



City of Hamilton
EMERGENCY & COMMUNITY SERVICES COMMITTEE
AGENDA

Meeting #: 21-008
Date: June 17, 2021
Time: 1:30 p.m.
Location: Due to the COVID-19 and the Closure of City Hall (CC)

All electronic meetings can be viewed at:

City's Website:
<https://www.hamilton.ca/council-committee/council-committee-meetings/meetings-and-agendas>

City's YouTube Channel:
<https://www.youtube.com/user/InsideCityofHamilton> or Cable 14

Tamara Bates, Legislative Coordinator (905) 546-2424 ext. 4102

1. CEREMONIAL ACTIVITIES
2. APPROVAL OF AGENDA
(Added Items, if applicable, will be noted with *)
3. DECLARATIONS OF INTEREST
4. APPROVAL OF MINUTES OF PREVIOUS MEETING
 - 4.1. June 3, 2021
5. COMMUNICATIONS
6. DELEGATION REQUESTS
7. CONSENT ITEMS

7.1. Integrated Housing System (CS13033(a)) (City Wide)

7.2. Seniors Advisory Committee Minutes - May 7, 2021

8. STAFF PRESENTATIONS

8.1. Hamilton's Community Safety and Well-Being Plan (HSC19032(b)) (CityWide)

8.2. Hamilton Paramedic Service 2020 Annual Report (HSC21018) (City Wide)

9. PUBLIC HEARINGS / DELEGATIONS

10. DISCUSSION ITEMS

10.1. Emergency Operating Funding for Hamilton Arena Partners (HSC21023) (Ward 6)

10.2. Macassa Lodge - Redevelopment Project Financing Plan (HSC20050(b)) (Ward 7)

11. MOTIONS

12. NOTICES OF MOTION

13. GENERAL INFORMATION / OTHER BUSINESS

14. PRIVATE AND CONFIDENTIAL

15. ADJOURNMENT



EMERGENCY & COMMUNITY SERVICES COMMITTEE MINUTES 21-005

1:30 p.m.

Thursday, June 3, 2021

Council Chambers

Hamilton City Hall

71 Main Street West

Present: Councillors N. Nann (Chair), B. Clark, T. Jackson, S. Merulla, and E. Pauls

Also Present: Councillor C. Collins

Regrets: Councillor T. Whitehead – Leave of Absence

THE FOLLOWING ITEMS WERE REFERRED TO COUNCIL FOR CONSIDERATION:

1. Adaptation and Transformation Update 3 (HSC20020(c)) (Item 8.1)

(Jackson/Pauls)

- (a) That Council approve the authority of the General Manager of the Healthy and Safe Communities Department or his designate to continue to enter into contracts necessary to secure access and purchase of service for continued enhancement of supports for Hamilton's homeless-serving system during COVID-19 including:
- (i) Continued operation of 378 Main Street East (the former Cathedral Boys School) as a temporary shelter for men at an approximate cost of \$1.5 M for the period of July 1, 2021 to no later than December 31, 2021;
 - (ii) The rental of hotel rooms for expanded temporary housing, staffing and additional supports, cleaning, food and associated services in the approximate amount of \$7.1 M for the period of July 1, 2021 to December 31, 2021 and in the approximate amount of \$3.6 M from January 1, 2022 to no later than March 31, 2022 from vendors and providers satisfactory to the General Manager of the Healthy and Safe Communities Department or his designate;

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- (iii) Continuation of COVID-19 related supports for the homeless-serving system, including but not limited to security services, enhanced cleaning, food and associated services in the approximate amount of \$2 M for the period of July 1, 2021 to December 31, 2021 and in the approximate amount of \$1 M from January 1, 2022 to no later than March 31, 2022 from vendors and providers satisfactory to the General Manager of the Healthy and Safe Communities Department or his designate;
 - (iv) Continuation of operation of COVID-19 isolation services for people experiencing homelessness in the approximate amount of \$1.1 M for the period of July 1, 2021 to December 31, 2021 and in the approximate amount of \$540 K from January 1, 2022 to no later than March 31, 2022;
 - (v) Continuation of enhanced drop-in services including but not limited to The Living Rock Ministries, Mission Services of Hamilton Inc., Wesley Urban Ministries Inc. and The Hamilton Young Women's Christian Association (YWCA) in the approximate amount of \$1.5 M for the period of July 1, 2021 to December 31, 2021 and in the approximate amount of \$740 K from January 1, 2022 to no later than March 31, 2022;
- (b) That an evidence-based transition plan for Hamilton's emergency shelter system through post-COVID recovery be approved, with full costing and implementation details to be brought forward for review and approval by Committee and Council at a future date. The transition plan includes the following items for approval:
- (i) Temporarily increase the women's emergency shelter system capacity by up to 70 beds over and above the two existing women's emergency shelters (26 beds at current reduced capacity), by:
 - 1. Opening Emma's Place for up to two years (15 beds) at an approximate cost of \$1.45 M allocated as follows; one-time renovation cost of approximately \$400 K, and operating cost of \$310 K for a total of \$710 K in 2021 and operating cost of \$744 K in 2022; and,
 - 2. Continue to temporarily extend hotel and case management operations for up to 55 beds up to March 31, 2022, funded as per recommendation (a)(ii), while completing a further needs assessment for alternative solutions for ongoing support;
 - (ii) Further investigate transitional adaptations to the emergency shelter system through COVID-19 recovery, including: temporarily increasing the men's emergency shelter system capacity for up to

two years through hotels while conducting a Request for Proposals (RFP) process to identify alternative solutions for ongoing support; investigate increasing the family emergency shelter system capacity; and completing a further needs assessment for ongoing support for couples in the emergency shelter system.

- (c) That all such purchases and grants outlined in Recommendations (a) and (b) pertaining to Budget Year ending December 31, 2021 be funded from any available source jointly deemed appropriate by the General Manager of the Healthy and Safe Communities Department and the General Manager of the Finance and Corporate Services Department including, but not limited to, one or more of the following sources: Reaching Home, Community Homelessness Prevention Initiative, any available provincial or federal funding, or in year program and/or department/corporate surplus;
- (d) That all such purchases and grants outlined in Recommendations (a) and (b) pertaining to Budget Year ending December 31, 2022 be included in the 2022 Operating Budget for Council deliberation through the 2022 Budget process;
- (e) One-time investment of \$2 M for housing allowances for clients of City funded Intensive Case Management (ICM) programs as well as additional staffing support to assist in the administration of the new allowances that will serve up to 93 individuals or households over 4 years;
 - (i) That one additional temporary staff be included in the Housing Services Division complement at an approximate annual cost of \$70 K to support the administration services required to deliver the program as outlined in Recommendation (e) and within the funding as stipulated in Recommendation (e);
 - (ii) That Recommendation (e) and (e) (i) be funded annually over the 4 years, from the Housing Supplement/Housing Allowance Reserve, #112252, and if necessary, from in-year surpluses of the division and or department;
 - (iii) That any in-year Housing Services Division surplus not required to fund Recommendations (a), (b) and (e) be transferred into the Housing Supplement/Housing Allowance Reserve, #112252 to a maximum of \$2.28 M.
- (f) That the General Manager of the Healthy and Safe Communities Department or his designate be directed and authorized, on behalf of the City of Hamilton, to enter into, execute and administer all agreements and documents necessary to implement the purchases and grants outlined above on terms and conditions satisfactory to the General Manager of the Healthy and Safe Communities Department or his designate and in a form satisfactory to the City Solicitor.

Result: Motion CARRIED by a vote of 5 to 0, as follows:

YES - Chair - Ward 3 Councillor Nrinder Nann
 YES - Ward 4 Councillor Sam Merulla
 YES - Ward 6 Councillor Tom Jackson
 YES - Ward 7 Councillor Esther Pauls
 YES - Ward 9 Councillor Brad Clark
 NOT PRESENT - Ward 14 Councillor Terry Whitehead

2. Service Manager Consent for CityHousing Hamilton to Sell Jamesville Property (HSC21011) (Ward 2) (Item 10.1)

(Clark/Jackson)

- (a) That Service Manager consent be provided for CityHousing Hamilton to sell the site bounded by James St. N., Ferrie St. W., MacNab St. N. and Strachan St. W for the purpose of redevelopment resulting in 46 units of community housing on the site;
- (b) That the General Manager of the Healthy and Safe Communities Department or designate, be authorized and directed to enter into, execute and administer an operating agreement with CityHousing Hamilton for their affordable housing project at 450 James St. N. to reflect the rent subsidy in accordance with the terms and conditions contained in the Term Sheet attached as Appendix "A" to Report HSC21011, in a form satisfactory to the City Solicitor; and,
- (c) That the rent subsidy funding provided to the new Jamesville building starting in 2023 be increased annually by the allowable rent increase guideline set by the Ministry of Municipal Affairs and Housing.

Result: Motion CARRIED by a vote of 5 to 0, as follows:

YES - Chair - Ward 3 Councillor Nrinder Nann
 YES - Ward 4 Councillor Sam Merulla
 YES - Ward 6 Councillor Tom Jackson
 YES - Ward 7 Councillor Esther Pauls
 YES - Ward 9 Councillor Brad Clark
 NOT PRESENT - Ward 14 Councillor Terry Whitehead

3. Emergency Shelter Services Team Staffing (HSC21017) (City Wide) (Item 14.1)

(Clark/Pauls)

- (a) That the direction within Report HSC21017, Emergency Shelter Services Team Staffing, be approved; and,

- (b) That Report HSC21017, respecting Emergency Shelter Services Team Staffing, remain confidential.

Result: Motion CARRIED by a vote of 5 to 0, as follows:

YES - Chair - Ward 3 Councillor Nrinder Nann
 YES - Ward 4 Councillor Sam Merulla
 YES - Ward 6 Councillor Tom Jackson
 YES - Ward 7 Councillor Esther Pauls
 YES - Ward 9 Councillor Brad Clark
 NOT PRESENT - Ward 14 Councillor Terry Whitehead

4. Status Change of the Housing Programs Officer Position (HSC21019) (City Wide) (Item 14.2)

(Clark/Jackson)

- (a) That the directions within Report HSC21019, Status Change of the Housing Programs Officer Position, be approved; and,
- (b) That Report HSC21019, respecting the Status Change of the Housing Programs Officer Position remain confidential.

Result: Motion CARRIED by a vote of 5 to 0, as follows:

YES - Chair - Ward 3 Councillor Nrinder Nann
 YES - Ward 4 Councillor Sam Merulla
 YES - Ward 6 Councillor Tom Jackson
 YES - Ward 7 Councillor Esther Pauls
 YES - Ward 9 Councillor Brad Clark
 NOT PRESENT - Ward 14 Councillor Terry Whitehead

FOR INFORMATION:

(a) APPROVAL OF AGENDA (Item 2)

(Pauls/Clark)

That the agenda for the June 3, 2021 Emergency and Community Services Committee meeting be approved, as presented.

Result: Motion CARRIED by a vote of 5 to 0, as follows:

YES - Chair - Ward 3 Councillor Nrinder Nann
 YES - Ward 4 Councillor Sam Merulla
 YES - Ward 6 Councillor Tom Jackson
 YES - Ward 7 Councillor Esther Pauls
 YES - Ward 9 Councillor Brad Clark
 NOT PRESENT - Ward 14 Councillor Terry Whitehead

(b) DECLARATIONS OF INTEREST (Item 3)

There were no declarations of interest.

(c) APPROVAL OF MINUTES OF PREVIOUS MEETING (Item 4)

(i) May 6, 2021 (Item 4.1)

(Merulla/Jackson)

That the Minutes of the May 6, 2021 meeting of the Emergency and Community Services Committee be approved, as presented.

Result: Motion CARRIED by a vote of 5 to 0, as follows:

YES - Chair - Ward 3 Councillor Nrinder Nann
 YES - Ward 4 Councillor Sam Merulla
 YES - Ward 6 Councillor Tom Jackson
 YES - Ward 7 Councillor Esther Pauls
 YES - Ward 9 Councillor Brad Clark
 NOT PRESENT - Ward 14 Councillor Terry Whitehead

(d) CONSENT ITEMS (Item 7)

(i) Hamilton Veteran Committee Minutes (Item 7.1)

(Jackson/Pauls)

That the following Hamilton Veterans Committee Minutes, be received:

1. March 23, 2021 – No Quorum Report (Item 7.1 (a))

Result: Motion CARRIED by a vote of 5 to 0, as follows:

YES - Chair - Ward 3 Councillor Nrinder Nann
 YES - Ward 4 Councillor Sam Merulla
 YES - Ward 6 Councillor Tom Jackson
 YES - Ward 7 Councillor Esther Pauls
 YES - Ward 9 Councillor Brad Clark
 NOT PRESENT - Ward 14 Councillor Terry Whitehead

(e) STAFF PRESENTATIONS (Item 8)

(i) Adaptation and Transformation Update 3 (HSC20020(c)) (City Wide) (Item 8.1)

(Pauls/Clark)

That the presentation from Edward John, Director, Housing Services, respecting Adaptation and Transformation update 3, be received.

Result: Motion CARRIED by a vote of 5 to 0, as follows:

YES - Chair - Ward 3 Councillor Nrinder Nann
YES - Ward 4 Councillor Sam Merulla
YES - Ward 6 Councillor Tom Jackson
YES - Ward 7 Councillor Esther Pauls
YES - Ward 9 Councillor Brad Clark
NOT PRESENT - Ward 14 Councillor Terry Whitehead

For disposition of this matter, please refer to Item 1.

(f) PRIVATE AND CONFIDENTIAL (Item 14)

The Emergency and Community Services Committee determined that it was not necessary to move into Closed Session respecting Items 14.1 and 14.2.

For disposition of these matters, please refer to Item 3 and 4, respectively.

(g) ADJOURNMENT (Item 15)

(Pauls/Jackson)

That there being no further business, the Emergency and Community Services Committee be adjourned at 2:34 p.m.

Result: Motion CARRIED by a vote of 5 to 0, as follows:

YES - Chair - Ward 3 Councillor Nrinder Nann
YES - Ward 4 Councillor Sam Merulla
YES - Ward 6 Councillor Tom Jackson
YES - Ward 7 Councillor Esther Pauls
YES - Ward 9 Councillor Brad Clark
NOT PRESENT - Ward 14 Councillor Terry Whitehead

Respectfully submitted,

Councillor N. Nann
Chair, Emergency and Community Services
Committee

Tamara Bates
Legislative Coordinator
Office of the City Clerk

7.1



CITY OF HAMILTON
HEALTHY AND SAFE COMMUNITIES DEPARTMENT
Housing Services Division

TO:	Chair and Members Emergency and Community Services Committee
COMMITTEE DATE:	June 17, 2021
SUBJECT/REPORT NO:	Integrated Housing System (CS13033(a)) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Brian Kreps (905) 546-2424 Ext. 1782
SUBMITTED BY:	Edward John Director, Housing Services Division Healthy and Safe Communities Department
SIGNATURE:	

RECOMMENDATION

That the General Manager of Healthy and Safe Communities, or his designate, be authorized and directed to enter into, execute and administer all necessary agreements, in a form satisfactory to the City Solicitor, with community housing providers and their staff for their use of the Integrated Housing System software.

EXECUTIVE SUMMARY

The administration of funding for social housing and the Access to Housing (ATH) centralized waiting list are key components of the City of Hamilton's role as Service Manager for Housing and Homelessness. The Integrated Housing System (IHS) which will be implemented at the beginning of July 2021 will replace aging systems used to administer the ATH Waitlist. Subsequent modules will replace antiquated software for administering rent supplement agreements and create more efficient approaches for conducting operational reviews and establishing and monitoring budgets.

As part of implementation, agreements must be signed with community housing providers and their employees. The user agreements authorize providers to use the system and access data. The agreements detail obligations for training, privacy protection and data management.

OUR Vision: To be the best place to raise a child and age successfully.

OUR Mission: To provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.

OUR Culture: Collective Ownership, Steadfast Integrity, Courageous Change, Sensational Service, Engaged Empowered Employees.

SUBJECT: Integrated Housing System (CS13033(a)) (City Wide) - Page 2 of 4

To date, \$384 K has been spent on the development of this custom software solution, \$191 K funded from Reserve #112244 and \$193 K funded by in year Housing Division surpluses, which includes a one-time contribution from the Ministry of Municipal Affairs and Housing of \$84K. The projected 2021 costs of \$30 K will be funded from Reserve #112244.

The cost of annual maintenance and hosting fees will be \$15 K payable to Arcori Istcl Group Inc (AIG) which will cover system maintenance, including upgrades and server hosting. Yearly maintenance fees are for the duration of the Master Services Agreement. The agreement includes a clause which states the hosting payments may increase due to inflation and increases in hosting costs due to market conditions. Upon the sale of IHS to an additional 10 Service Managers, AIG will reduce fees to \$0 in perpetuity for all consortium members, including the City of Hamilton.

In addition to the annual maintenance and hosting fees is an annual project management fee of \$20 K payable to the City of London for the development of the modules that will end once development is complete.

IHS will replace two systems and payments to two vendors, Del Management Solutions Inc and AppVision, that currently cost \$44 K per year in licensing and maintenance fees which provides a minimum savings to the levy of \$10 K in 2022.

Alternatives for Consideration – Not Applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: There are no financial implications related to the recommendation for delegated authority to enter into, execute and administer all necessary user agreements, Users will not be charged for system use. There are no financial penalties for community housing providers or individual users upon termination of the IHS User Agreements.

Staffing: N/A

Legal: Legal Services has reviewed the approvals that have been given for the Integrated Housing System to date and has advised that Council authority is required to enter into the agreements with community housing providers and their employees for access to the IHS.

HISTORICAL BACKGROUND

On July 12, 2013, Council authorized the City of Hamilton to enter into a consortium agreement with the Cities of London, Windsor, Chatham-Kent, and Ottawa, and the Regional-Municipalities of Waterloo, York and Halton for the purpose of developing an

SUBJECT: Integrated Housing System (CS13033(a)) (City Wide) - Page 3 of 4

administrative information technology solution to support the integrated management of social housing programs.

At the same meeting, Council approved funding for Hamilton's share of this project to be \$300,000 of which \$275,850 came from the Social Housing Transition Reserve #112244 and \$24,150 from the Developing Opportunities for Ontario Renters (DOOR) Reserve #112239. These funds were further enhanced by a one-time funding of \$84 K provided by the Ministry of Municipal Affairs and Housing towards the development of the system.

On December 10, 2020, the Emergency and Community Services Committee approved Report HSC20054, thereby making the temporary IHS Senior Project Manager permanent, to be funded through administrative funding from the Canada Ontario Community Housing Initiative (COCHI) effective January 1, 2021.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

The Housing Services Act, 2011 requires the City of Hamilton, as Service Manager, to administer agreements and funding for social housing projects listed in the regulations. It also requires that Service Managers create and administer a Centralized Waiting List for social housing units.

RELEVANT CONSULTATION

Legal Services and Finance and Administration were consulted in the preparation of this report.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

The new Integrated Housing System (IHS) will replace antiquated software to administer the Access to Housing (ATH) waitlist for community housing and Rent Supplement Management System (RSMS). Additional modules will also replace inefficient systems for conducting operational reviews and developing annual budgets. These functions are all central to the City of Hamilton's fulfilment of its role as Service Manager for Housing and Homelessness.

To authorize the use of the data base and safeguard the personal information they contain, user agreements must be signed with social housing providers and their staff. The agreements spell out the obligations to use the databases to offer units, to train staff on appropriate use of the system, appropriate practices to protect the data and procedures for reporting breeches.

SUBJECT: Integrated Housing System (CS13033(a)) (City Wide) - Page 4 of 4

ALTERNATIVES FOR CONSIDERATION

N/A

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN

Healthy and Safe Communities

Hamilton is a safe and supportive City where people are active, healthy, and have a high quality of life.

APPENDICES AND SCHEDULES ATTACHED

Not Applicable



Hamilton

**Seniors Advisory
Committee**

Minutes

May 7, 2021

10:00am – 12:00pm

Due to the COVID-19 and the Closure of City Hall

All electronic meetings can be viewed at:

City's YouTube Channel

<https://www.youtube.com/user/InsideCityofHamilton>

In Attendance:

Penelope Petrie (Chair), Aref Alshaikhahmed, Sheryl Boblin, David Broom, Carolann Fernandes, Jeanne Mayo, Maureen McKeating, Sarah Shallwani, Barry Spinner, Douglas Stone, Marian Toth, Marjorie Wahlman, Ann Elliott, Kamal Jain, Noor Nizam

Also, in Attendance:

Lisa Maychak, Program Manager, Healthy & Safe Communities Department
Cole Gately, Staff Liaison, Diversity and Inclusion

Tom Jackson, City Councillor

Brian Hollingsworth, Director, Transportation, Planning & Parking, City of
Hamilton

Peter Topalovic, Program Manager, Sustainable Mobility, City of Hamilton

Kim VanderMeulen, Program Secretary, Healthy & Safe Communities

Sonya Baldwin, Program Secretary, Healthy & Safe Communities

Regrets: Vince Mercuri, D. Petgrave

1. CEREMONIAL ACTIVITIES (Item 1)

Land Acknowledgement presented by A. Alshaikhahmed

K. Jain has volunteered to read the Land Acknowledgement at the next meeting.

2. APPROVAL OF AGENDA (Item 2)

That the following items be added to the May 7, 2021 agenda:

- (a) Item 7.1: General/Other Business regarding Resolutions from Citizen Committee Report submissions
- (b) Item 7.2: General/Other Business regarding United Way Project

(M. Wahlman/C. Fernandes)

That the Seniors Advisory Committee approves the May 7, 2021 agenda, as amended.

CARRIED

3. APPROVAL OF MINUTES OF PREVIOUS MEETING (Item 4)

April 9, 2021 minutes (Item 4.1)

Correctly configure attendance section

Correction of Ann Elliott's name

Correction of typo in name in 10.2 to "Working Committees"

(M. Wahlman/A. Alshaikhahmed)

That the Seniors Advisory Committee approves the April 9, 2021 Minutes as presented.

CARRIED

4. STAFF PRESENTATIONS (Item 9)

- (i) **Commercial E-Scooter Operations Brian Hollingsworth, Director, Transportation, Planning & Parking, City of Hamilton and Peter Topalovic, Program Manager, Sustainable Mobility, City of Hamilton (Item 9.1)**

Peter Topalovic presented to the Senior Advisory Committee respecting the operational benefits, challenges and operating areas for Commercial E-Scooter operations in the City of Hamilton. A question and answer period followed the presentation.

(M. Wahlman/D. Broom)

That the Seniors Advisory Committee receive the presentation by Brian Hollingsworth, Director, Transportation, Planning & Parking, City of Hamilton and Peter Topalovic, Program Manager, Sustainable Mobility, City of Hamilton.

CARRIED

5. DISCUSSION ITEMS (Item 10)

(i) Working Groups (Item 10.1)

a. Getting Around Hamilton Working Group

J. Mayo informed that the snow removal program has now been expanded to include the transit routes and the process for becoming operational is currently underway. There are plans to for it to be implemented in December 2022. Councillor Jackson explained that it takes time through the City's procurement process to recruit snow removal operators. In addition, he stated there is a large difference in cost: \$4.5 million (\$15/year increase in property taxes) for sidewalks only versus \$8.5 million (\$26-\$36/ year increase in property taxes) for all routes.

b. Older Adult Financial & Physical Abuse Working Group

M. Wahlman reported that the group had a lengthy discussion about conflict of interest and police not laying charges to consequences in Long Term Care homes. Additionally, D. Broom reported that he is on the agenda to speak at the Police Services Board meeting in June.

c. Housing Working Group

M. Toth reported to the group is still in need of members of Seniors Advisory Committee. Interested members are to connect with M. Toth.

In addition, this work group is supporting secondary units as approved by City Council.

d. Communication Working Group

D. Broom reported that at the April work group meeting they received a presentation from the Hamilton Public Library (HPL) regarding the new seniors' guide and updated Red Book which is now live. In addition, HPL has a network of community partners and residents called the BBL for communications.

(ii) Working Committees (Item 10. 2)

a. Age Friendly Plan - Governance Committee

A. Elliott indicated the governance committee is undergoing a re-organization with next steps being the development of an implementation plan.

L. Maychak further indicated that Hamilton's second plan, *Hamilton's Plan for an Age-Friendly Community, 2021-2026* was presented to the Emergency and Community Services Committee on April 8, 2021 and will be launched to the public at the Seniors Virtual Event in June which is Seniors Month.

b. Older Adult Network

D. Stone reported this committee has not met recently.
L. Maychak further reported that a Seniors Virtual Event is being planned for June which will include the launch of the Hamilton's new Age-Friendly Plan, presentations, demos and entertainment, and that further details will be announced in the next few weeks.

c. International Day of Older Persons Committee

D. Stone indicated that the committee has not met recently.

L. Maychak further indicated that planning for this event will take place in September as this event does not take place until October 1, 2021.

d. McMaster Institute for Research on Aging

There are no updates from this committee.

e. Ontario Health Coalition

There are no updates from this committee.

f. Our Future Hamilton Update

There are no updates from this committee.

(iii) Senior of the Year Award

L. Maychak indicated the deadline for nominations has been

extended from May 28th until June 28th, 2021.

6. MOTIONS

(i) Approval of All Advisory Committee Event Date and Selection of Presenter (Item 11.1)

(D. Stone/S. Boblin)

That P. Petrie, and J. Mayo be approved as the presenters to the All Advisory Committee Event, on behalf of the Seniors Advisory Committee.

CARRIED

7. GENERAL INFORMATION/OTHER BUSINESS

(i) United Way Project (Item 13.1)

L. Maychak indicated that the United Way Halton Hamilton received funding for a one-year project to develop a resource guide for seniors, which will include the stories of local seniors and their experiences during the COVID-19 pandemic. L. Maychak also indicated that the planning committee is requesting a member of Seniors Advisory Committee to sit on the committee. S. Boblin indicated she will attend their committee meeting in June. M. Wahlman indicated she would like to participate in the story-telling.

