenants and 153 affordable rent tenants. This represents 7.5% and 50% of our portfolio respectively and shows a decrease of 2 Market rent and a decrease of 2 affordable rent from the last quarter. Comparably, at this time last year, we reported 27 market rent tenants (9%) and 134 affordable (45%)

As of the end of the 1st quarter of 2026, 234/305 of the portfolio's units are designated as Smoke-free. This represents 76% of the full portfolio currently. Units are designated as turnover occurs or should the current resident choose.

In February, staff provided the Board with an overview of the [Municipalities Under Pressure One Year Later: An Update on the Human and Financial Cost of Ontario's Homelessness Crisis](#) report prepared by HelpSeeker that builds directly on the [Municipalities Under Pressure: The Human and Financial Cost of Ontario's Homelessness Crisis](#) report published in January 2025.

The updated findings show that homelessness continues to rise faster than housing supply, prevention, and support systems can respond, with Northern Ontario experiencing the most severe impacts. Rural homelessness has increased by more than 30% provincially. In Northern Ontario, it grew by more than 37%. Northern Ontario represents 5% of Ontario's population but now accounts for nearly 10% of all known homelessness in the province.

There has been an approximate 50% increase of households on community housing waitlists in Northern Ontario in the last four years. These pressures are contributing to longer shelter stays, increased chronic homelessness, and rising system costs across health, emergency, and social services. It is predicted that without significant intervention, homelessness in Northern Ontario will continue to rise and by 2035 reach nearly 16,900 individuals under steady economic conditions and more than 27,500 people in an economic downturn.

Addressing homelessness at scale requires a housing-led, prevention-focused, and coordinated approach, with sustained investment in deeply affordable and supportive housing, stronger prevention and stability supports, and alignment across all orders of government.

Staff also provided an overview of the [Protecting Northern Ontario for 1.3 cents on the dollar: Housing and health integration to support a \\$34.6 billion economy](#) report which confirms that housing instability and unmet health needs are intensifying across Northern Ontario. Nearly half of all homelessness in the region is now chronic, reflecting long durations without housing and limited exit options.

Indigenous people and residents of small and remote communities are disproportionately affected, while long wait times for community housing further constrain system capacity. Communities are experiencing continued escalation in mental health and substance use needs. This is proved by rising demand for crisis response, hospital care, and emergency services, causing sustained pressure on systems that are costly, reactive, and poorly suited to supporting long-term stability.

The report models 3 financial investment scenarios designed to end homelessness. The modelling shows that outcomes depend not only on the number of housing spaces created, but on the availability of sufficient operating funding to support prevention, housing retention, and ongoing health related supports. The investment scenarios, considered to be economic protection spending, are expected to reduce pressure on

emergency departments, shelters and corrections, protect workforce participation and productivity and improve durability of public and private investment.

In November of 2025, the DSB contracted the Housing Services Corporation to conduct a [Housing Needs Assessment](#) (HNA) for the entire district. The final assessment was completed and presented to the Board in March 2026.

The purpose is to provide a clear, evidence-based picture of current, future, and emerging housing needs across the service area and serve as a tool to support local housing planning and infrastructure/development decisions, strengthen funding applications, and inform how investments are targeted.

The HNA combines quantitative analysis plus local input from a Community Housing Needs survey and a Municipal Insights survey with our municipal partners.

Community housing is a core part of the local housing system, totaling 423 community housing units across the service area between DSB owned and non-profit providers. Turnover within these locations is low: only about 1 in 10 units become available each year. The assessment identifies that market housing alone will not deliver the housing types most urgently needed. Non-market, mixed-income approaches, and targeted public investment are needed.

Housing pressures are interconnected. Gaps in rentals increase reliance on homelessness prevention programs, rent support, and community housing. A lack of seniors-appropriate housing limits downsizing and reduces turnover elsewhere. The HNA will be used to inform the 2025-2035 Manitoulin-Sudbury District Services Board Housing and Homelessness Plan.

The Manitoulin–Sudbury DSB continues to prioritize infrastructure renewal as part of its 2025–2030 Strategic Plan. During this quarter, progress was made on several key projects, including the awarding of contracts for electrical upgrades in Mindemoya and Gore Bay, as well as the new Paramedic Services station in Hagar.

The tender has been issued for the replacement of make-up air units at the community housing buildings in Warren, Noelville, and St. Charles. Capital improvements have been completed at the community housing building in Manitowaning and at 66 Robinson in Little Current, where new baseboard heaters have been installed throughout.

During the first quarter of 2026, a total of 519 work orders were generated across departments: 392 for Community Housing; 12 for Administration Offices, and 115 for Paramedic Services. Of these, 292 Work Orders were closed or resolved. (A work order is considered closed once the work is completed in-house or upon payment of the invoice if completed by an external contractor). An additional 10 work orders were issued for unit turnovers. Staff transitioned to a new work order system in March which will provide improved access to work order history.

During this quarter, there were two significant incidents resulting in temporary tenant displacement.

A fire occurred at our community housing building in Webbwood. The incident was contained to the originating unit; however, significant smoke damage affected the hallway and surrounding areas. As a precaution, all second-floor tenants were temporarily evacuated while remediation was completed in the hallway to improve air quality and ensure tenant safety. Tenants have since returned to their units, the situation continues to be monitored, with further remediation and restoration ongoing.

In a separate incident, a sewer backup occurred at Fielding Place, located at 5 Park Street in Little Current, affecting all 12 units. Plumbers were immediately called to assess and address the blockage, however due to the severity of the issue, tenants were temporarily relocated for two nights while repairs were completed. All units were subsequently sanitized, and tenants have returned to their homes.