(ii) Citizen Committee Reports (Item 13.2)

J. Mayo requested the outcome of the reports that went to Emergency and Community Services Committee.

Councillor Jackson stated that the Citizen Committee Report regarding long-term care homes was approved and has been referred to the City's Emergency Operations Centre team. In addition, the request for funding for two Seniors Advisory Committee members to attend the International Federation of Aging Conference was also approved. The two members selected to attend the conference are J. Mayo and S. Boblin.

(D. Bloom/M. Toth)

That the information respecting the Citizen Committee Reports, be received.

CARRIED

(iii) Police Services Board (Item 13.3)

D. Bloom indicated that he will be making a presentation to the Board on May 21, 2021 at 1 pm.

8. ADJOURNMENT (Item 15)

(P. Petrie /M. Wahlman)

That the Seniors Advisory Committee be adjourned at 12:06 p.m.

CARRIED

Next Meeting: June 4th,2021

8.1



CITY OF HAMILTON
HEALTHY AND SAFE COMMUNITIES DEPARTMENT
General Manager's Office

TO:	Chair and Members Emergency and Community Services Committee
COMMITTEE DATE:	June 17, 2021
SUBJECT/REPORT NO:	Hamilton's Community Safety and Well-Being Plan (HSC19032(b)) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Grace Mater (905) 546-2424 Ext. 4979 Rachelle Ihekwoaba (905) 524-2424 Ext. 5909 Jennifer Hohol (905) 546-2424 Ext. 7857
SUBMITTED BY:	Paul Johnson General Manager Healthy and Safe Communities Department
SIGNATURE:	

RECOMMENDATION(S)

- (a) That Appendix "A" attached to Report HSC19032(b) respecting Hamilton's Community Safety and Well-Being Plan be approved;
- (b) That the General Manager of Healthy and Safe Communities Department be authorized to increase the complement of the General Manager's Office by one full time permanent position Senior Project Manager beginning immediately to support implementation and maintain ongoing oversight of Hamilton's Community Safety and Well-Being Plan and that the annual cost of \$125,000 be funded in 2021 through in year department savings and that the full cost be included in the 2022 Tax Operating Budget; and,
- (c) That any additional requests for funding to support implementation of Hamilton's Community Safety and Well-Being Plan be referred to future budget processes.

EXECUTIVE SUMMARY

In December 2019, the Emergency and Community Services Committee was notified of new legislative requirements for municipalities to prepare and adopt a Community

OUR Vision: To be the best place to raise a child and age successfully.

OUR Mission: To provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.

OUR Culture: Collective Ownership, Steadfast Integrity, Courageous Change, Sensational Service, Engaged Empowered Employees.

**SUBJECT: Hamilton's Community Safety and Well-Being Plan (HSC19032(b))
(City Wide) - Page 2 of 7**

Safety and Well-Being Plan (Report HSC19032). The aim of the plan is to ensure all residents in the community feel safe, have a sense of belonging and can meet their needs for education, healthcare, food, housing, income, and social and cultural expression. Plans must be completed and posted online by municipalities by July 1, 2021. The development of Hamilton's Community Safety and Well-Being Plan was overseen by an advisory committee which met legislative requirements and brought together various sectors' perspectives to provide strategic advice and direction to the City of Hamilton on the development of the plan.

Hamilton's Community Safety and Well-Being Plan, attached as Appendix "A" to Report HSC19032(b), outlines a framework for working alongside partners to promote safety and well-being for all residents. This framework includes a series of guiding principles that will be applied across all work within the plan as well as six local priorities where opportunities for action have been identified. The local priorities include hate incidents, violence, mental health and stigma, substance use, housing and homelessness and access to income. All content within the plan was informed through consultation with Hamilton residents, service providers and advisory committee members.

This plan is only the beginning of collaboration across the community to improve outcomes in Hamilton related to safety and well-being. To move this plan into action a sustainable governance model needs to be in place including the creation of action tables to develop detailed implementation plans and outcome measures. In order to support a collaborative and coordinated community-wide implementation of Hamilton's Community Safety and Well-Being Plan, this report recommends the hiring of 1.0 FTE Senior Project Manager. Investment within the local priorities to improve outcomes related to safety and well-being is beyond that of a single organization and is a shared responsibility between different levels of government, community partners and funding networks. Sustainable funding will be sought through the appropriate funder(s) based on implementation plans. As per Recommendation (c) in Report HSC19032(b), requests for municipal funding to support this work will be referred to future budget processes.

Alternatives for Consideration – See Page 6**FINANCIAL – STAFFING – LEGAL IMPLICATIONS**

Financial: The recommendation to increase the complement of the Healthy and Safe Communities Department's General Manager's Office by one full time permanent position, Senior Project Manager, beginning immediately, will have an annual cost of \$125,000, to be funded in 2021 through in year department savings with the full cost included in the 2022 Tax Operating Budget.

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Staffing: The recommendations will have staffing implications in the hiring of a new 1.0 FTE Senior Project Manager to lead a collaborative and coordinated community-wide implementation of Hamilton's Community Safety and Well-Being Plan. This position will report through the General Manager's Office in Healthy and Safe Communities Department.

Legal: Through the *Safer Ontario Act*, municipalities are required to develop and have approved by their Council a Community Safety and Well-Being Plan. These plans must be made available publicly online by July 1, 2021.

HISTORICAL BACKGROUND

In December 2019, the Emergency and Community Services Committee was notified of new legislative requirements for municipalities to prepare and adopt a Community Safety and Well-Being Plan (Report HSC19032). The plan must be developed using the provincial government's Community Safety and Well-Being Framework¹ which identifies four key areas of planning: incident response, risk intervention, prevention and social development, that work together to make communities safer and healthier.

The development of Hamilton's Community Safety and Well-Being Plan was overseen by an advisory committee which met legislative requirements and brought together various sectors' perspectives to provide strategic advice and direction to the City of Hamilton on the development of the plan. Participating organizations on the advisory committee were outlined in Report HSC19032(a).

In January 2020, the advisory committee began work to develop the plan through the assessment of risk factor data. They completed a priority setting exercise to identify local priorities to investigate further for future opportunities for collaboration. The local priorities that were identified include hate incidents, violence, mental health and stigma, substance use, housing and homelessness and access to income.

This work was put on hold through most of 2020 so advisory committee members and City staff could support COVID-19 response efforts in their own organizations. In September 2020, the advisory committee reconvened and committed to monthly meetings to support completion of the plan. Upon returning to this work in late 2020, direction from the advisory committee was to focus on community engagement.

From February – April 2021, residents and service providers were consulted through various virtual engagement opportunities to provide feedback on the local priorities identified by the advisory committee and to give recommendations for action to be included in the plan. Results of community engagement efforts were used to inform the

¹ <https://www.mcscs.jus.gov.on.ca/english/Publications/MCSCSSSOPlanningFramework.html>

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development of the plan. The advisory committee reviewed the plan and informed next steps on moving the plan into action.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

Through the *Safer Ontario Act*, municipalities are required to develop and have approved by their Council a Community Safety and Well-Being Plan. These plans must be made available publicly online by July 1, 2021.

The City of Hamilton's Budget Complement Control Policy (Report FCS16024) states that:

- 2) Increasing Complement
 - (i) Of Permanent complement requires Council approval

RELEVANT CONSULTATION

To develop Hamilton's Community Safety and Well-Being Plan, consultation took place through various virtual engagement opportunities to provide feedback on the local priorities identified by the advisory committee and to give recommendations for action to be included in the plan. The public, service providers, community organizations and City of Hamilton staff supporting existing community strategies were engaged in this consultation. A full summary of community engagement outcomes was provided through a Communication Update to Council on May 6, 2021.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

Hamilton's Community Safety and Well-Being Plan outlines a framework for working alongside partners to promote safety and well-being for all residents. This framework includes a series of guiding principles that will be applied across all work within the plan as well as six local priorities where opportunities for action have been identified.

Guiding Principles

When listening to the Hamilton community, it was clear that the approaches that are used to make decisions for action in a community plan are just as important as the actions themselves. It was also heard through engagement that the definition of safety and well-being is unique to an individual or community and what could make one person feel safe may not evoke the same feelings of safety for others.

The advisory committee took this feedback into consideration and developed a set of guiding principles for Hamilton's Community Safety and Well-Being Plan. The guiding principles include recommendations within the areas of:

- Equity, diversity and inclusion;

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- Community engagement;
- Data and evaluation;
- Sustainable funding; and,
- System collaboration.

Moving forward, these guiding principles will be brought to life with consideration and focus on process and applying the opportunities for action across all future work on Hamilton's Community Safety and Well-Being Plan.

Local Priorities

Community engagement efforts validated the local priorities identified by the advisory committee. Many respondents echoed their desires for safer communities through action related to hate incidents, violence, mental health and stigma, substance use, housing and homelessness and access to income and highlighted the complexity of these issues in Hamilton.

Within each of the local priorities in Hamilton's Community Safety and Well-Being Plan, there are community highlights and opportunities for action across all four levels of the provincial framework that together can create a balanced and collaborative approach to improved safety and well-being. The four key areas of planning within the provincial framework are: incident response, risk intervention, prevention and social development. Across Hamilton, work within each of the local priorities is not new and, in some cases, collaboration has been happening for years. As such, Hamilton's Community Safety and Well-Being Plan identifies opportunities to align or better connect existing work to improve outcomes. The community highlights in Hamilton's Community Safety and Well-Being Plan showcase work that advisory committee organizations are currently leading or participating in. This is in no way an exhaustive representation of all work happening in the community to improve safety and well-being within each of the local priorities. Some of the existing work led or supported by the City of Hamilton that is referenced in the plan includes:

- Hate Prevention & Mitigation initiative
- Urban Indigenous Strategy
- Indigenous Health Strategy (Public Health Services)
- Hamilton Anti-Racism Resource Centre
- Hamilton Drug Strategy
- Hamilton's Housing and Homelessness Action Plan
- Xperience Annex
- Ontario Works System Transformation
- (Re)envision the HSR Strategy
- Mayor's Task Force on Economic Recovery
- Hamilton Health Team
- Just Recovery Hamilton Policy Paper Recommendations
- Mohawk College's Challenge 2025

OUR Vision: To be the best place to raise a child and age successfully.

OUR Mission: To provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.

OUR Culture: Collective Ownership, Steadfast Integrity, Courageous Change, Sensational Service, Engaged Empowered Employees.

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Each local priority also includes opportunities for action. These were identified through community engagement with residents, services providers and advisory committee members. They represent opportunities where partners can come together, prioritize work, try things out, and evaluate solutions. Building upon these opportunities in the plan will be the key to moving Hamilton's Community Safety and Well-Being Plan into action.

Moving the Plan into Action

This plan is only the beginning of collaboration across the community to improve outcomes in Hamilton related to safety and well-being. To move this plan into action a sustainable governance model needs to be in place including the creation of action tables to develop detailed implementation plans and outcome measures. To start to put the guiding principles into action, the advisory committee is recommending a call out to interested partners who want to participate in this work to form the action tables and support the development of implementation plans within each of the local priorities. In order to establish this governance model and support a collaborative and coordinated community-wide implementation of the Hamilton's Community Safety and Well-Being Plan, Report HSC19032(b) recommends the hiring of a 1.0 FTE Senior Project Manager.

Once the governance model is in place, opportunities for action will be explored, prioritized and have supporting implementation plans built by the action tables. As these are extremely complex issues in the community, it is expected that some solutions may be addressed through collaboration and alignment of existing funding, while others could require significant investment to demonstrate success in outcome measures. The municipality and community partners have been working on the local priorities, in some cases for many years. The exercise in creating Hamilton's Community Safety and Well-Being Plan only highlighted that there is not enough money in the current system and the investment gap that exists to support this work.

There is a commitment from current partners to ensure that Hamilton's Community Safety and Well-Being Plan is a living document with annual reviews processes established to ensure progress towards expectations set out in the plan and that local priorities and actions remain responsive and flexible to emerging needs in Hamilton.

ALTERNATIVES FOR CONSIDERATION

Should Committee not approve Recommendation (b) to Report HSC19032(b), there would be no legal implications. The City of Hamilton would still be in compliance with the *Safer Ontario Act* in completing and posting a Community Safety and Well-Being Plan.

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There would no longer be any financial or staffing implications of the remaining recommendations as money would not be spent hiring a 1.0 FTE Senior Project Manager.

Without the additional resource, the City of Hamilton will be able to continue work on existing initiatives that contribute to improving safety and well-being outcomes in the community but will not be able to lead a collaborative and coordinated community-wide implementation of the plan.

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN**Community Engagement and Participation**

Hamilton has an open, transparent and accessible approach to City government that engages with and empowers all citizens to be involved in their community

Economic Prosperity and Growth

Hamilton has a prosperous and diverse local economy where people have opportunities to grow and develop.

Healthy and Safe Communities

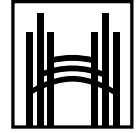
Hamilton is a safe and supportive City where people are active, healthy, and have a high quality of life.

Culture and Diversity

Hamilton is a thriving, vibrant place for arts, culture, and heritage where diversity and inclusivity are embraced and celebrated.

APPENDICES AND SCHEDULES ATTACHED

Appendix “A” to Report HSC19032(b) – Hamilton’s Community Safety and Well-Being Plan



Hamilton



HAMILTON'S
**COMMUNITY SAFETY
& WELL-BEING PLAN**





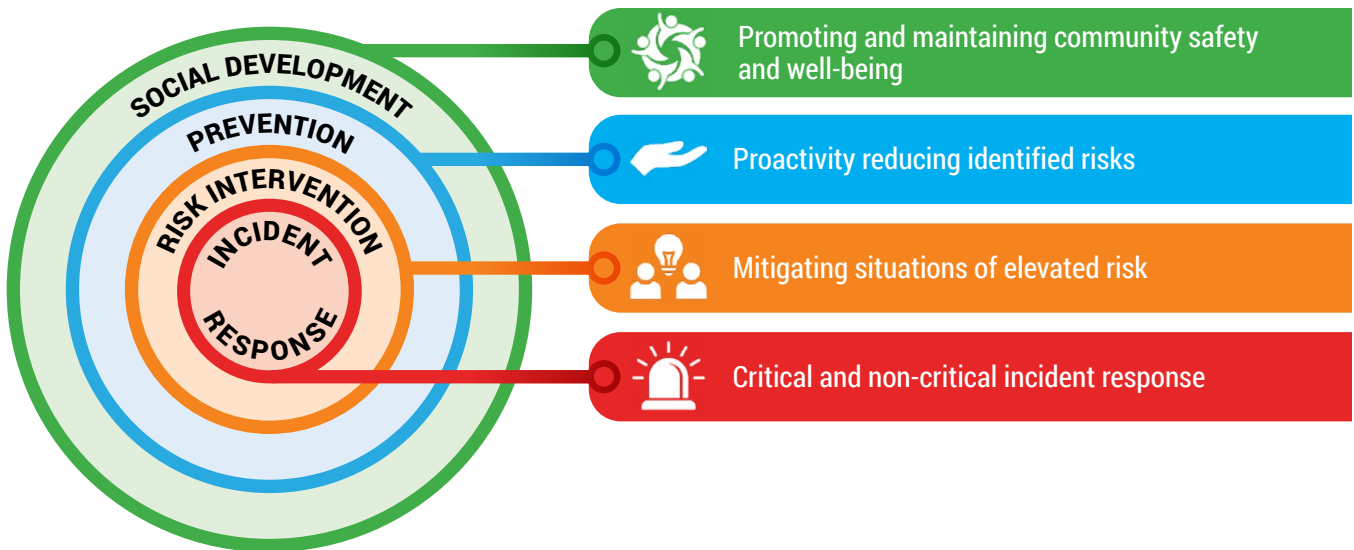
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Under the Province’s Safer Ontario Act, 2018 municipalities are required to develop a Community Safety and Well-Being Plan. The aim of Community Safety and Well-Being plans is to ensure all residents in the community feel safe, have a sense of belonging and can meet their needs for education, healthcare, food, housing, income, and social and cultural expression.

Community Safety and Well-Being Plans support safe and healthy communities through a community-based approach to address root causes of complex social issues. Planning seeks to achieve a proactive, balanced and collaborative approach to community safety and well-being across four key areas: **social development**, **prevention**, **risk intervention**, and **incident response**.³⁴



Hamilton’s Community Safety and Well-Being Plan offers a framework for partners working together to promote safety and well-being for all residents. This framework includes a series of guiding principles that will be applied in all aspects of the plan as well as six local priorities where opportunities for action have been identified. These local priorities include: hate incidents, violence, mental health and stigma, substance use, housing and homelessness and access to income.



WHO WAS INVOLVED IN THE PLAN?

Hamilton's Community Safety and Well-Being Plan development was overseen by an Advisory Committee which both meets legislative requirements and brings together various sectors' perspectives to provide strategic advice and direction to the City of Hamilton on the development and implementation of the plan.

The following organizations participated as part of the Advisory Committee:



COMMUNITY ENGAGEMENT

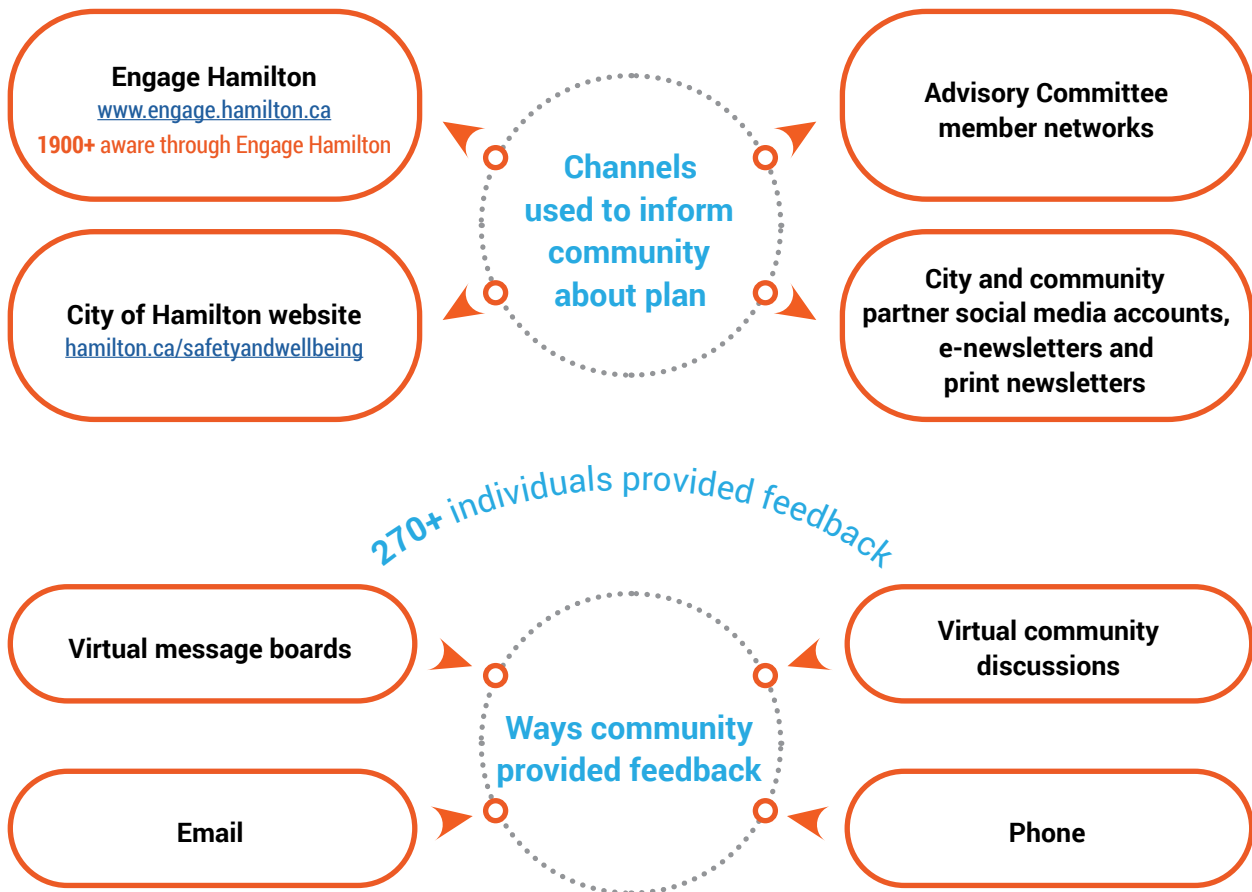
Community safety and well-being cannot be addressed in isolation by any one institution, organization, sector, or individual; it requires collective action. Collective community wisdom is needed to better understand individual safety and well-being risks, and to come up with creative solutions and ideas to tackle complex issues facing Hamilton.

Engagement on Hamilton’s Community Safety and Well-Being Plan had two goals.

- GOAL 1** Inform Hamilton residents about the Community Safety and Well-Being Plan.
- GOAL 2** Consult with the public and service providers on the local priority areas identified by the Advisory Committee and collect recommendations for action.

WHAT WE DID

As part of a community engagement approach to inform development of the plan, several methods for sharing information and gathering feedback have and will continue to be used.



WHAT WE HEARD

Community engagement efforts validated the local priorities identified by the Advisory Committee. Many respondents echoed their desires for safer communities through action related to hate incidents, violence, mental health and stigma, substance use, housing and homelessness and access to income and highlighted the complexity of these issues in Hamilton. We also heard through engagement that the definition of safety and well-being is unique to an individual or community and what could make one person feel safe may not evoke the same feelings of safety for others.

Themes that emerged from the engagements were also respondents' desires for a community where:

- Everyone feels welcome and included;
- Everyone is treated equitably regardless of their skin colour, lived experience, sexual orientation, gender identity and gender expression;
- People feel connected to their community with strong relationships between service providers, local policy, local government and residents;
- People's basic needs are met in a manner that upholds their dignity;
- People are able to access services where they live;
- Everyone can and feels empowered to fully participate in all aspects of the community such as education, employment, recreation and civic engagement; and
- Everyone takes responsibility to create a safe community for themselves and others.

All feedback was considered and used to inform the way forward for the plan including the identification and adoption of guiding principles and opportunities for action throughout each of the local priority areas.



SAFETY AND WELL-BEING OF INDIGENOUS COMMUNITIES

Hamilton has a unique relationship and commitment to Indigenous Peoples. Hamilton's Community Safety and Well-Being Plan upholds this unique relationship and commitment through its recognition of the social inequities Indigenous Peoples face in Hamilton being rooted in colonialism. The historical and ongoing impacts of colonialism are the results of intentional policies that sought to dispossess, dis-empower and displace Indigenous Peoples.

Hamilton's relationship and commitment to addressing the social inequities Indigenous Peoples face is demonstrated in Hamilton's Urban Indigenous Strategy and furthered by this plan. The safety and well-being of the Indigenous community is distinct and upheld throughout this plan through the identification of Indigenous specific goals and foci. The Indigenous-specific goals and foci have been identified by local Indigenous leadership. This plan commits to continuing to support Indigenous self-determination by advocating and supporting autonomy as well as investment in the Indigenous community of Hamilton.



THE WAY FORWARD

GUIDING PRINCIPLES

When listening to the Hamilton community, it was clear that the approaches that are used to make decisions for action are just as important as the actions themselves. This feedback informed the development of guiding principles for Hamilton’s Community Safety and Well-Being Plan.

Moving forward, these guiding principles will be brought to life by considering and applying the opportunities for action across all future work on Hamilton’s Community Safety and Well-Being Plan.

EQUITY, DIVERSITY AND INCLUSION



A foundation built on equity, inclusion, diversity and anti-racism

COMMUNITY ENGAGEMENT



Inclusive engagement through trusted channels

DATA & EVALUATION



Evidence informed action & implementation plans, key success measures

SUSTAINABLE FUNDING



Sustainable resources to support actions through new and existing funding

SYSTEM COLLABORATION



Collaborate to improve service coordination, client experience and outcomes



EQUITY, DIVERSITY AND INCLUSION

OPPORTUNITIES FOR ACTION:

- Review existing equity, anti-racism, anti-oppression and decolonization frameworks and adopt framework for decision making for Hamilton's Community Safety and Well-Being Plan
- Invite individuals with lived experience to participate in Hamilton's Community Safety and Well-Being Plan's governance model; promote inclusion of more than one Indigenous representative
- Coordinate shared training for leadership and staff in partner organizations on diverse and marginalized populations
- Consider place-based actions to provide communities with services where they are located
- Revise criteria in funder organizations to ensure all applications for funding related to local priorities consider equity, diversity and inclusion
- Recognize and uphold the unique inherent rights of Indigenous Peoples through the distinction and protection of Indigenous-specific equity initiatives



COMMUNITY ENGAGEMENT

OPPORTUNITIES FOR ACTION:

- Offer a variety of channels and formats for engagement that are relatable and culturally sensitive to those being engaged
- Seek both existing and new voices from communities to ensure everyone has an opportunity to participate if desired
- Identify and use trusted sources to lead engagement efforts to create a safe space for conversation
- Provide all feedback collected through engagement processes, raw and synthesized, back to decision makers; ensure any synthesis of information is completed using culturally appropriate supports
- Improve transparency of when and how feedback from community engagement will be used through reports back to community that are publicly posted on the City of Hamilton website
- Coordinate community engagement efforts across organizations where possible; share engagement plans, approaches and outcomes with partners to reduce engagement fatigue
- Explore development of post-secondary learning opportunities in alignment with local priorities to connect students and community members



DATA AND EVALUATION

OPPORTUNITIES FOR ACTION:

- Learn through pilots within each of the local priority areas and measure success to support future scalability
- Post public progress and outcomes of actions within Hamilton's Community Safety and Well-Being Plan on the City of Hamilton's website
- Connect to existing research structures in post-secondary institutions and other organizations
- Explore feasibility of an evaluation unit supported by post-secondary institutions to research community safety and well-being questions put forward by decision makers
- Review and implement best practices in collection of demographic information from individuals who participate in community engagement
- Ensure data initiatives are developed in collaboration with Indigenous partners
- Identify opportunities to coordinate data collection efforts across organizations
- Explore better approaches to sharing information including privacy and consent
- Learn from and work with other cities that have been successful in achieving improved community safety and well-being outcomes
- Promote Indigenous data principles in all data activities conducted in collaboration with community partners such that the appropriate Indigenous organization/group lead how data from Indigenous community members is collected, held, analyzed and distributed.



SUSTAINABLE FUNDING

OPPORTUNITIES FOR ACTION:

- Investigate ways to reduce competition for funding between service providers and make sustainable funding avenues easier to find
- Consider, where possible, realignment of funding opportunities for service providers with local priorities in Hamilton's Community Safety and Well-Being Plan
- Facilitate discussions on re-alignment of existing resources within partner organizations to support local priorities in Hamilton's Community Safety and Well-Being Plan
- Collaborate on grant writing, proposals and other funding opportunities
- Advocate collectively to all levels of government for funding to support sustainability and scale of initiatives with successful outcomes

- Explore private sector partnership to support funding for community safety and well-being work
- Recognize the historic withholding of resources and disinvestment from Indigenous communities by ensuring funding opportunities gained through this plan specifically seek to address funding and resource inequities in the Indigenous community of Hamilton



SYSTEM COLLABORATION

OPPORTUNITIES FOR ACTION:

- Commit to regular updates through partners to their leadership and staff on Hamilton's Community Safety and Well-Being Plan
- Engage community, health and social service providers to formally commit to alignment with Hamilton's Community Safety and Well-Being Plan
- Create inventory of work in community and conduct analysis of what is already being done and where gaps exist
- Develop credible resource information to improve and support informed referrals
- Explore locations where service providers can cohabitate, offer services, learn about and build respect for one another's work





LOCAL PRIORITIES

Achieving a community that is safe and well is a journey that starts with identifying local priority risks and examining current strategies through a holistic lens.

The Hamilton Community Safety and Well-Being Plan Advisory Committee used a structured approach for priority setting by considering multiple sources of evidence to determine local priorities including:

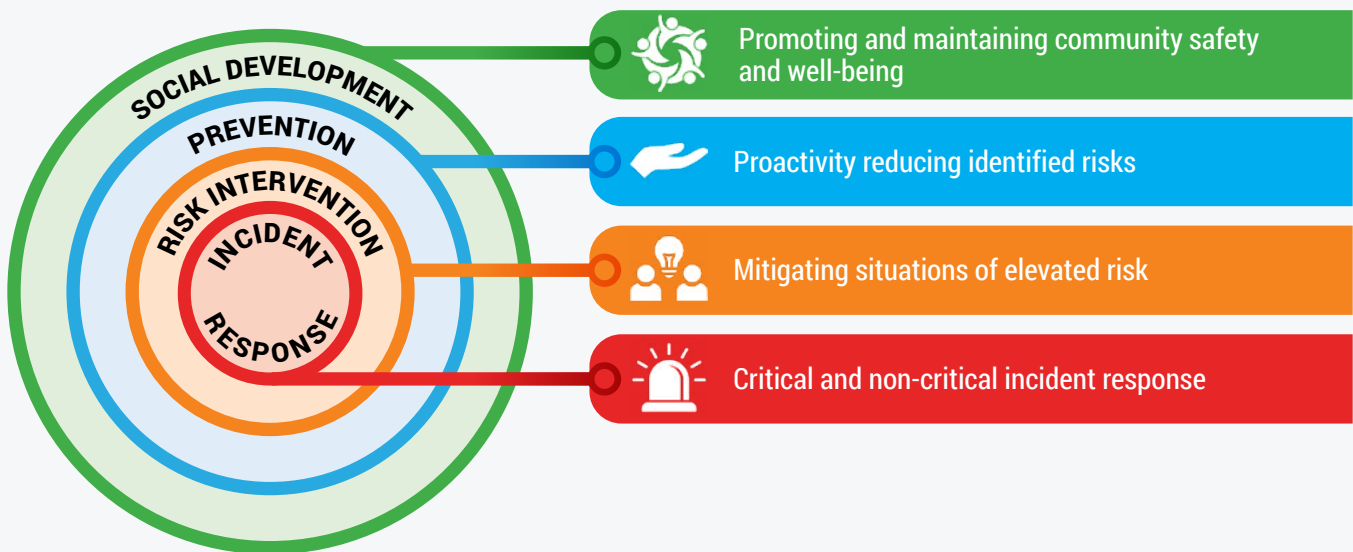


Hamilton's Priorities



OPPORTUNITIES FOR ACTION

Community Safety and Well-Being Plans support safe and healthy communities through a community-based approach to address root causes of complex social issues. Planning seeks to achieve a proactive, balanced and collaborative approach to community safety and well-being across four key areas: **social development**, **prevention**, **risk intervention**, and **incident response**.³⁴




Within each of Hamilton's local priority areas, you will see community highlights and opportunities for action across all four areas that together create a balanced and collaborative approach to improved safety and well-being. The community highlights in this plan are not exhaustive of all of the work happening in the community to improve safety and well-being within each of the priority areas.

Each of the local priority areas do not exist in a silo. Many of the challenges and possible solutions in one priority area may have impacts on the people, communities and partners in another priority area. Strong connections will need to be in place between the partners and work happening across all local priority areas to acknowledge and find opportunities in these places of interconnection.

HATE INCIDENTS

LONG TERM GOAL	Reduce individual and organizational incidents of Islamophobia, anti-Black and anti-Indigenous racism, xenophobia, anti-Semitism, transphobia, homophobia, and other forms of discrimination.
CURRENT FOCUS	<ul style="list-style-type: none"> • Increase public awareness and education on hate. • Address individual and organizational bias of Islamophobia, anti-Black and anti-Indigenous racism, xenophobia, anti-Semitism, transphobia, homophobia and other forms of discrimination.

WHY IS THIS A CONCERN IN HAMILTON?



80


hate/bias events were reported to Hamilton Police Services²

8


fell within the parameters of a hate crime²

20%

of virtual town hall respondents said hate crimes were the **policing issue that they are most concerned about**³



Police reported hate-related incidents are **increasing**. In 2019, Hamilton had the **highest incident rate** among all metropolitan areas in Canada¹.



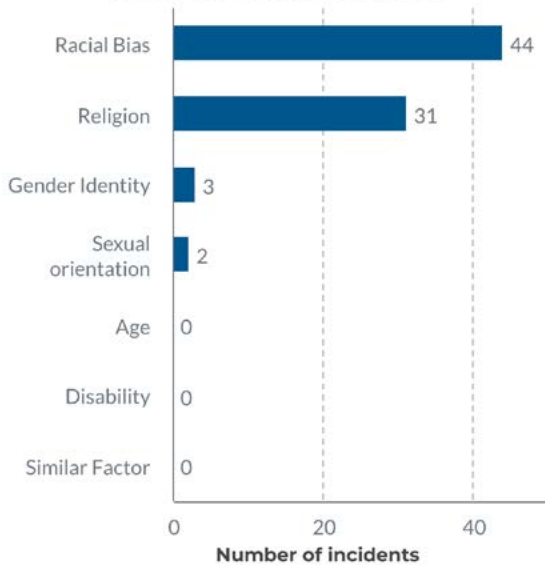
WHO IS IMPACTED MORE IN HAMILTON?

In 2020²

- The highest numbers of reported hate incidents were directly related to racial bias
- Black and Jewish communities were the most targeted group for police reported hate/bias related events

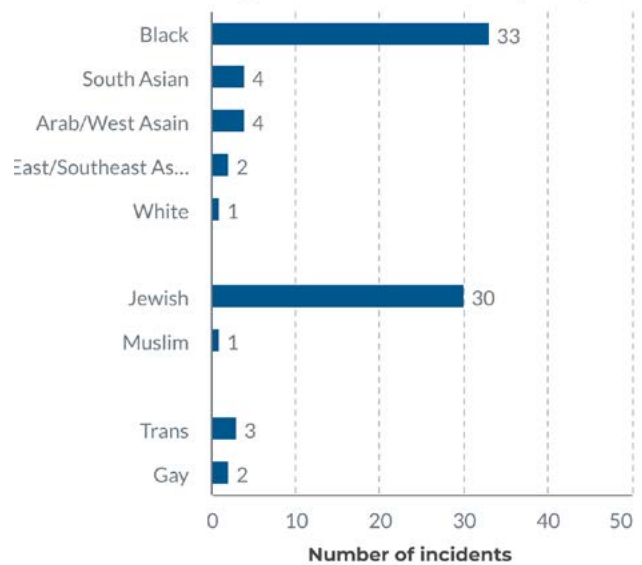
What is the motivation for hate/ bias events?

The total police reported hate/ bias incident breakdown by category (Hamilton Police Services, 2020)



Who is impacted by hate/ bias?

The total police reported hate/ bias incident breakdown by race, religion, gender identity, and sexual orientation (Hamilton Police Services, 2020)



Our Health Counts

According to [Our Health Counts](#)⁴, Hamilton’s First Nations Community reported:

35%

being a victim of an ethnically or racially motivated **verbal attack**

14%

of verbal attacks happened within the **past 12 months**

21%

believed that their overall health and well-being was affected by racism

15%

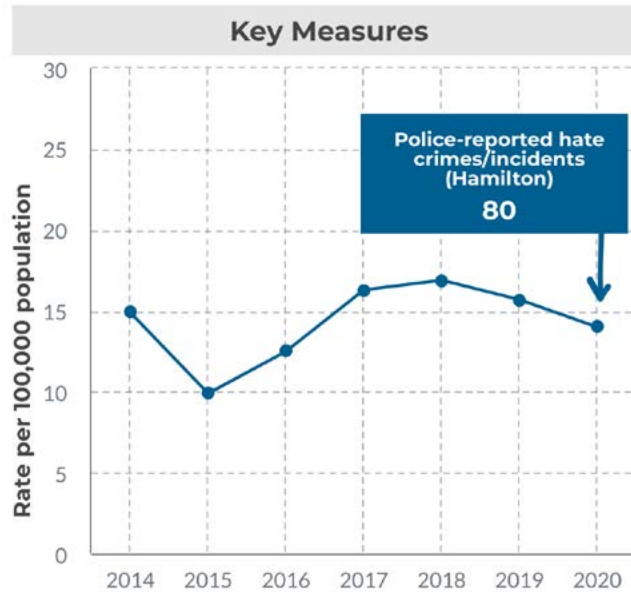
being a victim of an ethnically or racially motivated **physical attack**

5%

of physical attacks happened within the **past 12 months**

WHAT DOES SUCCESS LOOK LIKE?

Long-term success will show a decrease in police-reported hate crimes/incidents in Hamilton¹.



COMMUNITY HIGHLIGHTS



Creating a clearer picture of hate in Hamilton through expansion of hate-related data collection tools

Reporting hate crimes and incidents is an important step in stopping the cycle of hatred and preventing others from being victimized. It is recognized that some community members may not be comfortable attending a police station or reporting directly to a police officer.

In 2019, [a new online reporting tool](#) was created to allow citizens to report incidents to Hamilton Police Services without having to attend a station. Hate crimes and hate incidents are still likely under-reported in Hamilton.

Collaboration is happening involving the Hamilton Centre for Civic Inclusion with support from other organizations in the community to create an online platform for all Hamiltonians to report hate crimes and incidents of hate. This additional tool will look to fill the gap in reporting left by those who may not be comfortable reporting to police, as well as capture incidents that may not have resulted in an assault or damage to someone's property.



City of Hamilton's Hate Prevention & Mitigation Initiative

Community engagement has been taking place around hate and results of engagement have been published through the [City of Hamilton's Hate Prevention & Mitigation Initiative Stakeholder Engagement Summary Report](#).

Top recommendations for actions to address hate included: need for proactive leadership, listening to the community, public education, creating safe and inclusive spaces, community programming, regulations and enforcement.

Opportunity exists for partners to collaborate, align and support implementation of future recommendations from the Hate Prevention & Mitigation Initiative.


OPPORTUNITIES FOR ACTION

	<ul style="list-style-type: none"> • Explore alternative locations and formats to report on hate crimes and incidents of hate.
	<ul style="list-style-type: none"> • Expand public and service provider education on hate crime and incidents of hate reporting. • Create a community-wide public education campaign on denouncing hate and addressing its root causes. • Address Call 57 from the Truth and Reconciliation Commission of Canada: Calls to Action by collaborating to provide education to public servants on the history of Aboriginal peoples, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, Indigenous law, and Aboriginal–Crown relations. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism. • Determine creative ways to build empathy and hold spaces for dialogue on hate considering community engagement art and storytelling projects. • Encourage organizational equity audits.
	<ul style="list-style-type: none"> • Support of landmarks review through City of Hamilton Urban Indigenous Strategy. • Collaborate, align and support work of revamped Hamilton Anti-Racism Resource Centre. • Collaborate between partners to address recommendations in the Just Recovery Hamilton Policy Paper under the themes of Tackling Systemic Racism and Supporting 2SLGBTQ+ Communities. • Support education on the “everyday” acts of racism that diminish the safety and well-being of Indigenous, Black and other racialized communities.

VIOLENCE

LONG TERM GOAL	Reduce violent crimes in Hamilton.
CURRENT FOCUS	<ul style="list-style-type: none"> Increase awareness of gender-based violence and development of safety resources for women, including Indigenous women, and 2SLGBTQ+ communities. Increase awareness and ability to identify victims of human trafficking in Hamilton. Support initiatives that aim to reduce violence in youth.

WHY IS THIS A CONCERN IN HAMILTON?



82% adults in Hamilton acknowledge that family violence exists in the community⁵

43% believe it has increased in the past 5 years⁵

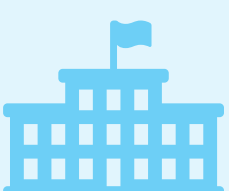
High school students in Hamilton report⁷:


19%
being **bullied at school**



17%
are worried that someone will harm, threaten, or take something from them at school

10%
don't feel safe at school


8%
engaging in antisocial behaviour (stealing, vandalism, carrying a weapon, fighting)



Hamilton's violent crime rate and rate of assault injuries is **higher** compared to Ontario⁶. 

 Short-term trends during COVID-19 have shown Hamilton to be experiencing **increases in reports of trespassing, threats, domestic violence and person in crisis** which may have the potential to become long-lasting. 

Virtual town hall respondents said that the policing issue that they are most concerned about is³



17.7%
violent crimes

4.4%
domestic violence

What are the types of violent crimes?

Number of violent crimes by type, City of Hamilton 2014 & 2018

Type of incident	2014	2018	Trend
Assault	3102	3007	Stable
Uttering Threats	683	707	Stable
Sexual Assault	457	670	↑
Robbery	391	496	Stable
Harassment	237	242	Stable

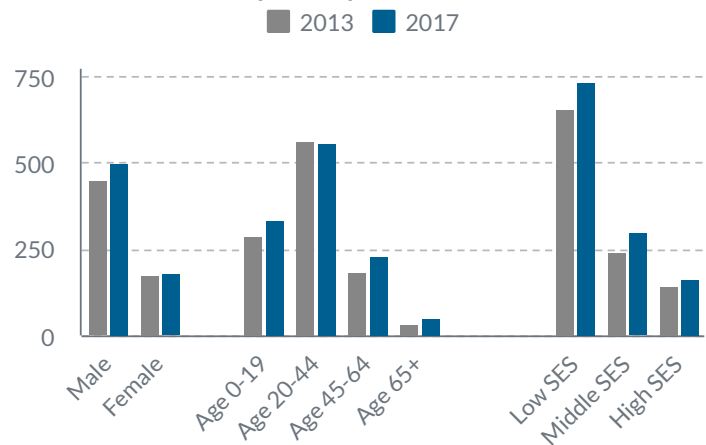
Type of incident	2014	2018	Trend
Other	79	156	↑
Abduction/ Kidnapping	26	43	↑
Firearms	11	32	↑
Homicide/ Attempted	14	12	Stable

WHO IS IMPACTED MORE IN HAMILTON?

The rate of emergency department visits for assault injuries were highest among⁸:

- Males
- Adults age 20-44 years
- Individuals from areas with low socioeconomic status

Rate (per 100,000 population) of emergency department visits for assault injuries, City of Hamilton 2013 & 2017



Our Health Counts

According to [Our Health Counts](#)⁴, Hamilton’s First Nations Community reported:

95%

violence related to crime and criminal behaviour

60%

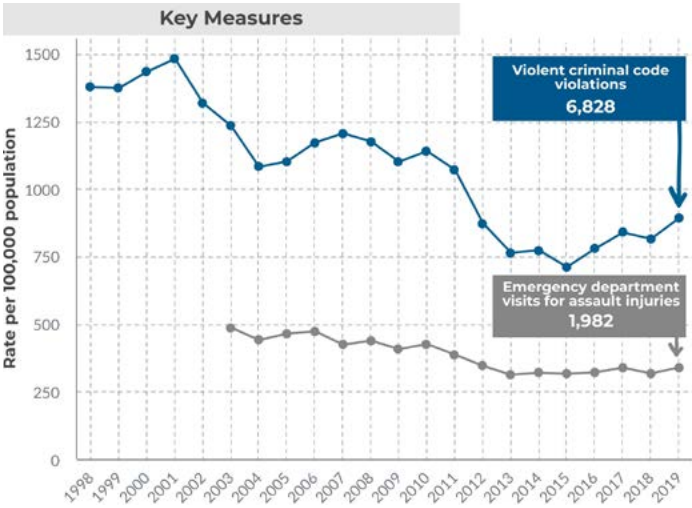
family violence occurring in the community

According to the [National Inquiry into Missing and Murdered Indigenous Women and Girls](#)⁹, no one knows an exact number of **missing and murdered Indigenous women, girls** and 2SLGBTQ+ people in Canada. Thousands of women’s deaths or disappearances have likely gone unrecorded over the decades.

WHAT DOES SUCCESS LOOK LIKE?

Long-term success will show a decrease in key measures including:

- Violent criminal code violations¹⁰
- Emergency department visits for assault injuries⁶



COMMUNITY HIGHLIGHTS

Training on gang violence and human trafficking

Banyan Community Services is working in collaboration with police who have experience in adult gang and sex trafficking practices to implement a pilot to educate community service provider staff in application to youth. Education will ultimately help to assess and identify victims of trafficking from the ages of 13-20 years old. Opportunity to explore expansion of training to more service providers across broader community.

Be More Than A Bystander, preventative gender-based violence and sexual violence training

Through Interval House of Hamilton and the MentorAction program, Be More Than a Bystander is a preventative gender-based violence and sexual violence training program that raises awareness and delivers workshops and school presentations focusing on gender-based violence and learning safe tools to intervene. As part of the program, trained professional athletes provide mentorship and awareness to sport-involved youth and students, challenging harmful gender norms and dismantling the toxic beliefs that perpetuate gender-based violence and sexual violence. The program is offered in collaboration with the Hamilton Tiger Cats, FORGE FC, Hamilton Bulldogs, McMaster University and SportHamilton.

Hamilton-Wentworth District School Board Safe Schools Bullying Prevention & Intervention Review Panel

Final report and recommendations based on extensive community consultation on how Hamilton-Wentworth District School Board can better address and prevent bullying. [Building Healthy Relationships and an Inclusive, Caring Learning Environment](#) begins the call to action. Opportunity for Community Safety and Well-Being Plan to support implementation of recommendations within final report where appropriate.

OPPORTUNITIES FOR ACTION



- Expand existing programs to educate and build capacity in health and community service providers on questions to ask to identify abuse in women who don't disclose.



- Expand existing programs to deliver collaborative trauma and violence informed care training for service providers.
- Explore expansion of successful service models to support individuals following transition from institutions to community; improved transition from youth to adult corrections should also be explored.
- Work with housing partners to explore how to reduce targeting of individuals in social housing against violence and fraud.



- Explore feasibility to further reduce co-ed rooms in hospitals in Hamilton.
- Explore feasibility to develop app with safety resources for women in Hamilton.
- Explore expansion of education initiatives to prevent sexualized violence and human trafficking through consent-based programs developed by Mohawk College's Task Force on Sexual Violence.
- Create a community-wide public education campaign that focuses on a message of zero tolerance for domestic violence.
- Collaborate with Indigenous community partners to identify appropriate cultural safety training for service providers.



- Identify ways in which the 231 Calls for Justice from [Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls](#) can be embedded into the City of Hamilton's Urban Indigenous Strategy. Support continued exhibit by local Indigenous youth, Honouring our Sisters.
- Support ongoing collaboration between Hamilton Police Services and service providers to review femicide protocols.
- Collaborate to address recommendations in the [Just Recovery Hamilton Policy Paper](#) under the themes of Investing in Women and Disability Justice.
- Partner with Safe at Home Hamilton pilot, aiming to keep women fleeing violence safe in their homes.
- Review and consider recommendations from Woman Abuse Working Group's environmental scan of current work in community aimed at keeping women safe and data provided through [Snapshot 2020](#).
- Review and consider recommendations from Hamilton Public Health Services' review of impact of trauma on community and community violence strategies.
- Share learning between school boards and post-secondary institutions to continue and build on bullying prevention through transition of students from secondary to post-secondary institutions.
- Explore expansion and integration of Be More Than a Bystander program, preventative gender-based violence and sexual violence training into secondary and post secondary institutions.

MENTAL HEALTH AND STIGMA

<p>LONG TERM GOAL</p>	<p>Reduce mental health hospitalizations and stigma surrounding mental illness.</p>
<p>CURRENT FOCUS</p>	<ul style="list-style-type: none"> Increase public awareness and education on positive mental health and well-being and mental illness. Improve system coordination and collaboration. Support initiatives that aim to identify risk and provide support for youth mental health.

WHY IS THIS A CONCERN IN HAMILTON?

Key measures have been **increasing** significantly and are higher than the province.

- Intentional self-harm, particularly among female youth¹¹
- Emergency department visits for psychotic episodes due to psychoactive substance use¹²



3RD largest burden on our city's health is **mental health**¹³

1 IN 4 WOMEN AND 1 IN 5 MEN living in Hamilton say most days in life are quite a bit or extremely stressful¹⁴

17% of population (age 12+) in Hamilton report being diagnosed with a mood/anxiety disorder¹⁵

1 IN 5 new mothers have mental health concerns¹⁴



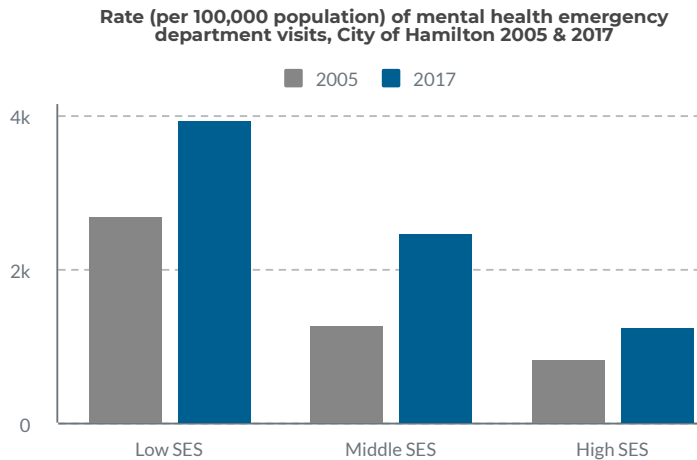
46% of Canadians thought people use the term mental illness as an excuse for bad behaviour¹⁶

27% said they would be fearful of being around someone who suffers from serious mental illness¹⁶



WHO IS IMPACTED MORE IN HAMILTON?

The rate of mental health emergency department visits were highest among individuals from areas with low socio-economic status¹⁷



Emergency department visits for self-harm, anxiety, and mood disorders are **high among local youth (<20 years old), particularly females,** and the **rates are rising**¹⁹

Highschool students in Hamilton reported⁷:

- **29%** that their mental health is only fair or poor
- **39%** that wanted to talk to someone about a mental health or emotional problem but they did not know where to turn.
- **13%** that they seriously considered suicide in the past 12 months
- **13%** engaged in self-harming behaviours such as cutting or burning themselves in the past 12 months
- **37%** elevated stress levels



28%

of millennial workers rate their mental health as poor or fair¹⁸

- Those with lower incomes and precarious work reported having poorer mental health¹⁸



Our Health Counts

According to [Our Health Counts](#)⁴, Hamilton's First Nations Community reported:



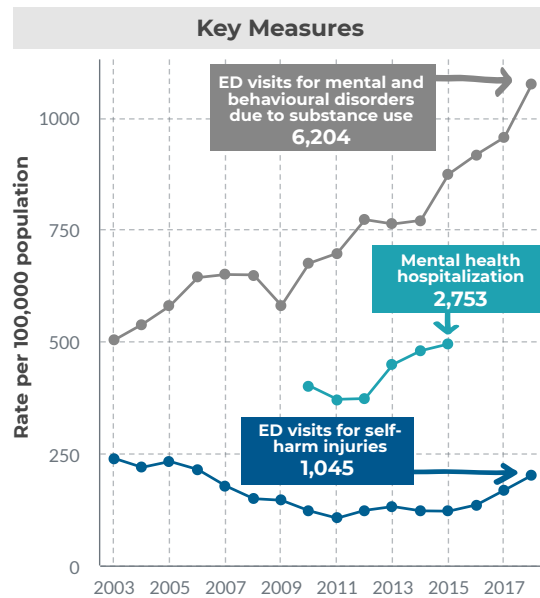
42%

of First Nations adults living in Hamilton said they've been diagnosed with a psychological and/or mental health disorder⁴

WHAT DOES SUCCESS LOOK LIKE?

Long-term success will show a decrease in key measures including:

- Emergency department visits for mental and behavioural disorders due to substance use²⁰
- Mental health hospitalizations²¹
- Emergency department visits for self-harm injuries¹¹



COMMUNITY HIGHLIGHTS





Emotion Coaching for Parents and Caregivers

The pandemic has increased stress for children and youth - and this has challenged the caregivers who support them. In response, the Hamilton-Wentworth District School Board, Hamilton-Wentworth Catholic District School Board and the Hamilton Family Health Team have partnered to offer virtual Emotion Coaching sessions for parents and caregivers. Emotion Coaching is a communication strategy that can calm the brain in as little as 60 seconds and help improve relationships.

Infant and Early Years Mental Health System Support Committee Common Assessment Tool Pilot

The development of the Tools for Life resource provides information and tools to assist children with self-regulation. The tool and training have been provided to child care and early years operators and Hamilton-Wentworth Catholic District School Board.