**Donna Stewart**

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Manitoulin-Sudbury District Services Board

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Manitoulin-Sudbury DSB  
1st Quarter Unaudited Report  
AS AT 3/31/2026

266225

	Total Gross Budget				Municipal Share Budget			
	YTD ACTUAL	YTD BUDGET	OVER(UNDER) BUDGET	ANNUAL BUDGET	YTD MUNICIPAL	MUNICIPAL SHARE FORECAST	MUNICIPAL SHARE BUDGET	Over(Under) Budget Forecast
Ontario Works	\$ 383,702	\$ 478,080	\$ (94,377)	\$ 2,212,875	\$ 92,493	\$ 1,072,011	\$ 1,064,900	\$ 7,111
100% Funded	\$ 1,581,882	\$ 1,982,231	\$ (400,349)	\$ 7,928,925				
Child Care	\$ 3,636,777	\$ 4,830,976	\$ (1,194,199)	\$ 19,323,905	\$ 167,010	\$ 668,038	\$ 668,038	\$ -
100% Funded	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
Community Housing	\$ 742,629	\$ 763,783	\$ (21,154)	\$ 3,055,131	\$ 716,347	\$ 2,962,620	\$ 2,884,559	\$ 78,061
100% Funded	\$ 155,996	\$ 208,514	\$ (52,518)	\$ 834,056				
Paramedic Services	\$ 5,322,001	\$ 5,210,908	\$ 111,093	\$ 19,650,005	\$ 2,490,255	\$ 8,245,146	\$ 8,150,387	\$ 94,759
Wilkwemikong, PTS, CP	\$ 1,576,670	\$ 1,729,898	\$ (153,229)	\$ 6,919,593	\$ 32,314	\$ 129,255	\$ 129,255	\$ -
TOTAL EXPENSES	\$ 13,399,657	\$ 15,204,390	\$ (1,804,733)	\$ 59,924,490	\$ 3,498,419	\$ 13,077,070	\$ 12,897,139	\$ 179,931
Interest Revenue	\$ (123,991)	\$ (49,791)	\$ (74,200)	\$ (199,163)	\$ (123,991)	\$ (495,965)	\$ (199,163)	\$ (296,802)
TOTAL EXPENSES	\$ 13,275,665	\$ 15,154,599	\$ (1,878,934)	\$ 59,725,327	\$ 3,374,428	\$ 12,581,105	\$ 12,697,976	\$ (118,871)

	NET Municipal Variance	Explanation of Unaudited Municipal Share- AS OF March 31, 2026
Ontario Works	\$ 7,111	Municipal share of Ontario Works administration expenses are forecasted to be over budget by \$7,111.
Child Care	\$ -	Municipal share of Child Care expenses are forecasted to be on budget.
Community Housing	\$ 78,061	<p><b>\$60,575 + \$79,248 + (\$50,000) + (\$11,762) = \$78,061 deficit</b></p> <p>Federal Funding is forecasted to be <b>\$60,575</b> under budget resulting in a deficit.</p> <p>Direct operated rev &amp; exp and program support allocation is forecasted to be <b>\$79,248</b> over budget</p> <ul style="list-style-type: none"> <li>- Rental Revenues are forecasted to be \$54,817 under budget, resulting in a deficit.</li> <li>- Direct operating expenses are forecasted to be \$24,431 over budget due to: <ul style="list-style-type: none"> <li>-salaries &amp; benefits are forecasted to be (\$36,717) under budget,</li> <li>-other admin expenses are forecasted to be (\$14,669) under budget;</li> <li>-other operating expenses are forecasted to be on budget;</li> <li>-utilities are forecasted to be \$75,817 over budget:</li> </ul> </li> </ul> <p>Rent Supplement program is forecasted to be <b>(\$50,000)</b> under budget.</p> <p>Non-Profit, Rent Supp, Urban Native expenses are forecasted to be <b>(\$11,762)</b> under budget.</p>
Paramedic Services	\$ 94,759	<p>Paramedic Services municipal share is forecasted to be <b>\$94,759</b> over budget.</p> <p>The MOHLTC funding is forecasted to be <b>\$282,272</b> under budget, due to no funding announcements for 2026; this results in a deficit.</p> <p>Medic Staffing and Benefits are forecasted to be under budget by <b>(\$387,612)</b></p> <p>Admin Staffing and Benefits are forecasted to be under budget by <b>(\$102,952)</b></p> <p>Program Support Staffing and Benefits are forecasted to be under budget <b>(\$108,489)</b></p> <p>Non Wages are forecasted to be over budget by <b>\$411,540</b></p> <ul style="list-style-type: none"> <li>- Transportation &amp; Communication is forecasted to be \$79,008 over budget</li> <li>- Program Support non wage expenses are forecasted to be \$89,935 over budget</li> <li>- Vehicle repairs and maintenance are forecasted to be over budget by \$136,710</li> <li>- Building repairs and maint, grounds and utilities are forecasted to be \$46,870 over budget</li> <li>- Mal Practice Liability Insurance is forecasted to be (\$1,614) under budget</li> <li>- Supplies are forecasted to be \$60,631 over budget.</li> </ul>
Patient Transfer Service	\$ -	Patient Transfer Service Municipal share is forecasted to be on budget
Interest Revenue	\$ (296,802)	Interest Revenue is forecasted to be (\$296,802) more than budgeted which results in a municipal surplus.
	<b>\$ (116,871)</b>	