OPPORTUNITIES FOR ACTION

	<ul style="list-style-type: none"> • Review, and if necessary make adjustments to, Hamilton Police Services’ crisis response models including COAST, Mobile Crisis Rapid Response Team and Social Navigator.
	<ul style="list-style-type: none"> • Create partnerships to deliver information on available mental health services to individuals in a location where they are comfortable without stigma.
	<ul style="list-style-type: none"> • Improve resiliency and coping mechanisms in youth to avoid reliance on self-medication or the use of drugs to cope with mental health issues.
	<ul style="list-style-type: none"> • Support priorities of Hamilton Health Team related to mental health and stigma. • Create inventory of mental health tables to see who is active and scope of work. • Create stronger link between child and adult mental health strategies in Hamilton. • Reduce stigma associated with accessing mental health services. • Expand stigma campaign by Hamilton Drug Strategy to address stigma related to mental illness. • Support development of an Indigenous Health Strategy through City of Hamilton – Public Health Services, engaging with Indigenous communities to address health inequities. • Coordinate data collection tools and cycles to create better understanding of youth well-being (e.g. Middle-Year Development Instrument). • Explore infant mental health programming through research and evaluation supported by City of Hamilton – Public Health Services.

SUBSTANCE USE

<p>LONG TERM GOAL</p>	<p>Contribute to the work of the Hamilton Drug Strategy so that all residents of Hamilton are free of harm due to substance use and are able to enjoy the best quality of life.</p>
<p>CURRENT FOCUS</p>	<p>Taking action to address harms of substance use within the four pillars of prevention, harm reduction, social justice/justice and treatment. Learn more: www.hamilton.ca/drugstrategy</p>

WHY IS THIS A CONCERN IN HAMILTON?

124
 opioid related deaths in 2018.

1,110%
 Emergency Department visits for stimulants such as methamphetamines (e.g. crystal meth) has increased by 1,100% since 2012.

30%
 of high school students reported cannabis use in the past year.

Emergency department visits for drug and alcohol overdoses are increasing.

3 out of 4
 people who inject drugs reported facing stigma for their use of drugs.

Overdoses and harmful substance use are highest amongst the 25-44 age group.

48% of adults use alcohol above the safe use guidelines.

3,000
 emergency department visits each year for alcohol related harms.

1 in 3
 high school students report binge drinking alcohol in the past year.

OPPORTUNITIES FOR ACTION

The Hamilton Drug Strategy is in place to foster dynamic community collaboration and action to shift the way we approach substance use disorders. The Hamilton Drug Strategy partners have researched, conducted community consultations and built a collaborative network to engage with the community and collectively develop a comprehensive plan to reduce the impacts of substance use in Hamilton. Survey and focus group results from the public and key community partner input provided foundational priorities for the strategy.

Membership of the drug strategy continues to grow with over 125 community stakeholders including:

- Community members with lived experience
- Addictions treatment services
- Hospitals
- Harm reduction services
- Public Health Services
- City of Hamilton Housing Services Division
- Hamilton Health Team
- Corrections and justice sector
- Community, mental health, and social services
- Acute and primary care
- Indigenous community
- Hamilton Police Services
- Hamilton Paramedic Services

Hamilton’s Community Safety and Well-Being Plan will look to the leadership of the Hamilton Drug Strategy to drive outcomes within the local priority risk area of substance use.

More information on the work of the drug strategy and it’s impact on community safety and well-being can be found at: www.hamilton.ca/drugstrategy.

HOUSING AND HOMELESSNESS

<p>LONG TERM GOAL</p>	<p>Reduce the number of individuals on the wait list for housing and requiring support from the shelter system as a result of an appropriate and permanent housing solution.</p>
<p>CURRENT FOCUS</p>	<ul style="list-style-type: none"> Improve system coordination and collaboration within housing providers and with other social service providers, public health, researchers, housing advocates and community organizations. Increase financial investment into housing system.

WHY IS THIS A CONCERN IN HAMILTON?



5,558

households waiting for social housing who were not currently in receipt of Rent-Geared-to Income assistance²³

2 YEARS AND 4 MONTHS

average wait for a Rent-Geared-to-Income unit.²³

This is across all categories of applicants and all unit sizes on the Access to Housing Waitlist.

16%

of all tenant households in Hamilton live in subsidized housing²⁴

45%

of all tenant households spend **30% or more** of their income on shelter costs²⁴

Social housing stock is **aging and there is a considerable and costly repair** backlog



Emergency shelter occupancy has remained consistently high serving fewer unique individuals but with **longer stays**²⁵

Approximately **4%** of people on the By Name Priority List of people experiencing homelessness require integrated supports beyond those typically available in the housing system to address acute health needs²⁵



WHO IS IMPACTED MORE IN HAMILTON?

A Point in Time Count found²⁶:



65%

of people identified as experiencing homelessness spent the night at an emergency shelter or violence against women shelter

22%

of populations experiencing homelessness reported having Aboriginal Ancestry

Our Health Counts

According to [Our Health Counts](#)⁴, Hamilton's First Nations Community reported:

74%

of First Nations people in Hamilton indicated they live in "crowded conditions"⁴

Only **3%** of the general Canadian population reported the same

63%

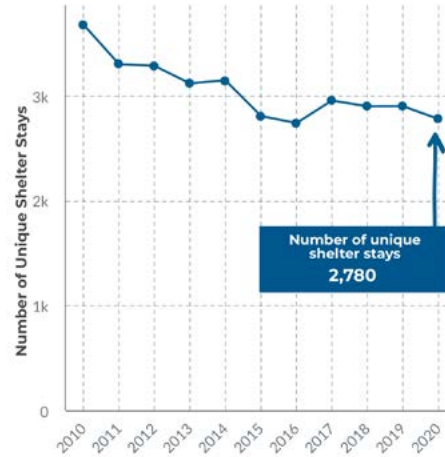
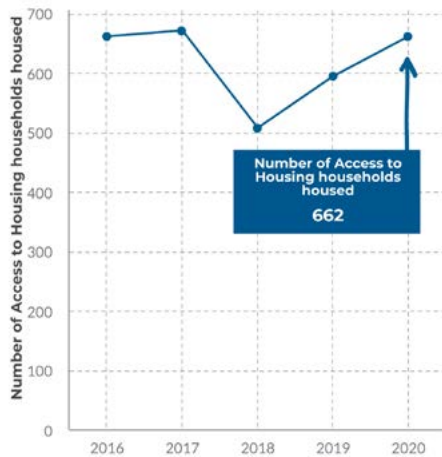
of First Nations people in Hamilton gave up "important things" (i.e. buying groceries) in order to pay shelter related expenses ⁴

Indigenous specific housing units administered by an Indigenous organization account for **less than 5%** of stock in Hamilton³⁴

WHAT DOES SUCCESS LOOK LIKE?

Long-term success will show a change in key measures including:

- An increase in the number of Access to Housing households housed²⁷
- A decrease in the number of unique shelter stays²⁸



COMMUNITY HIGHLIGHTS

Indigenous Housing Services at De dwa da dehs nye>s Aboriginal Health Centre

Work to meet the housing needs of urban community members who self-identify as having Indigenous ancestry and who are experiencing homelessness or who have previously experienced homelessness.

Case management provided to residents of Odrohekta Men’s Residence and Koo gaa da win Manitou Elders Residence owned by Ontario Aboriginal Housing Services.

<https://aboriginalhealthcentre.com/services/indigenous-housing-services/>

Coalition of Hamilton Indigenous Leadership work on housing and homelessness

[Revisioning Coordinated Access: Fostering Indigenous Best Practices Towards a Wholistic Systems Approach to Homelessness](#) published by The Canadian Observatory on Homelessness and the Social Planning and Research Council of Hamilton.

Review and consider how recommendations can be further supported and advanced by the Community Safety and Well-Being Plan’s partners.

Hamilton’s Housing and Homelessness Action Plan: Coming Together to End Homelessness, Hamilton’s Systems Planning Framework

A collective effort amongst City of Hamilton staff, community partners, Indigenous partners, people with living/lived experience of homelessness, leading experts, researchers, and funders.

Review and consider how recommendations can be further supported and advanced by the Community Safety and Well-Being Plan’s partners.

OPPORTUNITIES FOR ACTION



- Continue investment in shelter spaces geared toward addressing the unique needs of women, Indigenous women, transgender people, and non-binary people who are experiencing homelessness.



- Create greater connection between City of Hamilton’s Home Management Program and housing providers to offer support and training to individuals, families and groups to prevent eviction, maintain housing and budgeting.
- Explore better ways to facilitate the provision of appropriate supports to keep people housed such as health, mental health and addictions, social and income supports using connections between housing and other health and social service providers.
- Increase education opportunities for those who live in and around social housing units on quality standards and tenant rights.



- Continue work by the City of Hamilton as the Service System Manager to invest in and secure funding for new affordable housing development, improving the quality of existing housing and increasing housing affordability.
- Continue to invest in Indigenous-specific housing solutions.



- Support priorities of the Hamilton Health Team related to housing and homelessness.
- Advance the equitable distribution of housing and homelessness resources for Indigenous communities to be led by the Indigenous community.
- Collaborate between service providers, community partners, advocates and partners in the housing system to understand each other’s organizational mandates and scope of work in supporting outcomes related to housing and homelessness.
- Improve coordination of housing provider and shelter system tables in community led by the municipality as Service System Manager. Expand coordinated connection from housing tables to broader health and social service provider tables in community.
- Create a strong connection between Ontario Works and housing partners with Ontario Works’ new provincial mandate of life stabilization.
- Explore expansion of successful service models to support individuals in maintaining housing following transition from institutions to community; improved access to enhanced supports to compliment housing such as nursing, addiction and social work services.
- Review and consider recommendations in the [Just Recovery Hamilton Policy Paper](#) under the themes of Housing as a Human Right.

ACCESS TO INCOME

LONG TERM GOAL	Reduce the number of individuals living in low income households in Hamilton.
CURRENT FOCUS	Increase information and access to financial supports for people living in Hamilton.

WHY IS THIS A CONCERN IN HAMILTON?



Low income measures are fairly stable and even show signs of decreasing in Hamilton. However, Hamilton remains higher than provincial and national rates.

- Canada adopted a new measure, the **'Market Basket Measure'** (MBM), as its official poverty line in 2018.
- In Ontario, the MBM poverty rate was **11.6%** in 2018²⁹.

11,020

average monthly Ontario Works caseload (individuals or families)³⁰

21,418

average monthly Ontario Works beneficiaries³⁰

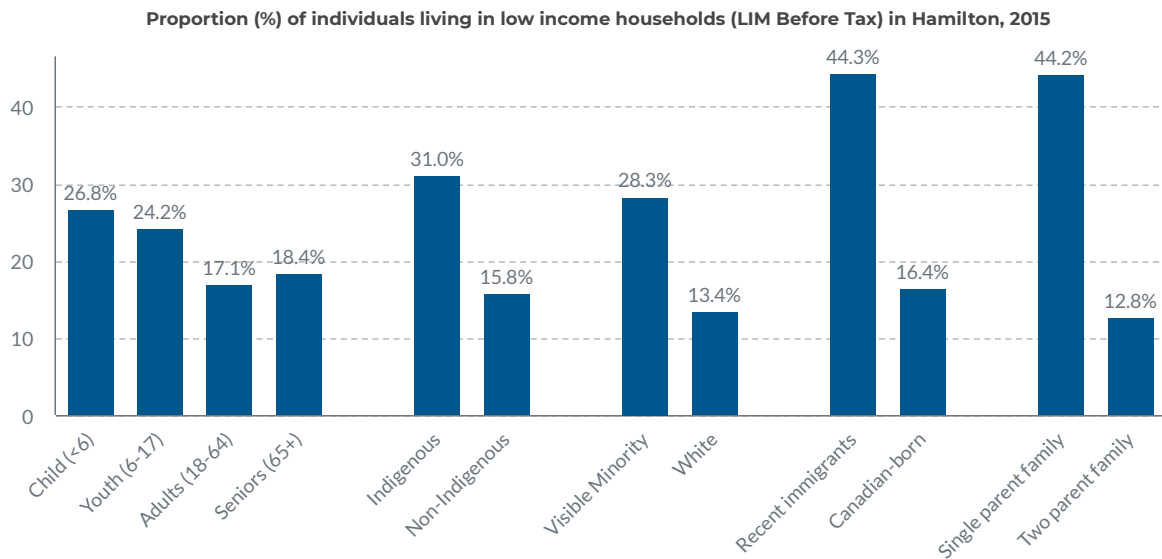


\$202/week for a family to eat healthy (two adults, two children)³¹

- **1 in 7** households can't afford this³¹

WHO IS IMPACTED MORE IN HAMILTON?

- Children and youth are the age group with the highest prevalence of low income.³²
- Indigenous, visible minorities, recent immigrants, and single parents are more likely to live in low income households.³²



Our Health Counts

According to [Our Health Counts](#)⁴, Hamilton’s First Nations Community reported:



78.2%

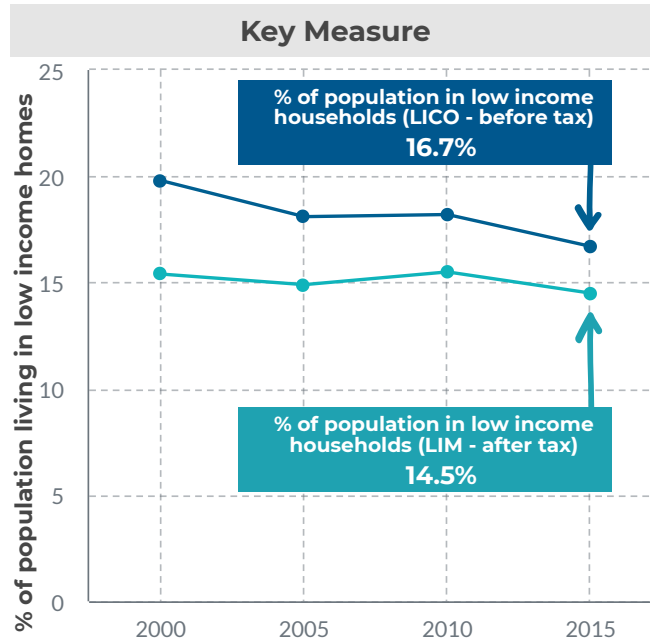
of the First Nations persons living in Hamilton earn less than \$20,000 per year⁴

70%

of the First Nations population in Hamilton lives in the lowest income quartile neighbourhoods compared to **25%** of the general Hamilton population⁴

WHAT DOES SUCCESS LOOK LIKE?

Long-term success will show a decrease in the population in low income households, before and after tax³².



City of Hamilton's Xperience Annex

In Hamilton, there is a wide variety of high-quality education and employment services aimed at helping Hamilton's youth achieve their full potential. With so many choices, this journey can sometimes feel like a maze.

By connecting and collaborating with education, health care and employment providers, the [Xperience Annex](#) supports youth ages 18-29 in achieving their goals. The youth navigator understands the challenges youth face and helps them prepare them for their future by creating pathways to community services and employment.




Mohawk College's Challenge 2025 initiative

The Challenge 2025 initiative is building demand-driven workforce development in Hamilton. This strategy will bridge the gap between employers who need workers with people who want to work by identifying and delivering the education and supports participants need to access and retain meaningful employment, reduce poverty, and enhance opportunity.

This vision will be achieved through the shared leadership of employers, employment services, community service providers, educational institutions, and government.

Challenge 2025 will prioritize mapping and understanding the existing system and opportunities within it. The work will then focus on leadership opportunities for people with lived experience in designing and executing strategy; embedding equity and Anti-Racism, Anti-Oppression into strategies and structures; and engaging community partners in connecting and leveraging existing initiatives to achieve shared population impact goals.

OPPORTUNITIES FOR ACTION

	<ul style="list-style-type: none"> • Delivery of more free tax clinics across the city to ensure access to entitled benefits, including continued partnership to provide free tax clinics for Ontario Works' clients. • Create partnerships to deliver information on income and employment-related support services and subsidies that are available to individuals in a location where they are comfortable without stigma. • Improve navigation support for individuals accessing financial support services. • Create strong connections to free education opportunities through Mohawk College's City School or McMaster Discovery Program.
	<ul style="list-style-type: none"> • Collaborate with Living Wage Hamilton partners to understand how living wage efforts can be further supported and advanced by the Community Safety and Well-Being Plan.
	<ul style="list-style-type: none"> • Collaborate with (Re)envision the HSR Strategy to support safe, accessible and affordable transportation to better connect people to employment across Hamilton. • Collaborate to address recommendations in the Mayor's Task Force on Economic Recovery. • Collaborate to address recommendations in the Just Recovery Hamilton Policy Paper under the themes of Investing in Women and Investing in decent jobs, decent wages and our local economy. • Explore equity issues related to access to technology equipment and services. • Engage Indigenous and Black community partners to review hiring practices to explore equitable access to employment opportunities. • Connect to Hamilton Regional Indian Centre to explore partnerships related to employment and training programs, such as Grand River Employment and Training and Apatiswin.

MOVING TO ACTION

This plan is only the beginning of collaboration across the community to improve outcomes in Hamilton related to safety and well-being. Hamilton's Community Safety and Well-Being Plan through input from the Advisory Committee and community engagement, identifies opportunities for action within each of the local priority areas.

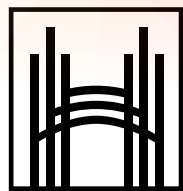
To move this plan into action, work must continue to further investigate the feasibility of these opportunities and develop implementation plans. This will be achieved through:

- A call to action to partners to bring together a sustainable governance model to support Hamilton's Community Safety and Well-Being Plan. The plan will be governed by a Steering Committee with support from Action Tables formed within each of the local priority areas.
- Action Tables made up of partner organizations working together to develop detailed implementation plans and establishing immediate and intermediate outcome measures. Partner organizations will take the lead on different strategies throughout implementation. Action Tables will provide strategic advice and guidance to the Steering Committee throughout implementation.
- Local priority areas and actions that are responsive and flexible to emerging needs in Hamilton. As such, Hamilton's Community Safety and Well-Being Plan will remain an iterative community plan that will be reviewed annually.

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Hamilton



HAMILTON'S
**COMMUNITY SAFETY
& WELL-BEING PLAN**



Hamilton's Community Safety and Well-Being Plan

Emergency and Community Services Committee
June 17, 2021

Who are we? Hamilton's Community Safety and Well-Being Plan's Advisory Committee

- Banyan Community Services
- Coalition of Hamilton Indigenous Leadership
- City of Hamilton (Children's Services and Neighbourhood Development; Public Health Services)
- Hamilton Centre for Civic Inclusion
- Hamilton Health Sciences
- Hamilton Police Services
- Hamilton Wentworth District School Board
- Hamilton Wentworth Catholic District School Board
- McMaster Institute for Healthier Environments
- McMaster University
- Mohawk College
- St. Joseph's Healthcare Hamilton
- Woman Abuse Working Group



What did we do?



HAMILTON'S
**COMMUNITY SAFETY
& WELL-BEING PLAN**

5





INFORMATION REPORT

TO:	Chair and Members Emergency and Community Services Committee
COMMITTEE DATE:	June 17, 2021
SUBJECT/REPORT NO:	Hamilton Paramedic Service 2020 Annual Report (HSC21018) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Linda Button (905) 546-2424 Ext. 3104
SUBMITTED BY:	Michael Sanderson Chief, Hamilton Paramedic Service Healthy and Safe Communities Department
SIGNATURE:	

COUNCIL DIRECTION

Not Applicable

INFORMATION

2020 was a particularly challenging year for the Hamilton Paramedic Service (HPS). In addition to the usual duties performed by paramedics such as emergency response, pre-hospital care, transport to care facilities and enhancing community paramedicine programs, paramedics also took on additional activities in response to the pandemic. Hamilton paramedics have been an allied partner of Hamilton's Public Health Services (PHS) and have been instrumental in assisting with COVID assessments and more recently vaccine deployment. Paramedics are on the frontline of the healthcare crisis working tirelessly to combat the virus and help keep the community healthy and safe.

At the onset of the pandemic in mid-March 2020, HPS experienced a decline in the demand for service. However, beginning in late May 2020 a steady increase in calls resulted in an increase in demand by the end of the year.

Key activities carried out in 2020 are described in the HPS 2020 Annual Report (attached as Appendix "A" to Report HSC21018) some of which are highlighted below:

OUR Vision: To be the best place to raise a child and age successfully.

OUR Mission: To provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.

OUR Culture: Collective Ownership, Steadfast Integrity, Courageous Change, Sensational Service, Engaged Empowered Employees.

SUBJECT: Hamilton Paramedic Service 2020 Annual Report (HSC21018) (City Wide) – Page 2 of 4

- Service demands decreased in March 2020 but began to increase again by the end of May 2020 and continued to escalate for the remainder of the year. In total, in 2020 paramedics performed 84,731 responses to 67,864 events and transported 48,412 patients, an average of 132 patients per day.
- Despite the additional demands in 2020, HPS again surpassed the standard target response times for each category of the patient care triage system, Canadian Triage and Acuity Scale (CTAS). These target response times were approved jointly by the Ministry of Health (MOH) and City Council.
- Response time to calls dispatched as a life-threatening (Code 4) emergency at the 90th percentile was 11 minutes and 17 seconds. This reflects the time period from when the MOH Central Ambulance Communications Centre (CACC) assigns the call to paramedics until paramedics arrive on scene.
- Hospital offload delays improved from 2019 due to the decrease in service demand during the first few months of the pandemic. They have now increased again and continue to pose challenges. The provincial guideline for hospital offload is 30 minutes 90% of the time. In 2020, only 47% of transfer of care from paramedics to hospital staff took place in 30 minutes or less. A total of 20,997 staffed ambulance hours were consumed waiting for transfer of care beyond the first 30 minutes after arrival at hospital.
- Code Zero events were down significantly in 2020 with a total of 27 events. Code Zero events occur when the number of ambulances available to respond to a call are limited to just one or none.
- From March 1, 2020 to the end of the year, Hamilton paramedics cared for 9,138 patients suspected as being COVID positive.
- One additional staffed ambulance for 24 hours a day, 7 days a week service was implemented in April 2020 following Council approval during the 2020 annual operating budget process. This additional resource is required to keep up with service demands amidst growing operational pressures.
- The Community Paramedicine Program, now Mobile Integrate Health (MIH), was expanded in 2020 with additional resources and partners for programs such as the Remote Patient Monitoring program and Social Navigator Program. A new program to support high-risk people waiting to be placed in long-term care was also added to MIH activities. In addition, Community Paramedics have taken on activities to assist HPS in conducting COVID swabbing, providing aftercare for people receiving the COVID vaccination and administering vaccinations.

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OUR Mission: To provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.

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SUBJECT: Hamilton Paramedic Service 2020 Annual Report (HSC21018) (City Wide) – Page 3 of 4

- MIH programs have become an even more integral part of community health and well-being than ever before. They continue to be successful as is evident by the following examples:
 - The Home Visit program had 621 clients in 2020 and experienced a 31 percent reduction in ambulance use among these clients.
 - In 2020, 115 patients were enrolled in the Remote Patient Program with 3,473 alerts yet only 4 transports to hospital.
 - The Social Navigator Program had 77 intensive case management clients in 2020 and a 55 percent decrease in negative police interaction among these clients after three months in the program. Assistance was also provided to an additional 512 individuals in need through this program.
 - Community Paramedics administered 1,840 influenza shots during the flu season at CityHousing Hamilton buildings and at other locations through the Mobile Flu Clinics such as long-term care facilities, residential care facilities, Central Library and shelters. As well, flu shots were provided to first responders and City staff.
 - The COVID Swabbing Team conducted 9,504 tests in 2020.

- Additional training and continuous improvement activities in response to the pandemic occurred in 2020, including:
 - Established and trained the Infectious Disease Paramedic Team to support paramedics, particularly when transferring COVID positive patients between facilities.
 - Established and trained the COVID Swabbing Team.
 - Collaborated with St. Joseph's Healthcare COVID simulation event to finetune how best to care for COVID positive patients being transferred from St. Joseph's Urgent Care Centre to their hospital's Emergency Department
 - Implemented and expanded the ability for paramedics to access physicians virtually to assist with their patients on scene or in the patient's home.
 - Secured a PPE monitoring and distribution system to effectively and efficiently manage the inventory of PPE.
 - Designed a program that enabled isolation gowns to be reused which was implemented for all medical staff at the City.
 - Developed and implemented an enhanced cleaning program for all response vehicles in the HPS fleet.
 - Developed an online application that makes COVID screening easy for paramedics, stores information and maintains tracing records.

- Despite a year of unprecedented challenges, Hamilton paramedics still found ways to give back to the community. For example, through food drives for a total of over 10,000 pounds of food and \$5,000 was donated to Neighbour-to-Neighbour Centre. In addition, a toy drive for CityKidz resulted in the donation of numerous toys and \$11,700. As well, paramedics began a new initiative to ensure seniors at the City's

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SUBJECT: Hamilton Paramedic Service 2020 Annual Report (HSC21018) (City Wide) – Page 4 of 4

long-term care homes had gifts over the holidays since they could not be with their families.

- Hamilton paramedics were deeply moved by the overwhelming show of support and appreciation from the community that was expressed in a wide variety of ways including donations of food, PPE, sanitizer as well as signs, cards and artwork.

As the health care crisis persists into 2021, HPS will be even more present on the frontline helping to deliver vaccines to high risk and vulnerable populations including homebound individuals. As well, HPS will support regional efforts to level capacity loads in GTA hospitals by assisting with interfacility transfers. MIH activities, which are more important now than ever, will continue to deliver care to people in their homes thereby avoiding visits to Emergency Departments. MIH will also continue to explore ways to reach more people in the community. The development of the HPS ten-year Master Plan, which was deferred due to the pandemic, will resume in 2021. Providing excellent emergency, pre-hospital and at-home care through technology, innovation, clinical training and continuous improvement efforts will remain a focus for 2021.

APPENDICES AND SCHEDULES ATTACHED

Appendix “A” to Report HSC21018: Hamilton Paramedic Service 2020 Annual Report

Hamilton Paramedic Service 2020 Annual Report





The Hamilton Paramedic Service is an integral part of the healthcare system and a key partner of Public Health Services. Throughout the pandemic we have relied on them to assist us with COVID assessment and vaccine deployment. They have proven time and time again to be responsive, skilled and compassionate professionals. I am confident that with paramedics as our allied partner, we will continue providing the best care possible to our community during the COVID-19 pandemic and beyond.



Dr. Elizabeth Richardson
Medical Officer of Health
City of Hamilton

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Message from the General Manager



2020 has been a year like no other. As the General Manager of the Healthy and Safe Communities Department, I have also taken on the role of Director of the Emergency Operations Centre during this public health emergency. Helping to lead the pandemic response has given me a firsthand look at the heroic efforts put forth by many individuals on the frontline; our paramedics are at the forefront helping to lead the charge.

In normal times, I know that the work of our paramedics goes beyond emergency response and pre-hospital care. They provide education to the public and our community partners, organize charitable and informative events, provide in-home care to people in need, all while still finding time to participate in volunteer activities that support Hamiltonians in need.

While all these activities still continued in 2020, albeit in different ways, paramedics took on additional responsibilities to help the fight against COVID-19. They were instrumental in supporting our Public Health Services (PHS) in fixed and mobile testing and vaccination sites and conducted mass evacuations at congregate settings experiencing outbreaks, risking their own health and that of their family on a daily basis to care for patients who were suspected to be COVID-19 positive.

Even with everything going on, the Hamilton Paramedic Service met and exceeded the performance targets set by the province and the City of Hamilton again this year. In addition, the Community Paramedicine Program was expanded to Mobile Integrated Health, capable of reaching and caring for even more vulnerable individuals in our community. I would like to congratulate Chief Sanderson and all those in the service whose dedication resulted in these achievements.

In the pages that follow, you will get a glimpse of what 2020 was like for the Hamilton Paramedic Service. You will see some of the challenges they faced, but also of the many achievements they have made. You will see how our city's paramedics are unrelenting in their efforts to ensure every resident who needs it receives the highest quality of care.

I am thankful to our Mayor, City Council and City Manager for their ongoing support and investment in this essential community service, now more than ever. I would also like to thank Chief Sanderson, the leadership of OPSEU and CUPE and all of the staff for their excellence in service.

A special thank you to the frontline paramedics. I have the utmost admiration for all you have done and continue to do in helping our residents stay healthy and safe during these most trying times. You certainly are Hamilton's heroes.

A handwritten signature in black ink, appearing to read 'P. Johnson'. The signature is fluid and cursive, written over a light-colored background.

Paul Johnson, General Manager
Healthy and Safe Community Services Department

Message from the Chief



In the best of times, paramedics face compelling challenges but with the onset of the pandemic in 2020 they experienced unprecedented demands. Yet, true to the nature of our paramedics, they put their own safety at risk to provide care to people in the medical emergencies.

In addition, our Community Paramedics took on an integral role in the united fight against COVID-19 led by Hamilton's Public Health Services (PHS). From conducting tests, to providing aftercare at vaccination clinics and more recently administering vaccines to the most vulnerable residents in the city, Community Paramedics are on the frontline helping to mitigate this health crisis.

Staff in all areas of the Hamilton Paramedic Service had to overcome difficulties brought about by the pandemic. Schedulers had to ensure ambulances were fully staffed when resources were limited due to COVID-19 protocols; logistics technicians had to secure adequate supplies of PPE and deep clean equipment and vehicles; supervisors have been called on more than ever to support paramedics with their duties and well-being; managers have been navigating an influx of changing information to ensure appropriate actions were carried out; and support staff had to be equally reliable and available as their work spaces moved into their homes where they also dealt with personal responsibilities.

In 2020, more than ever, we worked with, relied on and supported other healthcare professionals in the community to provide the best care possible during the pandemic while also working tirelessly to combat the virus. I want to thank all our partners, particularly PHS for their dedication, collaboration and leadership.

At the start of the pandemic in March 2020 we saw demand for our service decline, however, by late May 2020 it began to increase and by the end of the year we were at levels higher than 2019. While we had a decrease in code zero events in 2020, offload delays continued to be a challenge in the latter part of the year. In addition, the extra work to don appropriate PPE and deep clean equipment increased time spent on each call. Even so, we still met and exceeded response time targets.

In 2020, we received additional funds to expand our Community Paramedicine Program, now called Mobile Integrated Health, add an ambulance to our fleet and increase resources to better equip us to provide care during the pandemic and protect the community against the virus.

I want to thank Mayor Eisenberger, members of Council and the Senior Leadership Team for their unwavering support. I am also grateful to General Manager Paul Johnson and Medical Officer of Health Dr. Elizabeth Richardson for their leadership and guidance as we navigate these unprecedented times.

GM Johnson described our paramedics' performance over the last year as unrelenting and heroic. I would like to add resilient, perseverant, adaptable and courageous. I know they have endured excessive hardships throughout the pandemic, yet they answer the call to action with determination and compassion and for that I am immensely grateful and extremely proud.

A handwritten signature in black ink, appearing to read "Michael Sanderson". The signature is fluid and cursive, written over a white background.

Michael Sanderson, Chief
Hamilton Paramedic Service

Service Overview

HPS Services

The Hamilton Paramedic Service (HPS) is the designated sole provider of paramedic services for the City of Hamilton serving over 536,000 residents in addition to those who come to Hamilton to work, play and learn.

Operating out of 20 stations in urban and rural areas of the city, HPS provides pre-hospital advanced medical care, trauma care and the transport of patients from emergency incidents to health care facilities.



In addition, HPS provides a range of programs and services to promote the health of the community and proactively mitigate the demand on ambulance transports to hospitals. These include:

- Seniors Clinics
- Home Visits
- Flu Immunization Clinics
- Remote Patient Monitoring
- Social Navigator Program
- Flu Response for Emergency Department Diversion
- High Intensity Supports at Home
- Emergency Department Diversion Withdrawal Management Program
- Palliative Outreach Support
- Neonatal Intensive Care
- Public Access Defibrillators
- Community and Stakeholder Engagement
- Public Education
- Continuing Education Classes for Hamilton Paramedics
- Media and Awareness campaigns
- Fundraising to Support Local Charities

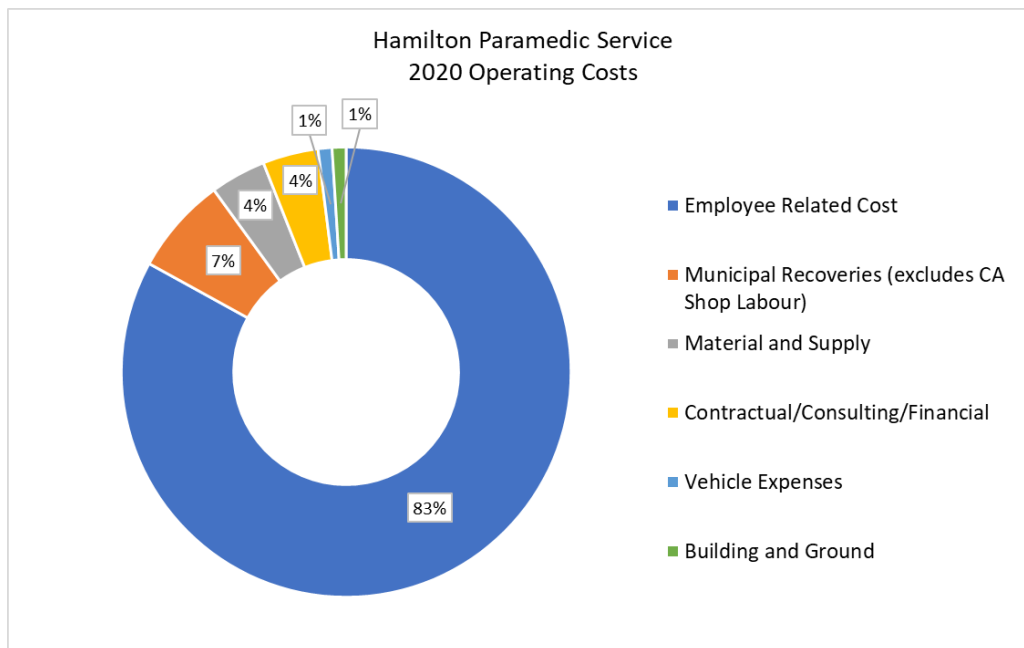
During 2020, HPS carried out additional activities in response to the COVID-19 pandemic, including:

- COVID-19 Swabbing
- Established an Infectious Disease Paramedic Team
- Evacuation of Congregate Residences in Outbreak
- Vaccination Clinic Aftercare
- Vaccine Administration

HPS Finances

In 2020, HPS had an overall operating budget of \$58,353,463; however, 50% of the costs were covered by funding from the province. The allocation of funds per each cost category and percentage of the overall budget is as follows:

Cost Category 2020	\$	%
Employee Related Cost	48,466,399	83
Municipal Recoveries (excludes CA Shop Labour)	4,097,641	7
Material and Supply	2,402,890	4
Contractual/Consulting/Financial	2,241,117	4
Vehicle Expenses	847,643	1
Building and Ground	297,773	1
Total	58,353,463	100



HPS achieves cost effectiveness in operating vehicles through partnerships within the City of Hamilton. With corporate fuel purchasing arrangements and utilizing the Hamilton Fire Department vehicle maintenance services, HPS realizes cost efficiencies without jeopardizing quality service.

The response costs breakdown for 2020 is as follows:

Response Category 2020	Total
Kilometres Travelled	1,887,557
Cost per Response	\$688.69
Cost of Materials & Supplies per Response	\$28.36
Vehicle Cost per kilometre	\$.66

HPS Structure

As an integral part of the health care system, HPS helps to promote the health and safety of Hamilton’s residents and visitors through prevention, response and follow-up activities. HPS achieves this best through being situated within the Healthy and Safe Communities Department which enables collaboration with other divisions focused on similar outcomes for the community such as PHS, the Hamilton Fire Department and Long-Term Care facilities.

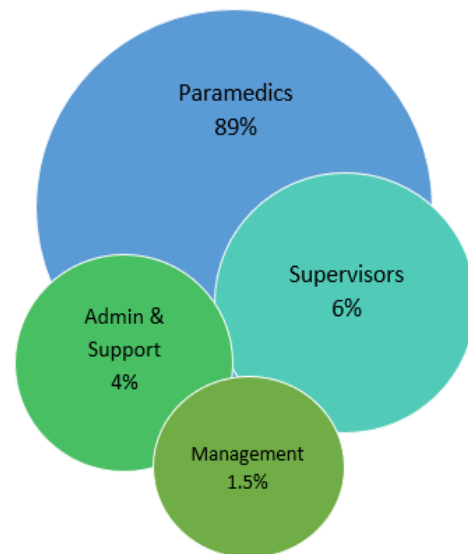
Reporting to the General Manger of the Healthy and Safe Communities Department, the Paramedic Chief is responsible to lead the planning and operationalization of HPS which is comprised of four sections:

- Office of the Chief
 - Responsible for strategic vision, direction, and planning
- Operations Section
 - Responsible for providing oversight of deployment and resource utilization
- Logistics Section
 - Responsible for providing support to all sections through procurement and asset management
- Performance and Development Section
 - Responsible for ensuring regulatory compliance, quality improvement, continuing education and training

A total of 402 staff including full and part time personnel made up the workforce of HPS in 2020. Approximately 89% of staff are paramedics with about 18% of those Advanced Care Paramedics. While paramedics provide direct frontline services to the community, supervisors, administration and support staff and management provide a variety of supportive and regulatory functions to meet Ministry of Health (MOH) mandates. HPS workforce breaks down as follows:

Position	Full-time	Part-time
Paramedics	267	90
Supervisors	17	6
Administration & Support Staff	16	-
Management	6	-

Position	Full-time	Part-time
Primary Care Paramedics	213	80
Advanced Care Paramedics	54	10



Performance Overview

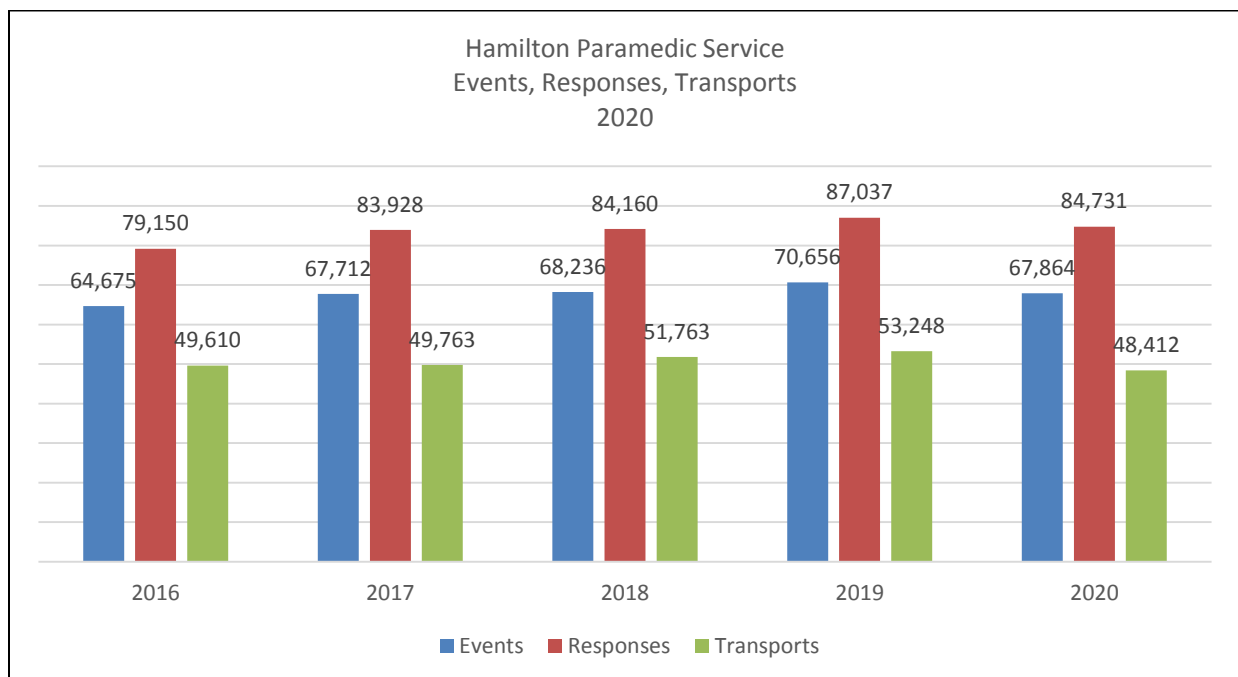
At a Glance: Events, Responses, Transports

2020 was a unique year for HPS service demands due to COVID-19. It is the first time in many years HPS saw demand for service decrease, albeit marginally. However, since May 2020, there has been a steady significant increase and HPS is on track for an overall increase of 4% annually as forecasted in 2018.

The table below shows the decline in the daily averages of events, responses and transports for the first three months of the pandemic as compared to 2019 averages. Following the easing of restrictions in the latter part of May 2020, the number of events, responses and transports increased with events and responses surpassing the daily averages for 2019.

Activity	Early COVID-19 (March 12 – May 22, 2020)	Economy Reopening (Post May 22, 2020)
911 Events	176 ↓ 9% Below Average	222 ↑ 14% Above Average
Responses	211 ↓ 11% Below Average	261 ↑ 10% Above Average
Transports	105 ↓ 20% Below Average	134 ↓ 8% Below Average

The following chart shows the total number of events, responses and transports respectively, each year from 2016 to 2020. Despite the decline in demand during the onset of the pandemic, 2020 totals are only slightly below 2019.

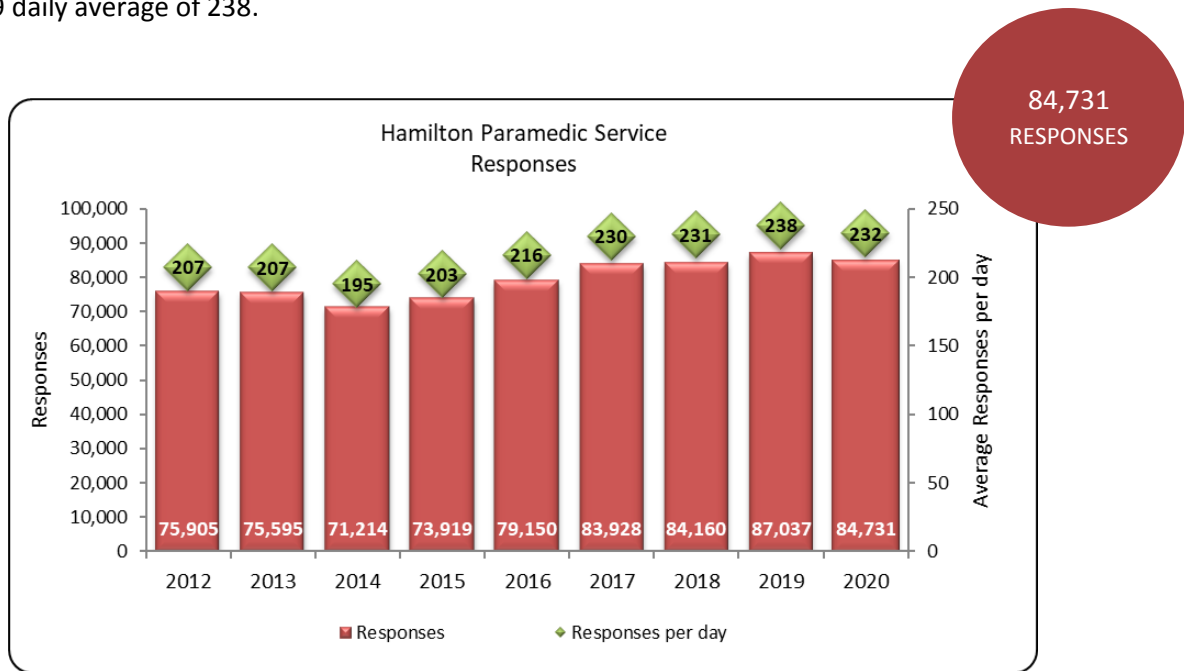


Responses

Responses are the number of paramedic vehicles that are sent to an event. This number is usually higher than the number of events as there is usually more than one vehicle required to manage an emergency incident. For example, in the event of a motor vehicle collisions or a complex medical/traumatic emergency, multiple paramedic vehicles may be assigned to respond.

Coinciding with a decline of 911 events at the beginning of the pandemic was a decline in responses in 2020. Responses decreased by 11% during the period of mid-March through May but rose to an average of 10% above the 2019 average in the latter part of the year.

In 2020, HPS dealt with a total of 84,731 responses with a daily average of 232 responses, slightly below the 2019 daily average of 238.



Top 10 Patient Problems 2020	% of Responses
Dyspnea (shortness of breath)	14
Fall	13
Unknown	7
Abdominal/Pelvic/Perineal/Rectal Pain	6
Ischemic	6
Unwell	6
Unconscious	5
Behaviour/Psychiatric	3
Active Seizure	3
Cardiac/Medical Arrest	3

Patient Problems

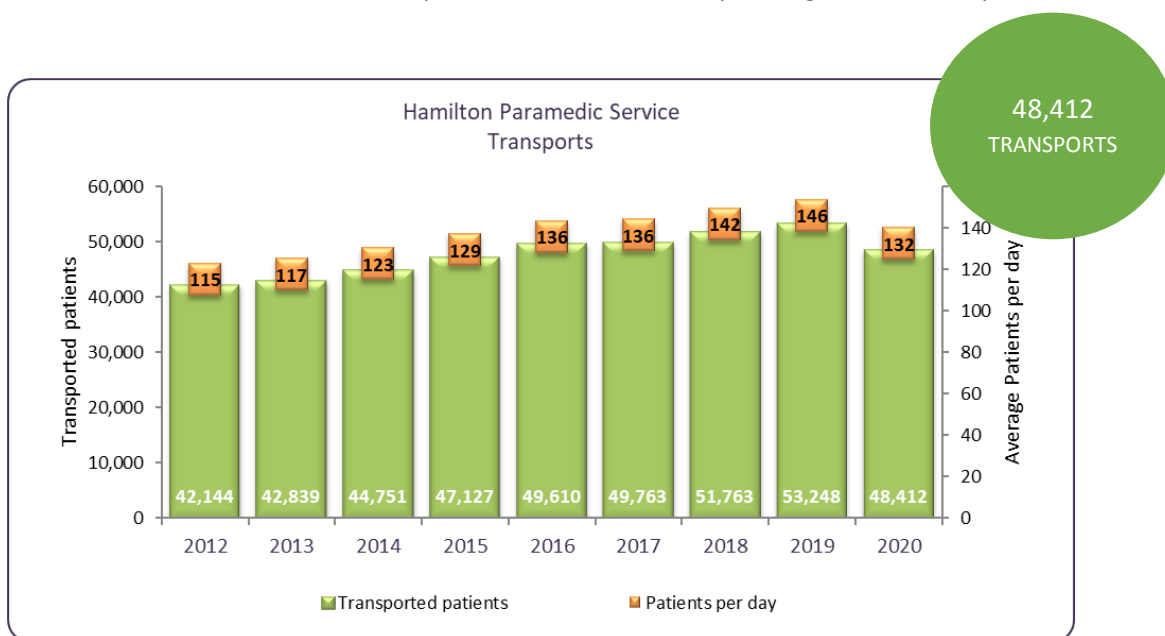
The table to the left shows the top ten reasons patients called HPS for medical assistance in 2020.

Transports

Transports refers to the number of times patients are transported to hospitals by ambulance. This number is typically lower than the number of events, as some patients decline transport to the hospital or are found not to require hospital services as determined through an assessment conducted by the paramedics.

Not surprisingly, the average number of transports to hospitals dipped to 20% below the 2019 average in the first three months of the pandemic. At the end of May 2020 when restrictions were relaxed, the number of transports increased but still remained below the 2019 average by 8%.

The HPS carried out a total of 48,412 transports in 2020, with a daily average of 132 transports.



 Sarah  
 @amber062499

We wanted to thank @HPS_Paramedics for their great care of our little girl when she broke both bones in her arm while playing at the park. ❤️

4:33 PM · Jun 5, 2020 · Twitter Web App



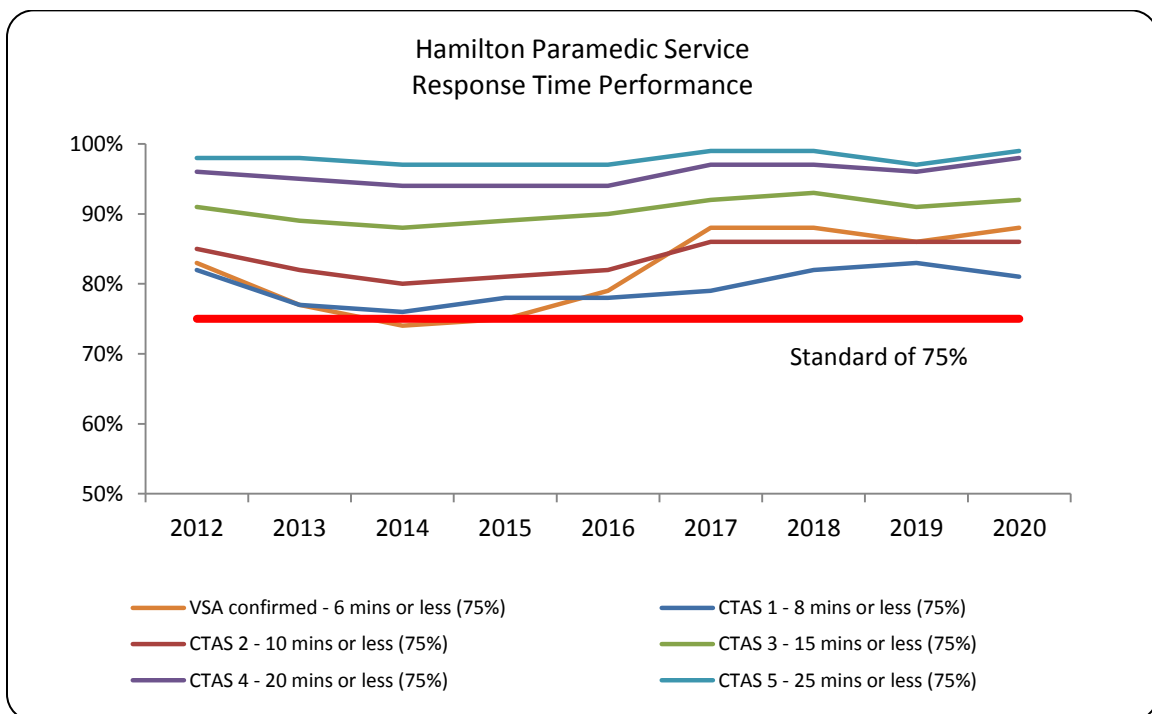
Response Time Compliance

The *Ambulance Act of Ontario* requires that every paramedic operator in Ontario is responsible to establish and publicly report on response time performance. The City of Hamilton and the MOH approved target response times based on the Canadian Triage and Acuity Scale (CTAS). CTAS is a triage system that prioritizes patient care by severity of the injury or illness. HPS is expected to achieve the target times in each CTAS category at least 75% of the time.

In 2020, HPS again surpassed the standard for achieving the target times for each CTAS category.

CTAS Category	Acuity Level	Target Time	Standard % of Time Target Time to be Achieved	% of Time HPS Achieved Target Time
Vital Signs Absent	VSA Confirmed	6 minutes	75	88
1	Resuscitation	8 minutes	75	81
2	Emergent	10 minutes	75	86
3	Urgent	15 minutes	75	92
4	Less Urgent	20 minutes	75	98
5	Non-Urgent	25 minutes	75	99

The graph below shows that as with previous years HPS met and exceeded the response time standard, as indicated by the red line, in each CTAS category again in 2020.



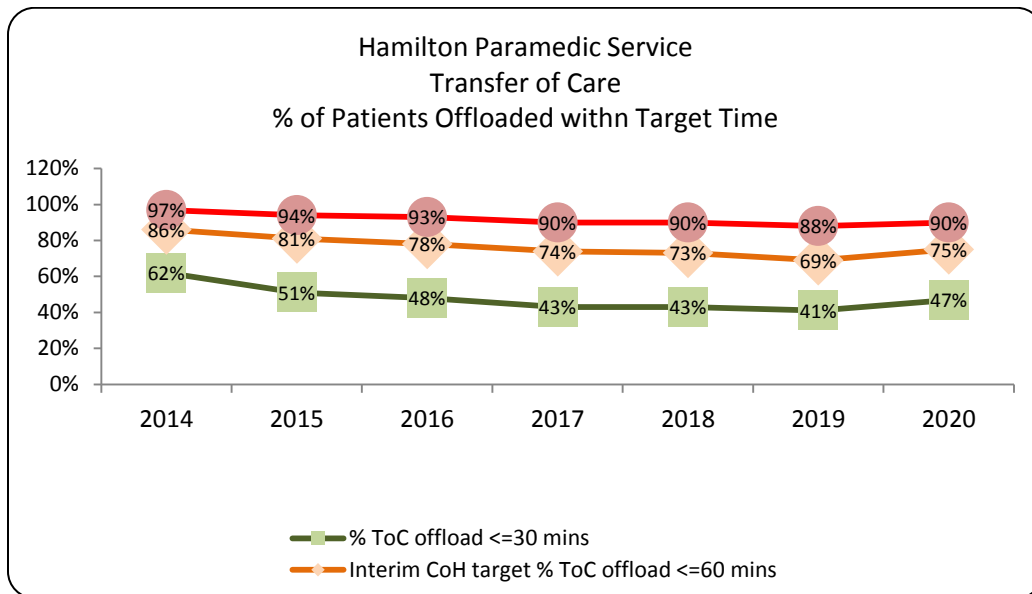
In 2020, the response time to calls dispatched as a life-threatening (Code 4) emergency at the 90th percentile was 11 minutes and 17 seconds. This reflects the time period from when dispatch assigns the call to paramedics until paramedics arrive on scene.

Off-Load Delay

An off-load delay occurs when the hospital does not accept responsibility for the care of the patient from paramedics within 30 minutes of their arrival to the Emergency Department. The MOH recommends that transfer of care (TOC) of patients occurs within 30 minutes 90% of the time. Paramedics are required to remain with and care for the patient until the hospital is ready to accept the responsibility.

As a result of a variety of system pressures, hospitals in Hamilton continue to struggle to meet the target of accepting the patient within 30 minutes of paramedic arrival. Thus, the City of Hamilton and hospitals have implemented interim targets of transfer of care to hospital within 60 minutes 90% of the time and within 120 minutes 100% of the time.

In 2020, delays in offloading patients improved slightly from 2019, likely due to the decline in service demand at the onset of the pandemic. Forty-seven percent of patients were transferred from paramedics to the hospital in 30 minutes or less. Transfer of care within 60 minutes occurred 75% of the time, falling short of the interim target of 90% of the time. Hospitals took over the care of patients from paramedics within 120 minutes 90% of the time, short of the target of 100% of the time. The chart below shows the percentage of time patients were transferred to the care of hospitals within 30, 60 and 120 minutes for each year since 2014.



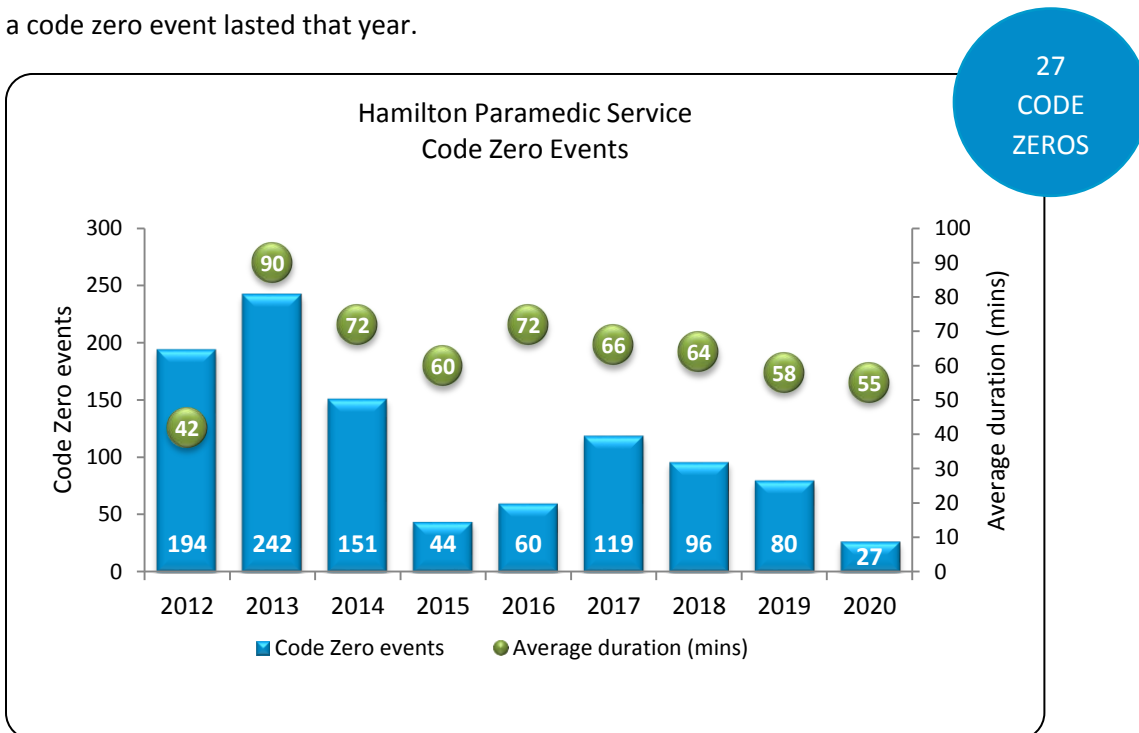
In 2020, paramedics spent **20,997** hours in excess of 30 minutes waiting in Emergency Departments to transfer care of their patient to the hospital



Code Zero Events

Long off-load delays, particularly when there are 10 or more delays longer than 2 hours in one day, continue to be the major cause of code zero events. When a code zero event occurs, ambulances from neighboring municipalities are assigned to respond to emergency calls in Hamilton.

In 2020, there were a total of 27 code zero events that lasted almost an hour on average. The graph below shows the number of code zero events from 2012 to 2020 and the average length of time in minutes a code zero event lasted that year.



“I fell off my bicycle and was injured. One of the first people on scene happened to be an off-duty paramedic who took control of the situation. She called 911, stabilized and reassured me while we waited for the ambulance. The paramedics arrived and were equally as great, beyond competent, compassionate, authentic and reassuring.

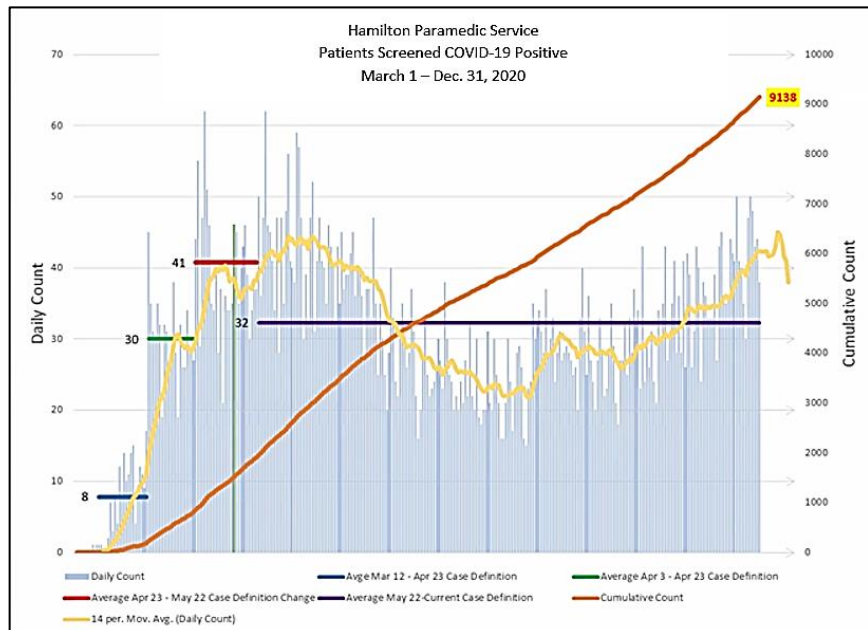
Later that evening at the hospital, the paramedic came back to check on my status. Both paramedics demonstrated great professional competency, but beyond that related to me human-to-human in a way that made a huge difference to how I felt about my situation.”



COVID-19 Response

COVID-19 Patients

With the onset of the pandemic, the MOH provided paramedics and dispatchers assessment criteria to determine whether a patient who requires an ambulance should be treated as COVID-19 positive. Since early March, dispatchers have utilized a COVID-19 screening tool and communicated results to the responding paramedics. Paramedics also perform an evaluation once on scene and if there is a suspected case of COVID-19 additional precautions are taken, and the receiving hospital is notified in advance of arrival.



From March 1 to the end of 2020, Hamilton paramedics identified 9,138 patients as suspected COVID-19 positive. While these patients may not have actually had the virus, which is confirmed through laboratory testing, paramedics take extra measures to mitigate the risk of exposure and transmission. These additional activities add to the complexity of the call and increase the time it takes to complete the call. This added time on a call can affect the number of ambulances available during peak periods.

Employee Self-Isolation

In March 2020, the direction from the province and the local health unit was that paramedics who had unprotected contact with a suspected or confirmed COVID-19 positive patient, tested positive themselves or had a history of recent out-of-country travel were required to quarantine for a two-week period. From March 12 to the end of 2020, 187 staff self-isolated. This made it challenging to fully staff all ambulances and Emergency Response Vehicles (ERVs) required during peak times. However, the scheduling staff along with paramedics who cancelled or deferred their time off meant that almost every shift throughout the pandemic was fully staffed.



Mass Evacuations

In collaboration with hospitals, paramedics conducted mass evacuations at two congregate settings in 2020 that were experiencing COVID-19 outbreaks. In total, paramedics transported nearly 100 residents to hospitals.

Photo Source: John Rennison, The Hamilton Spectator

Community Paramedicine

In addition to emergency response and pre-hospital care, HPS also provides a range of initiatives to care for clients with complex and chronic conditions where they live. The Community Paramedicine program began in 2014 with the goal of meeting patients' needs in the comfort of their own homes thereby increasing their quality of life and reducing hospital Emergency Department visits.

In 2020, the program expanded to become Mobile Integrated Health (MIH) with an increased capacity to reach more people in the community and added initiatives for pandemic response. Although the program has been renamed, its guiding principles remain the same:

NAVIGATE connecting clients to the resources they need

ADVOCATE ensuring clients have access to the resources they need

COLLABORATE working with community partners to ensure clients' needs are met

Home Visits

When someone has been identified as using 911 services regularly, a specially trained Community Paramedic is notified who visits the client in their home and conducts an in-depth assessment. As part of a network of service providers the paramedic can quickly connect the client to the resources they require. In 2020, 621 clients were enrolled in the Home Visit Program with Community Paramedics making 716 home visits and 641 referrals to other service providers. These efforts resulting in a 31% reduction in calling an ambulance among these clients. Home visits in 2020 were more complex due to the COVID-19 virus as Community Paramedics also screened each client for the virus and took extra safety precautions while in their homes. Community Paramedics also stay connected with their clients via telephone if visiting in person was not necessary.

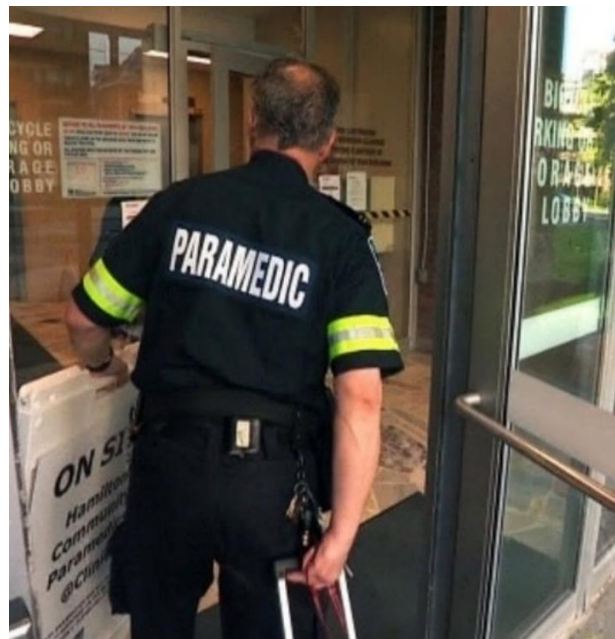
Clinics

Clinics are set up in selected buildings where vulnerable seniors reside. Community Paramedics' interventions are focused on health promotion and the prevention and monitoring of high blood pressure, diabetes, cardiovascular disease and social isolation.

In 2020, the Clinics operated in nine CityHousing Hamilton buildings. A total of 60 sessions were held in 2020 with 472 visits by residents. Due to the pandemic the clinics were shuttered for periods of time so Community Paramedics made an additional 170 telephone calls to check on the health and well-being of residents.

Flu Clinics

The Clinics also provide residents of the seniors' buildings with the influenza shot during flu season.





With the existence of the COVID-19 virus it was more important than ever to be inoculated in 2020. In response, the Flu Clinic program expanded to also include influenza immunization clinics outside of the nine seniors' buildings to reach more vulnerable populations. Mobile Flu Clinics occurred at Central Library, shelters, residential care facilities, retirement homes, long-term care facilities and the Neighbour-to-Neighbour Centre. In addition, Community Paramedics administered flu shots to clients of MIH programs as well as first responders and City of Hamilton staff. In total, 1,840 flu shots were administered between October 19 and December 16, 2020.

Remote Patient Monitoring

The Remote Patient Monitoring (RPM) Program leverages technology to allow patients to stay in their homes while their health is being monitored by Community Paramedics. Information about the patient's chronic condition is transmitted from a variety of devices to a database monitored by a Community Paramedic. If a predetermined threshold is exceeded, a Community Paramedic promptly contacts the patient to determine the best way to mitigate the condition. In 2020, there were 115 patients enrolled in the program with 3,473 alerts yet only four transports to hospitals. The RPM Program was expanded in 2020 with the addition of a thermometer channel and provision of remote technology to higher complexity COVID-19 positive patients.



Paramedic Palliative Outreach Support Team

The PPOST Program involves a specially trained team of Community Paramedics who are contacted when a patient's palliative care team is unavailable. Community Paramedics support the patient through a palliative crisis in their home where they are most comfortable and avoid a transport to the Emergency Department. In 2020, the team supported eight patients avoiding transports to hospitals. In April 2021, the Paramedics Providing Palliative Care or 3PC project will be launched enabling all paramedics to provide palliative care to registered patients.

Flu Response for Emergency Department Diversion

The FREDD Program provides a mobile response unit to influenza-like illness calls at long-term care homes during the flu season. Paramedics treat long-term care residents, particularly with intravenous initiation, in the home thereby decreasing the need to go to the hospital. During the time the program was operational, from January 22 to March 31, 2020, 61 patients were treated by paramedics thereby preventing the need for visits to hospital.

Emergency Department Diversion to Withdrawal Management

The EDWIN Program enables paramedics to transport men with addiction-related issues to the Men's Addiction Service Hamilton (MASH) rather than to hospital Emergency Departments. In late 2020, the program was expanded to include women who are transported directly to Womankind Addiction Services. A total of 19 clients were supported through this program with only one requiring transport to hospital.

Public Access Defibrillation



MIH is responsible for the maintenance and tracking of Automated External Defibrillators (AEDs) throughout the city and advocate to increase in the number of AEDs in the community. Medical evidence shows that when an AED and CPR are administered immediately, often by a bystander, the chance of survival from sudden cardiac arrest is substantially improved by up to 75%.

In 2020, there were 443 AEDs in the city with two uses. AEDs are located throughout the city in public buildings, such as City of Hamilton office buildings, schools, libraries, local event arenas, fitness centres, recreational facilities, hockey arenas and seniors' centres. In 2020, AEDs were also installed at Tim Hortons Field.

Social Navigator Program

The Social Navigator Program (SNP) is a collaboration with the Hamilton Police Service to support at-risk individuals and those with repeat police interactions by connecting them to the health and social services they require. In 2020, support was provided both in-person and through virtual visits utilizing Ontario Telemedicine Network. There were 77 intensive case management clients in the SNP in 2020, although 479 people were referred to the program. Also, assistance was provided to an additional 512 individuals in need. Social Navigators made 334 referrals to services for support for their clients with housing/shelter, addiction, mental health, income, primary care and developmental supports.



Social Navigator Team

In 2020, more than any other year, the SNP also provided basic necessities such as meals, food packs, water, clothing and shoes. As a result of the pandemic there has been an increased need for support. In December 2020, the SNP secured funding to expand the capacity of the program with two additional paramedics enabling service availability seven days a week until the end of March 2021.

The SNP has been successful in decreasing negative police interactions among SNP clients after three months in the program by 55%.

"I work at the Schizophrenia Outpatient Clinic and after years in the field engaged with numerous partners, I am constantly amazed at the consistent level of commitment and efforts made by the Social Navigator Program's team to collaborate with my clients. Many of my colleagues are also familiar with SNP and have had nothing but positive experiences with them."



COVID-19 Swabbing

In response to the pandemic and in collaboration with PHS, MIH established a COVID-19 Swabbing Team. In total, the team conducted 9,504 tests in 2020. These included tests conducted at congregate settings such as long-term care facilities and retirement homes, social housing, hospices and patients who are homebound waiting to be placed in a hospice or long-term care. In addition, paramedics provided swabbing for first responders and employees of the City's two long-term care homes.



COVID-19 Vaccination

By the end of 2020, PHS began inoculating seniors living in congregate settings in Hamilton. Paramedics supported this effort by designing and providing aftercare to ensure those who received the shot were monitored for any adverse effects.

The involvement of paramedics in supporting the vaccine deployment plan will intensify in 2021. As such, in late 2020 paramedics began training in COVID-19 vaccine administration and began preparing for the establishment mobile vaccination clinics to be operational in the spring of 2021 which will require paramedic involvement.

High Intensity Supports at Home

In late 2020, Community Paramedics became involved in a program to help provide care to high risk people waiting to be placed in long-term care homes. Hospitals report a significant number of alternative level of care patients awaiting long term care placement as one of the factors contributing to bed shortages. Through this program, Community Paramedics are able to support patients in their home both in person and virtually helping to avoid Emergency Department visits and easing the burden on hospitals especially during the pandemic. Plans are underway to expand the capacity and duration of this program commencing in the spring of 2021.

 **Susan Clairmont**  @susanclairmont · May 4
So @HPS_Paramedics came to care for my elderly neighbour. They geared up in #COVID19 gowns/gloves and rather scary looking masks. I was struck by how much kindness and warmth they were still able to show my neighbour from underneath all that equipment. Thank you. #HamOnt



Clinical Excellence

Clinical excellence is demonstrated by Hamilton paramedics through a commitment to continued growth and development. In 2020, a number of new procedures related to the COVID-19 response were added to the annual training paramedics undertake to refresh and expand their capabilities. Over 10,000 hours of continuing education were delivered to paramedics in 2020 to ensure they can provide excellent clinical care to patients.

Infectious Disease Paramedic Team

At the onset of the pandemic, HPS began preparing for the establishment of an infectious disease team and by April 19, 2020 the team was operational. Specially trained paramedics are equipped with powered air purifying respirators that include full face masks connected to a breathing hose that purifies the air they breathe. The team's 24-hour a day, seven days a week availability has helped to support the work of paramedics in responding to patients who have screened positive for the virus particularly with respect to transferring these patients between facilities.



Automated Chest Compression Devices

In 2020, paramedics participated in a three-month trial of automated chest compression devices. This equipment allows paramedics to continue providing chest compressions while moving the patient. The device delivers automated CPR to sudden cardiac arrest patients without interruption. It also reduces the need for close contact required with traditional CPR. As a result of positive feedback from paramedics in addition to favourable clinical studies, HPS will work to equip all ambulances with this device in 2021.



COVID-19 Simulation

Just weeks after the first case of COVID-19 was identified in Hamilton, paramedics collaborated in a simulation event organized by St. Joseph’s Healthcare to test the preparedness of response to the growing health crisis. The simulation focused on transferring a COVID-19 positive ‘patient’ from the Urgent Care Centre to the hospital’s Emergency Department. Paramedics worked with a team of emergency physicians, nurses and respiratory therapists to finetune how best to care for these patients in the safest manner possible for all people involved.



Virtual Emergency Department

In 2020, HPS partnered with St. Joseph’s Healthcare Hamilton for Community Paramedics to access Emergency Department physicians virtually. This enables Community Paramedics to consult with doctors while they are on scene or in the homes of their clients. This permanent program ensures that clients have prompt access to the resources they require without having to be transported to the hospital.



Connected Health Hamilton

In collaboration with Hamilton Health Sciences and St. Joseph’s Healthcare this program expanded in 2020 to leverage new and existing solutions to remotely monitor COVID-19 positive and vulnerable patients. While Community Paramedics already utilize technology for the Remote Patient Monitoring program this expansion enables them to assess, monitor and support COVID-19 patients and post-discharge acute care patients virtually.

Computerized Asset Management

To manage critical medical supply inventory and equipment more efficiently the Logistics Section of HPS began the process of transitioning to a computerized system in 2020. This modernized system will track real-time supply levels and accurately forecast supplies required to ensure vital stock is readily available and up-to-date. It is more important than ever to proactively manage assets in an evolving health crisis when resources can become scarce.



Continuous Improvement

HPS is constantly looking for ways to improve processes, programs and services through innovation and best practices to ensure the delivery of optimal care to the community. In 2020, such initiatives also included ways to effectively respond to the pandemic. Some of the continuous improvement initiatives undertaken in 2020 are highlighted below.

Paramedic Bike Unit

In December of 2020, HPS was successful in receiving a grant award for just over \$20,000 from Firehouse Subs Public Safety Foundation of Canada. These grant funds will contribute to the establishment of a Paramedic Bike Unit in 2021. A Paramedic Bike Unit will be able to provide care to a number of planned mass gathering events across the city such as SuperCrawl, Festival of Friends and the Around the Bay Road Race. Events with a large amount of people are difficult for ambulances to promptly access should there



be a medical emergency. Bike medics can navigate a dense crowd more quickly than a full-size rescue vehicle and begin delivering potentially life-saving treatment.



COVID-19 Screening Tool

All paramedics are required to screen for COVID-19 prior to the start of their shift. To assist with ease of screening, staff developed an online application that can be accessed by their phones using a QR Code or connecting to a link on their laptops. This app and its procedures are consistent with both provincial and local direction. The information is stored electronically, and tracing records are maintained.

Modified Training and Recruitment

In 2020, the Performance and Development Section of HPS had to rework the way training was delivered to paramedics due to COVID-19 protocols. Instead of providing mandatory professional development in the HPS training classroom, training took place virtually as well as at the Municipal Service Centre in Stoney Creek which was spacious enough for paramedics to stay physically distanced. In addition, plans were developed in 2020 for an online platform for exams and interviews to be carried out virtually for the 2021 recruitment process.



Addition of Resources

Ambulance

HPS increased its fleet by one ambulance in April 2020. This additional ambulance is operational 24 hours a day, seven days a week. This truck is required to catch up with the growing demand in service that has been intensified by the COVID-19 health crisis.



Staffing

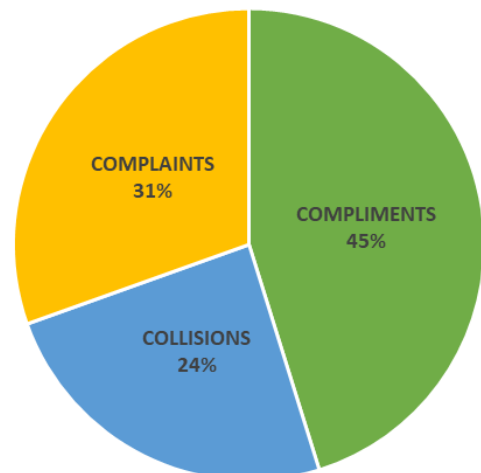
Thirty-seven part-time paramedics joined the service during the spring and early summer months in 2020. The Performance and Development provided modified orientation due to COVID-19 restrictions. Several of these new recruits have already moved into full-time positions with many more in temporary full-time positions. These newly hired paramedics have helped to keep ambulances and Emergency Response Vehicles fully staff throughout the pandemic.



Quality Assurance

HPS has a robust quality assurance program that, among other activities, reviews and responds to feedback from customers. Follow-up with paramedics is an integral part of the program to ensure the continuous improvement of HPS service delivery.

In 2020, 197 reviews were conducted to identify opportunities for improvement and employee recognition. Forty-eight were related to collisions, 60 were customer concerns about conduct and practice while 89 were compliments on paramedics' performance (not including social media posts).



The majority of collisions were related to clearance issues involving damage of under \$1,000 and most complaints were related to professional conduct. Such incidents are thoroughly investigated and may result in coaching or additional training of paramedics.



A wide range of compliments were received from people who have used HPS services or their family members. These related to a wide range of paramedics' performance including skillfulness, compassionate, calm, caring, kind, professional and friendly.

Project CO

In an effort to reduce carbon emissions, in 2020 HPS replaced two old decommissioned ambulances with new hybrid ones. This hybrid technology not only reduces gas emissions, it also requires less fuel and therefore saves on the cost of fuel while increasing mileage. It is estimated that this technology will be able to successfully reduce greenhouse gas emissions by 10.7 tonnes per vehicle each year.



Chief Sanderson and GM Paul Johnson, February 2020



Automated COVID-19 Testing

Community Paramedics have been supporting PHS in conducting COVID-19 assessments in the community. In November 2020, paramedics moved to an automated testing system. This technology enables the use of barcode scanning to generate swabbing requisitions and prints labels which can be submitted electronically. This results in more timely registration and test submissions.

PPE and Disinfection

With the onset of the pandemic the Logistics Section of HPS had to pivot their activities related to personal protective equipment (PPE) and cleaning procedures. Logistics secured a PPE monitoring and distribution system to effectively and efficiently manage the inventory of PPE which was in limited supply during the first few months of the pandemic. They also developed and implemented an enhanced cleaning program for all response vehicles in the HPS fleet. In addition, HPS's logistics personnel designed a program that enabled isolation gowns to be reused which was implemented for all medical staff in the City of Hamilton.



Community Connections

Hamilton paramedics have always played an important role in the community not just because they provide quality programs and emergency response but also because they provide information and support to the community. In past years, HPS achieved this through attending events such as festivals, fairs and through participating in fundraisers and awareness-raising campaigns. In 2020, due to the pandemic, in-person events were restricted; however, HPS was able to still carry out some charitable work. In addition, an increased media presence enabled the continued flow of important and educative information to the community.

Media Presence

HPS had a strong media presence in 2020. With spots in local television, newspapers and radio HPS shares important information relating to their work, raising awareness of key community issues and supporting community health, safety and well-being. In 2020, HPS was featured on six shows of *The Pulse* a local Cable 14 show from the *Frontline* series. Topics covered included: Back to school safety during the pandemic, Mobile Integrated Health activities including COVID-19 swabbing, heart health, winter safety, mental health, response statistics and paramedics' annual Toy Drive.



2020 Twitter Activity
@HPS_Paramedics
220 Tweets
14,000 Followers
1,703 Retweets
9,592 Likes
1.3 million Impressions

As well, through the HPS Twitter account, HPS was able to share timely news about emergency incidents, promote community events and charitable work, provide education in the area of health and safety and celebrate the dedication of paramedics and other first responders. In 2020, social media also provided a key platform to disseminate information related to COVID-19 including how to protect against contracting and spreading the virus, where to go for assessments and the activities of HPS in responding to and combating the virus. In 2020, the HPS Twitter account had over 14,000 followers with a reach of over 1.3 million impressions or the number of times an HPS tweet appeared on users' timelines impressions. HPS will launch an Instagram account in January 2021 so even more people will receive key information about staying safe and healthy.

"My mother fell and got stuck. I live an hour and a half away. I wanted to thank the paramedic personally for going into a window to rescue my mom! I really do appreciate that!"



Charity Support

Despite the restrictions due to COVID-19 that prevented paramedics from participating in community fundraisers such as Tim Hortons Camp and McHappy Day, paramedics still found ways to give back to the community in 2020.

Summer Food Drives

Paramedics were touched by the outpouring of gratitude and support from the community for their work on the frontline of the pandemic. In response, instead of waiting for the annual winter food drive, paramedics organized an additional food drive in June 2020. Paramedics raised \$3,500 and collected almost 1,000 pounds of food to donate to the Neighbour-to-Neighbour Foodbank.



In addition to the paramedic food drive in June, HPS partnered with GlobalMedic in August 2020 to deliver over 3,000 pounds of food to Neighbour-to-Neighbour Centre generously donated by GlobalMedic.



Community Garden

The garden began seven years ago by paramedics who continue to volunteer their time to tend the garden located at the ambulance base. In 2020, the Community Garden yielded 1,450 pounds of produce that was donated to the Neighbour-to-Neighbour Centre.



The Paramedic Ride 2020

In 2020, the annual Paramedic Ride to Ottawa did not take place due to the pandemic. This annual event helps to raise funds in support of the Canadian Paramedic Memorial Foundation and for the construction of a monument in Ottawa honouring paramedics who have lost their lives in the line of duty. For five years, Hamilton paramedics have been involved in the ride and have raised over \$20,000.

In 2020, Hamilton, along with other services that participate in the Paramedic Ride, hosted a local ride and ceremony featuring the Paramedic Memorial Bell which was touring across Canada. During the ceremony the names of fallen paramedics were read aloud as the bell tolled for each person.



Holiday Food Drive

The pandemic posed challenges in carrying out the annual Christmas food drive in 2020 which is usually held at a grocery store. However, GlobalMedic stepped in with a contribution of over 4,600 pounds of food. In addition, a local business, Vertical Staffing Resources, donated \$1,500. Through the efforts of Hamilton paramedics all of the donations went to the Neighbour-to-Neighbour Centre to provide essential food for families in need during the holidays.



“Our dad had a cardiac arrest. Paramedics performed CPR and took him to the hospital. We want to thank them with all our hearts for how much they helped dad but also the support they provided our mother to help her deal with the situation. Thank you for saving our dad’s life.”

Santa to Seniors

Because of the pandemic many people were unable to see their loved ones during the holiday season. This can be particularly difficult for seniors living in long-term care residences. So Hamilton paramedics started an initiative in 2020 to sponsor a senior. Fifty paramedics bought gifts for one or more seniors which then were delivered by a group of paramedics to residents of the City's two Long Term Care Homes. The Santa to Seniors initiative let the residents know that they were not alone even though they were unable to be with their families.



Toy Drive

The annual Paramedic Toy Drive for CityKidz ensures that children in Hamilton who experience the challenges of poverty receive a personalized and meaningful gift at Christmas. In 2020, this need was greater; however, with pandemic restrictions the physical toy drive had to be cancelled. Moreover, paramedic Doug Mason who not only ran the Paramedic Toy Drive for 17 years but also dressed up as Santa for the kids sadly passed away in November 2020. In honour of Doug who was passionate about giving back, a virtual toy drive and fundraiser took place. Numerous toys were donated and a record \$11,720 was raised for CityKidz. Doug would be pleased.



Doug Mason

April 8, 1965 - November 5, 2020

Community Appreciation

2020 was a challenging year for everyone, most particularly frontline workers including paramedics who are at the centre of the battle against COVID-19. The community has recognized their work with an overwhelming display of appreciation that took many different forms in 2020. HPS values every expression of gratitude from the community, no matter how big or small. From cards, letters, signs and sidewalk chalk drawings to donations of sanitizer, PPE, food and coffee, paramedics have been touched by the outpouring of generosity of the community. The following pictures are just some examples of how the community thanked paramedics for their service during the pandemic.



Recognitions

A number of employees of HPS were formally recognized in 2020 for their extraordinary achievements in serving the community and their peers.



CPER Quality of Care Award

Primary Care Paramedic Mark Nichols accepted the Chief's Challenge Coin in acknowledgement of Mark receiving the Hamilton Health Sciences Centre for Paramedic Education and Research (CPER) Quality of Care Award. This is a peer-nominated award for excellence in a variety of areas including patient care, community involvement regarding clinical care or promoting emergency medical services and patient care.

The other winners of the CPER Quality of Care Award 2020 include:

- ❖ Heidi Bergeron, Primary Care Paramedic
- ❖ Dave Dean, Advanced Care Paramedic
- ❖ David Egier, Advanced Care Paramedic
- ❖ Hugh Hart, retired November 2020 after 44 years of service



City Manager's Award

Joe Pedulla, Advanced Care Paramedic and Acting Commander of Mobile Integrated Health along with Wesley Loy, Data and Records Coordinator received the City Manager's Award for Continuous Improvement in January 2020 for their work in collaboration with PHS' Epidemiology and Evaluation Unit on several key initiatives aimed at achieving better health outcomes for the community.



Joe Pedulla and City Manager Jeanette Smith
January 2020



Wesley Loy and City Manager Jeanette Smith
January 2020

Governor General of Canada Emergency Medical Services Exemplary Service Medal

The Emergency Medical Services Exemplary Service Medal awarded by the Governor General of Canada recognizes professionals who provide pre-hospital emergency medical services to the public in an exemplary manner, characterized by good conduct, industry and efficiency. Recipients must have completed 20 years of exemplary service with at least 10 years performing duties that involve potential risk.

The recipients of the 2020 Emergency Medical Services Exemplary Service Medal for HPS are as follows:



- ❖ Sarah Brennan, Advanced Care Paramedic
- ❖ Daryl Cheney, Advanced Care Paramedic
- ❖ Jeff Chmiel, Primary Care Paramedic
- ❖ Derek Dawson, Advanced Care Paramedic
- ❖ Dan Groeger, Primary Care Paramedic
- ❖ Randy Jones, Advanced Care Paramedic
- ❖ Gord Mooney, Primary Care Paramedic

In addition, the following former recipients of the Medal received the 30 Year Bar:

- ❖ Anthony Caravaggio, Primary Care Paramedic
- ❖ Chris Bayards, Advanced Care Paramedic
- ❖ Santo Pasqua, Primary Care Paramedic

Survivor Reunions

The role of paramedics is to provide quality care to residents and visitors to Hamilton. Sometimes this means performing live-saving critical medical interventions. While the act of saving a life is more than enough gratification for paramedics, there are times when survivors request to meet with the paramedics to express their gratitude in person.

On July 20, 2020 Primary Care Paramedics Michael Agresta and David Wharrie responded to a call for a patient in medical distress. The patient was a three-week old baby. Dave and Mike provided the immediate and skillful care the infant required. As a result of, they baby was able to recover from the incident and is doing well.

Following the incident, Dave and Mike had the privilege of being reunited with the baby and family. The parents wanted to express their deepest appreciation to Dave and Mike with a thoughtful gift. The parents also extended their thanks to all paramedics calling them "real-life heroes who come to save the day!"



Every fall many people spend time outdoors raking the up leaves on their properties. The fall of 2020 was no different for one homeowner. However, after cleaning up his property then working in his wood shop, this homeowner experienced a twinge in his chest. When the twinge persisted and he began to sweat profusely, his wife called 911.

Just as Primary Care Paramedics Nadine Valdez and Matthew Downs arrived at the home, the patient lost consciousness and vital signs. Paramedics Nadine and Matthew went to work quickly and skillfully to resuscitate the patient. On their ride to the hospital the paramedics called ahead to ensure the hospital was prepared to receive the patient. They were also joined by Advanced Care Paramedic Don Dunster who assisted with patient care.

By mid-November, the patient had fully recovered and invited the paramedics back to his home so he and his family could thank the paramedics in person for saving his life. Chief Sanderson and CPER Medical Director Dr. Paul Miller also attended to share in the moving and joyful moment.



Left: Nadine Valdez, Matthew Downs, the patient
Above: Matthew, Nadine, Dr. Paul Miller

My father-in-law lost his ability to speak as a result from a stroke he had 10 years ago. He was walking one day and fell and hurt himself. The paramedics who responded found his address and stopped by my mother-in-law's home to let her know what had happened. Our family worries about him when he is out but these wonderful paramedics' actions give us comfort knowing there are people like them who are so kind to understand and help him, and us!





HAMILTON PARAMEDIC SERVICE 2020 ANNUAL REPORT

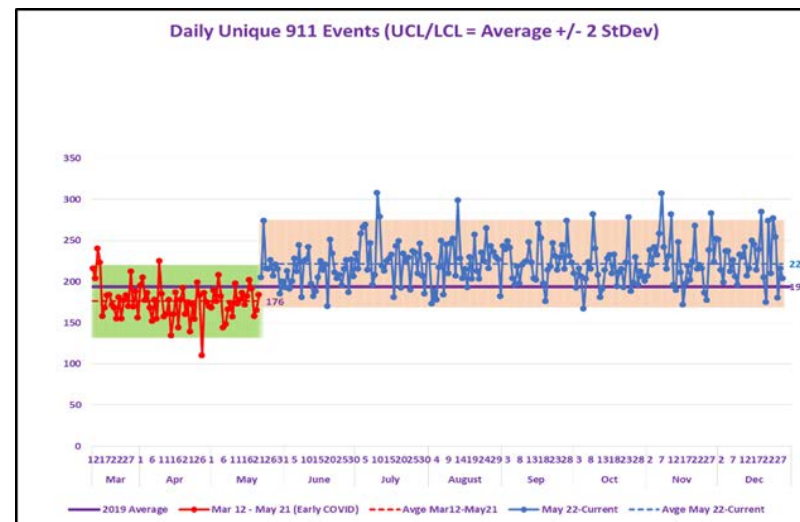


Emergency and Community Services Committee

June 17, 2021

How Much Did We Do?

Activity	Early COVID (March 12 – May 22, 2020)	Economy Reopening (Post May 22, 2020)
911 Events	176 ↓ 9% Below Average	222 ↑ 14% Above Average
Responses	211 ↓ 11% Below Average	261 ↑ 10% Above Average
Transports	105 ↓ 20% Below Average	134 ↓ 8% Below Average



How Much Did We Do?

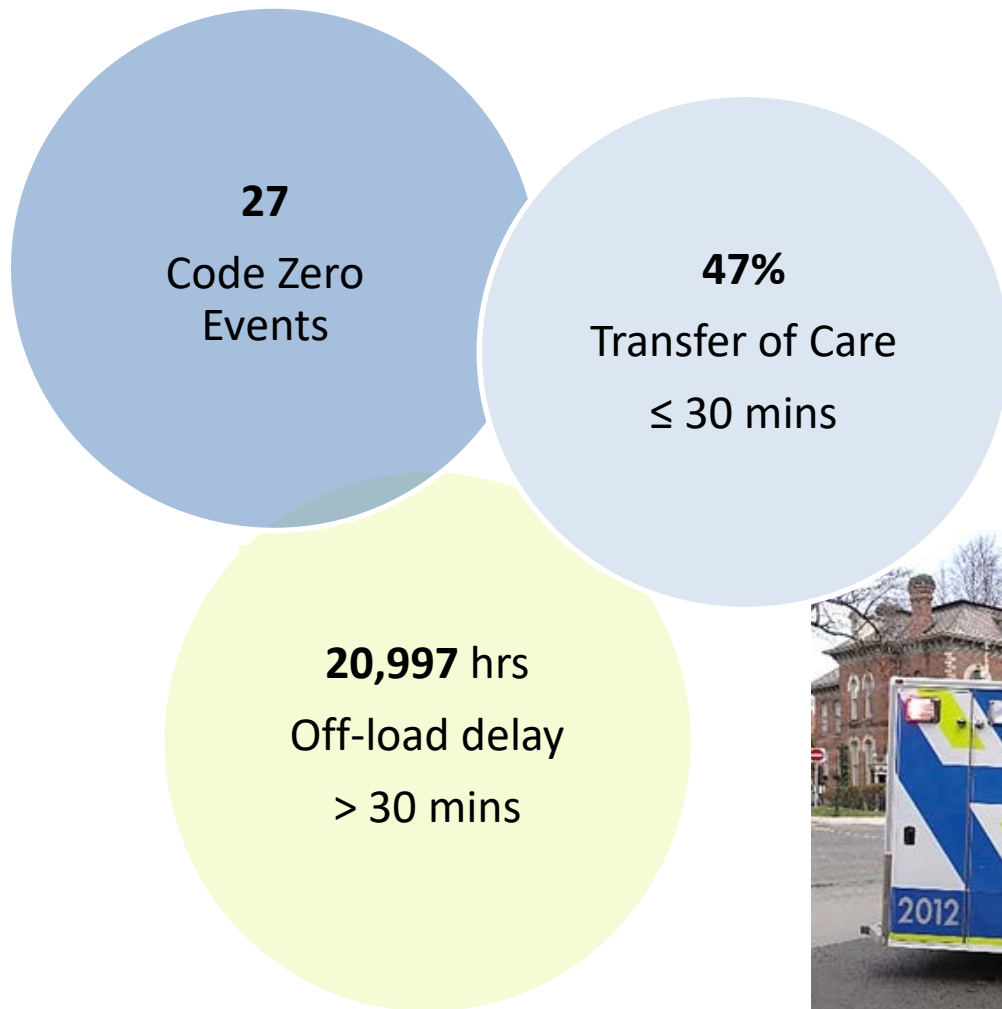


EVENTS
67,864
185/day

RESPONSES
84,731
232/day

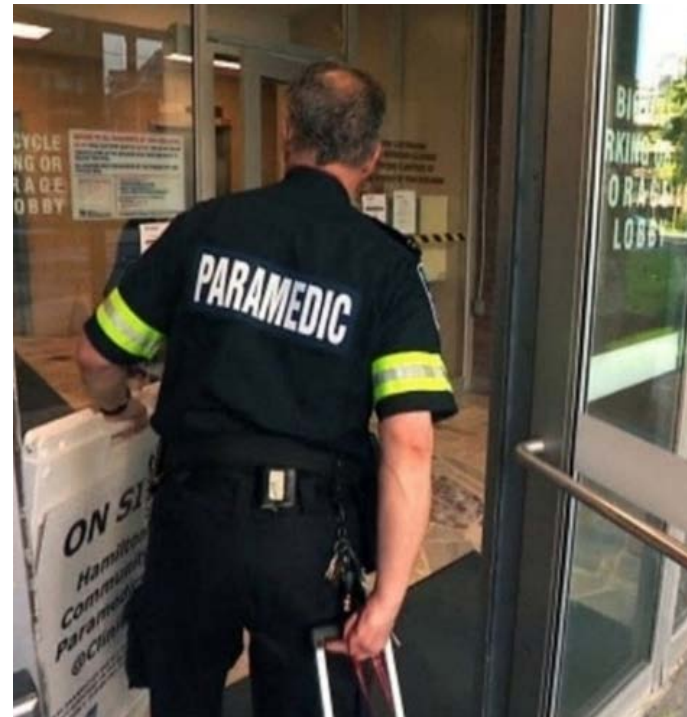
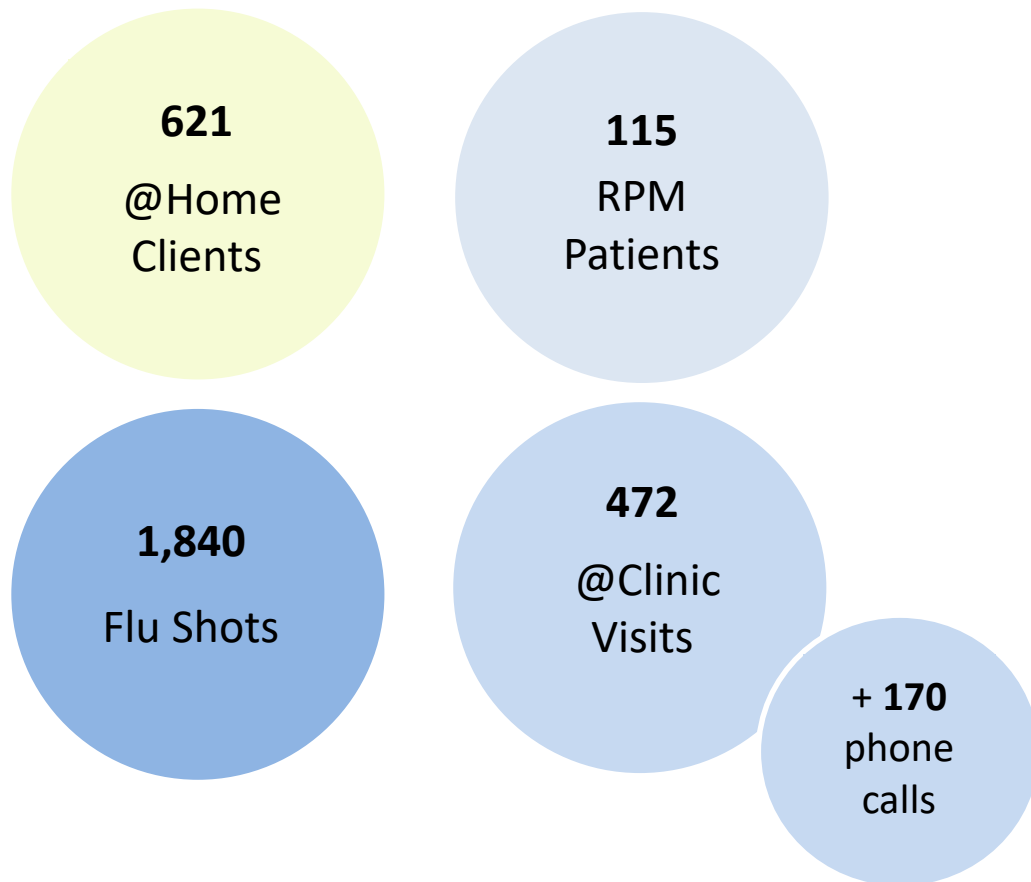
TRANSPORTS
48,412
132/day

How Much Did We Do?



How Much Did We Do?

Mobile Integrated Health



How Much Did We Do?



+ 512
People
Assisted

77
SNP
Clients

334
Referrals to
Support
Services

443
AEDs

8
Palliative
Care
Patients

19
Clients to
MASH and
Womankind

How Much Did We Do?

COVID-19 Response

12

Paramedics
Trained as
COVID-19
Testers

9,504

COVID-19
Swabs

2

Mass
Evacuations

9,138

Suspected
COVID-19+
Patients

6

Paramedic
Crews
Provided
Aftercare at
HHS Vaccine
Clinic



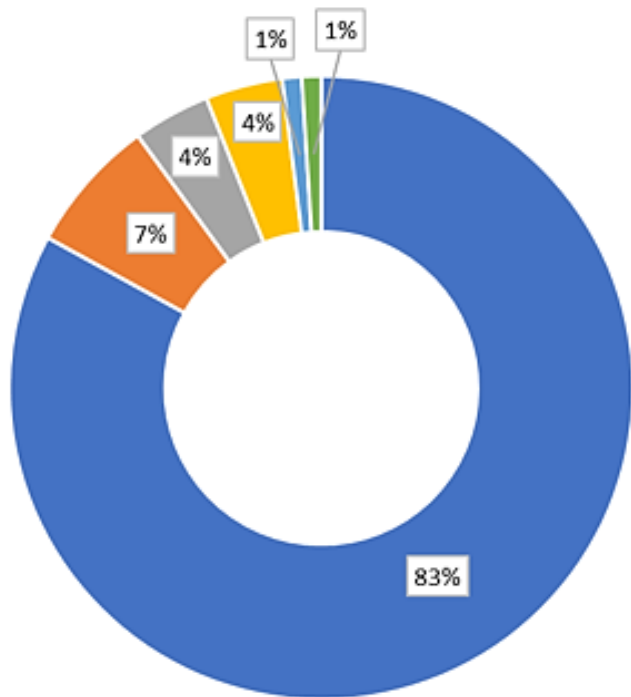
How Well Did We Do?

Response Times

CTAS Category	Acuity Level	Target Time	Standard % of Time Target Time to be Achieved	% of Time HPS Achieved Target Time
Vital Signs Absent	VSA Confirmed	6 minutes	75	88
1	Resuscitation	8 minutes	75	81
2	Emergent	10 minutes	75	86
3	Urgent	15 minutes	75	92
4	Less Urgent	20 minutes	75	98
5	Non-Urgent	25 minutes	75	99

How Well Did We Do?

Operating Budget



- Employee Related Cost
- Municipal Recoveries (excludes CA Shop Labour)
- Material and Supply
- Contractual/Consulting/Financial
- Vehicle Expenses
- Building and Ground

\$688.69
per
Response

\$28.36
Materials
Supplies
per
Response

\$.66
per KM

How Well Did We Do?

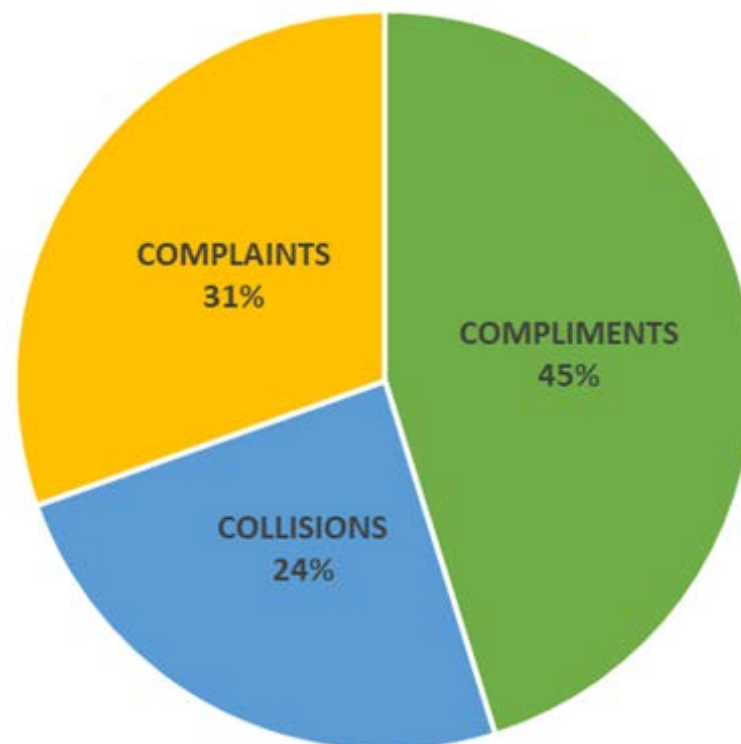
Quality Assurance Reviews

“We weren’t allowed in the hospital. The paramedic called twice before her shift ended to let us know they were still with my Dad.”

“My mother fell and was stuck. I am an hour and a half away. Thanks to the paramedics for going into a window for my mom’s rescue.”

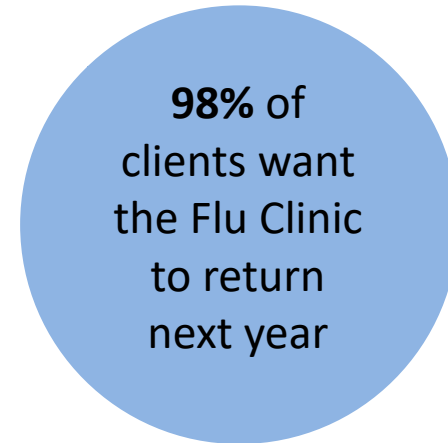
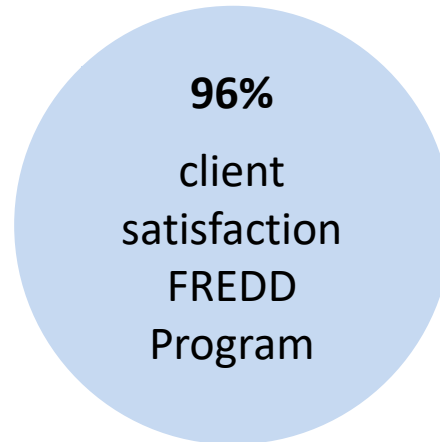
“The call was at the end of their shift, but the paramedics did not desert me at the hospital. They were an advocate for me.”

“While paramedics were at our house they mentioned they were also going to talk to somebody regarding my husband’s mom. We’ve already had a call from the Paramedic Service and the process has started!”



How Well Did We Do?

MIH Customer Feedback



“I am amazed at the consistent level of commitment and efforts the SNP team makes to collaborate with my clients.”

“The engagement, compassion and empathy displayed by the SNP team was nothing short of perfection.”

“Thank you to the awesome paramedics for helping with swabbing. They were AMAZING!”

How Well Did We Do?



Shannon Weston
@sweston26

@HPS_Paramedics thank you to the amazing, kind, compassionate paramedics that took my Dad to the hospital yesterday. So grateful for their care <3 #hamont



Sarah
@amber062499

This is long overdue (I wasn't using Twitter then), but we wanted to thank @HPS_Paramedics, especially Jeff, for their great care when E broke both bones in her arm last July while playing at the park. ❤️

Susan Clairmont ✓ @susanclairmont · May 4

So @HPS_Paramedics came to care for my elderly neighbour. They geared up in #COVID19 gowns/gloves and rather scary looking masks. I was struck by how much kindness and warmth they were still able to show my neighbour from underneath all that equipment. Thank you. #HamOnt

Brandon Williamson @XBrandonEdwardX · May 18

Thank you to the @HPS_Paramedics who showed up at my house early this morning in downtown #Hamilton to assist my mother. Great work. 🙌



Tom Flood
@tomflood1

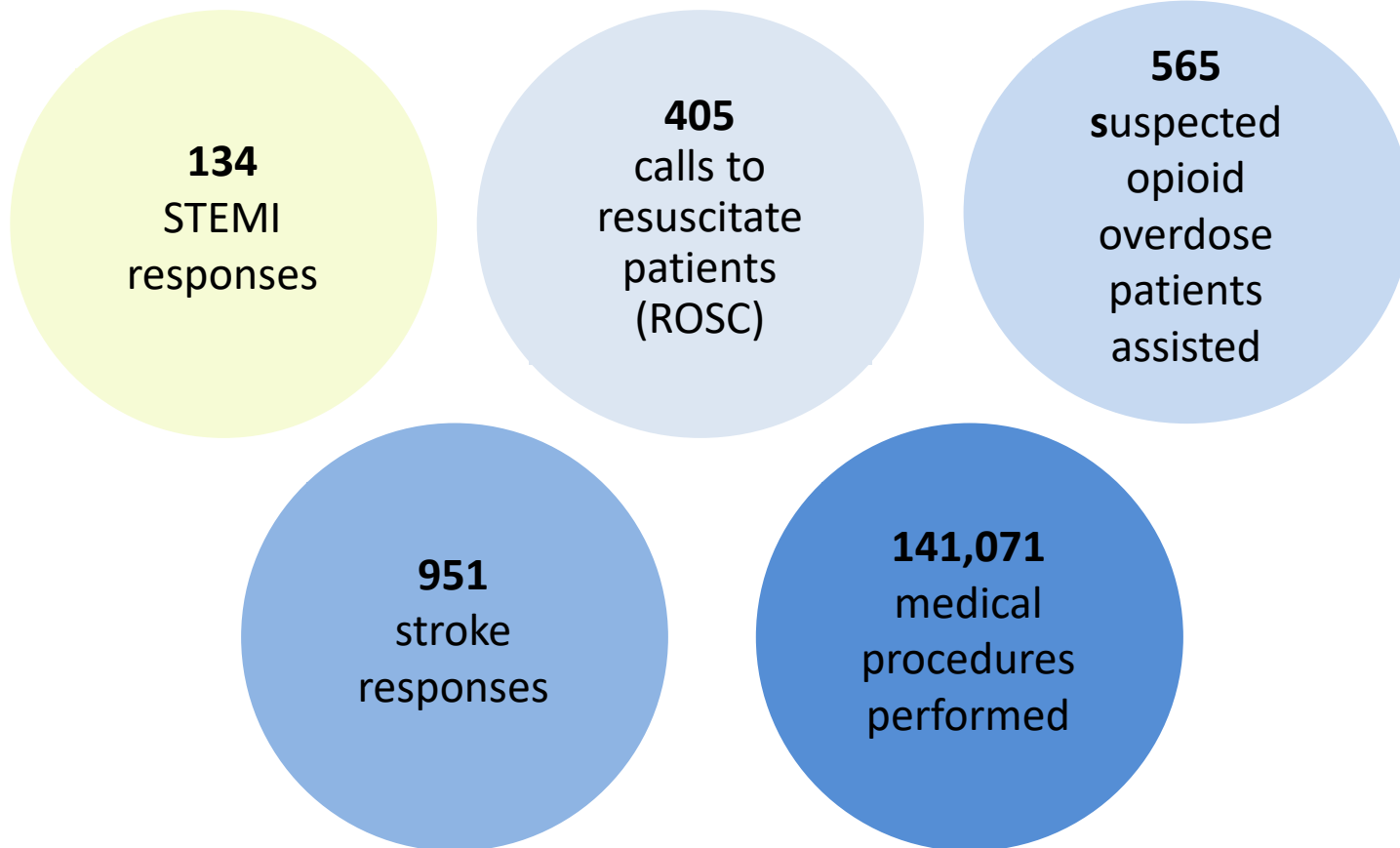
Very grateful for a system that can get paramedics to bring my kid from a bike trail to the ER and repair his arm in a couple of hours with an amazing team of doctors/nurses. Sometimes hear rhetoric of disaster wait times and terrible conditions, that's not been my experience.



9:24 PM · Jul 8, 2020 · Twitter for iPhone

Is Anyone Better Off?

Emergency Response



Is Anyone Better Off?

MIH Programs

@Home

716 home visits

31% reduction in 911 calls

Flu Clinic

50% clients would not have been able to get the shot without this clinic

Remote Patient Monitoring

3,473 alerts

4 transports to hospital

Social Navigator Program

55% decrease in negative police interaction



Is Anyone Better Off?



When this resident had a heart attack paramedics swift response to resuscitate him saved his life and today he is well.



This 3-week old baby was in medical distress but with paramedics' immediate and skillful care is now doing well.

Is Anyone Better Off?



10,050 lbs
food
+
\$5,000
to N2N

\$11,720
+
Toys
to CityKidz



Continuous Improvement

- Technological Advancements
 - Virtual access to St Joe's ED physicians
 - Expanded remote patient monitoring to include COVID-19+ patients
 - Automated Chest Compression devices pilot
 - Automated COVID-19 testing
 - Online screening tool for paramedics
 - Virtual training
 - Plans developed for online exams and recruitment
 - Hybrid Ambulances
- Secured funding to contribute to the establishment of a Paramedic Bike Unit



Continuous Improvement

- Established Infectious Disease Paramedic Team
- Developed programs to manage PPE inventory and enable the reuse of isolation gowns for City medical staff
- Developed and implemented an enhanced cleaning and disinfecting program for HPS response vehicles
- Conducted COVID-19 simulation with St. Joe's



- Increased efforts of Mobile Integrated Health
 - Paramedic palliative care
 - Support for people awaiting long-term care placement
- Expanded COVID-19 Response
 - CoVax training of paramedics
 - Vaccinate priority populations
 - Homebound vaccinations
 - Interregional facility transfers
 - Increase community testing
 - Provide vaccine aftercare
- Operationalize Paramedic Bike Unit
- Resume 10-Year Master Plan







QUESTIONS?

10.1

CITY OF HAMILTON
HEALTHY AND SAFE COMMUNITIES DEPARTMENT
Recreation Division

TO:	Chair and Members Emergency and Community Services Committee
COMMITTEE DATE:	June 17, 2021
SUBJECT/REPORT NO:	Emergency Operating Funding for Hamilton Arena Partners (HSC21023) (Ward 6)
WARD(S) AFFECTED:	Ward 6
PREPARED BY:	Steve Sevor (905) 546-2424 Ext. 4645
SUBMITTED BY:	Chris Herstek Director, Recreation Division Healthy and Safe Communities Department
SIGNATURE:	

RECOMMENDATION(S)

That the General Manager, Healthy and Safe Communities Department or his designate, be authorized to provide emergency financial support to Hamilton Arena Partners (HAP) for the operations of the Mohawk 4Ice Centre as a result of facility closures due to the COVID-19 pandemic to an upset limit of \$500,000 in 2021, be funded from any available source jointly deemed appropriate by the General Manager of the Healthy and Safe Communities Department and the General Manager of the Finance and Corporate Services Department including, but not limited to, one or more of the following sources: Safe Restart Agreement - Municipal, COVID-19 Recovery Funding for Municipalities Program, COVID-19 Emergency Reserve, any other available provincial or federal funding, or in year program and/or department/corporate surplus.

EXECUTIVE SUMMARY

The provincial emergency closure has led to unplanned, negative challenges for the operation of the Mohawk 4Ice Centre. The emergency closure has forced many ice users to delay their programming, which has subsequently moved HAP, who operate the Mohawk 4Ice Centre on behalf of the City, into a precarious cash flow situation. The City is unable to take over the operation of the Mohawk 4Ice Centre should the operators be unable to maintain operations.

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The General Manager of Healthy and Safe Communities Department previously approved \$245,000 of emergency support through a Policy #10 of the Procurement Policy Bylaw 20-205 to support the critical need in 2020. This was funded from Recreation Services 2020 Year end savings as a result of COVID-19 and approved by Council.

The General Manager of Healthy and Safe Communities Department, approved \$200,000 in early January 2021 through a Policy #10 as well as an advance of \$50,000 in May 2021 through the provisions of the Operating and Maintenance Agreement with HAP (the "Operating Agreement") which permit the Facility Management Review Team (FRMT) to recommend the provision of additional funds to HAP to support cash flow deficits; however the Agreement lacks clarity on when FMRT is required to obtain Council approval with respect to the frequency and applicable upset limit.

Report HSC21023 seeks Council direction to support the operators of this City owned asset during this emergency situation.

Alternatives for Consideration – Not Applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: As approved by the General Manager of Healthy and Safe Communities Department through a Policy #10, \$200,000 has been provided to HAP in January of 2021. The General Manager also approved an advance of \$50,000 on May 14, 2021 through the provisions of the operating agreement with HAP.

HAP is requesting a further \$140,000 to meet its immediate pressures for a total commitment of \$390,000. The \$500,000 being requested for approval will first be utilized to fund the \$390,000 that has been paid and or committed to date. The remaining \$110,000 will be available in the possibility that HAP require further funding to meet its financial obligations to get through the remainder of 2021 due to the impacts of COVID-19.

As the financial pressures being currently experienced by HAP are due to the mandatory shut down of operations due to COVID-19 restrictions and that the Mohawk 4Ice Centre is a City owned asset it is being recommended that the \$500,000 upset limit be funded from one or more of the following sources: Safe Restart Agreement - Municipal, COVID-19 Recovery Funding for Municipalities Program, COVID-19 Emergency Reserve, any other available provincial or federal funding, or in year program and/or department/corporate surplus.

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Staffing: N/A

Legal: There are parameters within the Operating Agreement that permit the City of Hamilton to provide financial support based on cash shortfall.

HISTORICAL BACKGROUND

The Mohawk 4Ice Centre is a City owned asset operated by Hamilton Arena Partners since 2006. The operators of Mohawk 4Ice Centre, were required to comply with the Ontario Emergency Management and Civil Protection Act – the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020 and the Regulations thereunder and shut down operations of the Arena in order to assist in containing the spread of COVID-19.

The General Manager of the Mohawk 4Ice Centre made adjustments during the mandatory closure periods to mitigate financial pressures including; full and part-time staff layoffs, wage freezes, applications for wage subsidy, deferred collection of management fees, suspended services and adjusted compressor temperatures in the facility. With the absence of any earned revenue due to the mandatory closure, HAP's operating account balance and cash flow is at a critical level. HAP requires funds to sustain the facility during the COVID-19 closure period and to continue to pay ongoing expenditures.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

As per Section 4.10(1) of the Procurement Policy, Policy # 10 - Emergency Procurements, an Information Update to the City Manager and to Council shall be issued by the General Manager of the Client Department for emergency procurements of \$250,000 or greater.

RELEVANT CONSULTATION

Recreation staff have consulted with Legal Services who have provided input on this report and specifically on the Operating Agreement as well as use of the Stabilization Fund.

Finance staff within the Financial Planning, Administration, and Policy Division of Corporate Services provided input on all financial aspects.

ANALYSIS AND RATIONALE FOR RECOMMENDATION(S)

The Operating Agreement requires the City to establish and control a stabilization account. In the event of an operating deficit at the end of any calendar year, the

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stabilization fund may be accessed upon approval of the Facility Management Review Team (FMRT).

The Agreement also provides that where the gross revenue and project float of HAP are insufficient at any time to cover the operating expenses which HAP is required to pay or any other expenses necessary for the proper operation and maintenance of the Arena, HAP may advise the FMRT as to the reasons for the shortfall and the amount of additional funding needed, and upon recommendation from the FMRT the City may provide additional funds to HAP. At the present time, gross revenue and project float of HAP are insufficient to cover operating expenses. There are also provisions within the Agreement which require HAP to reimburse the City for any funds provided to HAP to deal with cash shortfalls. The Operating Agreement does not address a limit to that support. While the stabilization fund was built into the Operating Agreement to support unplanned operational deficits, the consequences of the COVID-19 pandemic have far surpassed any forecasted operational deficits. HAP is unable to wait to year end to access the stabilization fund as their cash flow issue is immediate.

As the province continues to extend the Declaration of Emergency, HAP is requesting additional financial support in the amount of \$140,000 to make payment on mounting expenditures and ensure the continued operations for the benefit of the City. The additional funds requested by HAP aligns with the proposed upset limit of \$500,000 recommended in this report.

Identified risk with HAP's ability to sustain operation and pay outstanding vendors without funding support will contribute negatively to the City; therefore, emergency financial support to assist in the cashflow of the operation would protect this City owned asset and allow for continued operation of the Mohawk 4Ice Centre.

ALTERNATIVES FOR CONSIDERATION

None

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN

Healthy and Safe Communities

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Built Environment and Infrastructure

Hamilton is supported by state-of-the-art infrastructure, transportation options, buildings and public spaces that create a dynamic City.

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APPENDICES AND SCHEDULES ATTACHED

None

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10.2



CITY OF HAMILTON
HEALTHY AND SAFE COMMUNITIES DEPARTMENT
Macassa Lodge

TO:	Chair and Members Emergency and Community Services Committee
COMMITTEE DATE:	June 17, 2021
SUBJECT/REPORT NO:	Macassa Lodge - Redevelopment Project Financing Plan (HSC20050(b)) (Ward 7)
WARD(S) AFFECTED:	Ward 7
PREPARED BY:	Holly Odoardi (905) 546-2424 Ext. 1906 David Trevisani (905) 546-2424 Ext. 6603
SUBMITTED BY:	Paul Johnson General Manager Healthy and Safe Communities Department
SIGNATURE:	

RECOMMENDATION

- (a) That funding for the Macassa Lodge Redevelopment Project, capital budget project # 6302141102, in the amount of \$27.8 M overall, be approved as follows:
- (i) That the following funding from the Ministry of Long-Term Care (MLTC) be applied to project #6302141102:
- (1) One-time funding of \$250,000 from the Planning Grant receivable upon signing the Development Agreement;
 - (2) One-time funding of \$1.03 M Development Grant receivable upon substantial completion; and,
 - (3) Construction Funding Subsidy of approximately \$174,000 per annum funded over the term of the loan, 25 years for a total of \$4.4M which will be applied against the repayment of the internal loan required to fund this capital Project;

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- (ii) That the following funding sources from the City of Hamilton be approved:
 - (1) \$7,270,000 from Development Charges; and,
 - (2) \$19,253,000 (including \$7.4 M interest from internal loan) from the Unallocated Capital Reserve #108020, to be repaid annually over 25-years;
- (b) That an annualized increase of \$896,300 to the Macassa Lodge 2023 Operating Budget be approved related to the annual repayments to the Unallocated Capital Reserve #108020 over a 25-year period;
- (c) That in addition to the signing authority granted in report HSC20050(a), the General Manager, Healthy and Safe Communities Department or his designate be authorized and directed to negotiate, enter into, execute and amend a Development Agreement and any ancillary documents and any service accountability agreement(s) required for funding on the project with Her Majesty the Queen in right of Ontario as represented by the Minister of Long-Term Care or such other party or agency as otherwise required, with such terms and conditions in a form satisfactory to the City Solicitor; and,
- (d) In accordance with By-Law 20-205, the City's Procurement Policy, staff be directed to proceed with the competitive procurement processes necessary for the completion of the Macassa Lodge Redevelopment Project and that the General Manager of Healthy and Safe Communities or his designate be authorized and directed to negotiate, enter into, execute and amend any agreements and documents necessary to award any resulting contracts with vendors, in a form satisfactory to the City Solicitor.

EXECUTIVE SUMMARY

On September 25, 2020, the City submitted a Long-Term Care Home Development Application to fund 64 long-term care beds at Macassa Lodge. On November 20, 2020, the City received a funding allocation letter from the Ministry of Long-Term Care for a 20-bed enhancement.

The scope of the full project submitted included construction of a new 64 bed wing, B-Wing, at an estimated cost of \$27.8 M. This included space to decant 44 beds from D-Wing into the new B-Wing, once constructed.

This long-term care growth project was first identified for Council in the 2014 Development Charges Bylaw and Background Study (Report FCS14033), and more

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(HSC20050(b)) (Ward 7) - Page 3 of 11**

recently in the 2019 Development Charges Bylaw and Background Study (Report FCS19050).

On February 4, 2021, the Emergency and Community Services Committee approved Report HSC20050(a), authorizing staff to proceed with signing the Ministry funding allocation letter. In that report, it was advised that a financial plan will be brought back to Council once the Development Charges Background Study and Development Charges By-law was completed. The Background Study and Development Charges By-Law was completed through Report FCS21048, presented to the Audit, Finance and Administration Committee on June 3, 2021.

On March 1, 2021, staff accepted the Ministry's funding allocation through a signed letter back to the Ministry. The Ministry process in 2021 will involve submitting a "preliminary plan" and subsequently executing a "Development Agreement" between the City and the Province prior to the start of the project.

A Capital Project request for the redevelopment (# 6302141102) was included in the 2021 Capital Budget through Report FCS20101(a) and was approved on December 18, 2020.

The updated financing plan for the capital budget will be included in the 2022 Capital Budget process.

Alternatives for Consideration – Not applicable.

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial:

The proposed Macassa Lodge B-Wing project to accommodate 64 beds (20 new and 44 bed re-development) is estimated to cost \$27.8 M, broken down as follows:

Categories	Estimated Cost
Development Costs for the Land	\$335,000
Hard Construction Costs	22,311,844
Soft Construction Costs - Architecture and Engineering Services - Project Management Services - Legal Services	4,298,279
Other Costs (Furniture, Fixture, and Equipment)	832,000
Estimated Total Project Costs	\$27,777,123

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Funding Sources for the Capital Project:

As per the Ministry of Long-Term Care's letter of allocation, approval for 20 long-term care beds of the requested 64 long-term care beds was received.

Based upon staff's interpretation of the Ministry's Capital Development Funding Policy, funding for the 20 long-term care beds will result in receiving the following three capital funding envelopes:

1. A one-time payment of a Planning Grant of \$250,000 on signing the Development Agreement;
2. A one-time payment of a Development Grant of \$1.03 M to be received upon substantial completion; and,
3. Construction Funding Subsidy paid monthly over 25 years totalling \$4.4 M (to be received upon resident occupancy on a per unit basis totalling, \$174,000 year).

In accordance with the approved Development Charges By-law and Background Study, the City is eligible to collect DC's for this project.

As reported in Report HCS20050(a), the Development Charge by-law was being updated in the 2nd Quarter of 2021. This has been completed and the outcome of the DC By-law update has resulted in confirming that DC funding available for this Capital project is \$7,270,000. The Development Charge funding will be used to offset the Capital cost of the Macassa Lodge - Redevelopment Project.

These funding sources will be applied to the total cost of the Capital Project, leaving an unfunded balance of \$19,253,000, to be borrowed from the City's Unallocated Capital Reserve #108020 and paid back over 25 years.

As the Construction Funding Subsidy (CFS) to be provided by the Ministry will be received upon occupancy, annually in the amount of approximately \$174,000 over 25 years, staff are recommending that this funding be used to offset the annual \$896,300 debt charge funded from Macassa Lodges annual operating budget over 25 years.

The following table summarizes the funding sources and resulting Net Levy impact of \$896,300 annually beginning in 2023.

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	2021	2022	Total
Gross Capital Cost	\$ 4,000,000	\$ 23,800,000	\$ 27,800,000
Funding Sources			
<i>Ministry of Long-Term Care (MLTC):</i>			
Development Grant		\$ 1,027,520	\$ 1,027,520
Planning Grant		\$ 250,000	\$ 250,000
<i>City of Hamilton:</i>			
Internal Loan (Unallocated Capital Levy Reserve)	\$ 2,236,000	\$ 17,017,034	\$ 19,253,034
Development Charges	\$ 1,764,000	\$ 5,505,446	\$ 7,269,446
Net	\$ -	\$ -	\$ -
Financing Plan			
Annual Loan Repayment			\$ 1,069,864
Construction Funding Subsidy			\$ 173,594
Annual Net Levy Operating Impact			\$ 896,270

Operating Cost Impacts:

As Macassa Lodge will be adding 20 new beds, there will be operating cost impact once the Capital Project has been completed.

Staffing: Starting in 2024, the complement will need to be increased by a total of 24 new FTEs. This is projected to cost approximately \$2,360,000 which includes other employee expenses and operating costs. It is assumed that Macassa Lodge will receive additional annual funding of \$1,361,000 to offset the operating costs for additional 20 beds. This will be reflected in Macassa Lodges' operating costs beginning in the year 2024.

Lodges:	\$2,201,000
1 Housekeeper	
1 Cleaner/Porter (1 Evening)	
1 Laundry Aide	
1 Social Worker	
1 Recreationist	
3 Dietary Aides (1 Day, 1 Evening and 1 kitchen for food production)	
3 Registered Nurses (1 Day, 1 Evening and 1 Night)	
12 Personal Support Workers (PSWs)	
Facilities:	159,000
1 Maintenance	
Revenue	(1,361,000)
Net Levy Impact	\$999,000

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Legal: It is anticipated that the City will be required to enter into a transfer payment agreement with the Government of Ontario to receive the funding, and further may need to enter into other ancillary agreements or pass by-laws to receive funding.

HISTORICAL BACKGROUND

In 2014, Council approved the 2014 Development Charges Bylaw and Background Study (Report FCS14033), which identified the need for a future expansion to the D-Wing at Macassa Lodge as a future growth project.

Through the 2018 Capital Budget process, Council approved Macassa Lodge to complete a feasibility study on D-Wing to address aging of the D-Wing unit at Macassa Lodge (constructed in 1956 and refurbished in 1988). Macassa Lodge and the Public Works, Energy Fleet & Facilities project team engaged MMMC Architects to complete the feasibility study on an expansion. From the feasibility study, staff were able to develop a high-level scope and budget for the expansion project.

On June 12, 2019, Council approved the Development Charges Bylaw and Background Study (Report FCS19050), which identifies the future expansion at Macassa Lodge.

On September 25, 2020, Macassa Lodge submitted a Long-Term Care Home Development application to the Province to build a new B-Wing expansion at an estimated value of \$27.8 M. The scope of the project includes space to decant 44 beds from D-Wing into the new B-Wing, once constructed. This application was submitted as a placeholder pending the completion of the feasibility study in addition to submitting a report to the Emergency and Community Services Committee which were both clearly outlined in the ministry submission.

On November 20, 2020, the Province identified that the City of Hamilton had received a funding allocation letter for its Long-Term Care Home Development application of a 20-bed enhancement. The 44-bed redevelopment is not eligible for any part of this funding allocation.

On December 18, 2020, Capital Project (# 6302141102) for the 64 beds (included in Report FCS20101(a)) was approved in the 2021 Capital Budget.

On March 1, 2021, the City signed a letter from the Ministry of Long-Term Care to receive a funding allocation of 20 long-term care beds at Macassa Lodge in response to the City's Long-term care Home Development application to fund 64 long-term care beds.

On March 25, 2021, Amendment to the 2019 Development Charges Background Study and Development Charges By-law, Report FCS21025 was presented in order to update

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the City's DC By-law to be consistent with the most recent legislation introduced by the Province.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

None

RELEVANT CONSULTATION

The following Departments/Divisions/Sections have reviewed and contributed to this report:

Corporate Services, Financial Planning, Administration and Policy / Finance & Administration

- Was engaged in reviewing and compiling the financial section of the report.

Public Works, Energy Fleet & Facilities

- Was engaged in completing the feasibility study with preliminary cost estimates for construction and review of construction-related matters of the report.

Staff has also engaged in consultations with the Ministry regarding funding application status and funding formulas.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

The Long-Term Care (LTC) Homes sector has advocated for adequate funding to support capital development and redevelopment and the impact of this lack of funding came to light during the COVID-19 pandemic. Information gathered on LTC Homes in Ontario highlighted that older homes fared far worse than the newer builds. The information indicated that approximately 59% of LTC home resident cases occurred in homes that are older than 30 years, noting that D-Wing was built in 1954 with renovations in 1988. It was also identified that the design of these older homes contributed to the spread of the virus among residents and staff. Sadly, more than half of LTC Homes in Ontario are older and are not built to the latest Ministry Home Design Standards. The Ministry has committed to re-developing 15,000 existing beds and building 15,000 new beds by 2025.

Design standards have evolved particularly as it relates to accessibility since the original construction of the D-Wing at Macassa Lodge in 1954. Current Ministry Home Design Standards for new LTC homes built today include some of the following:

- Larger accessible turning radius size in bathrooms and shower rooms (or larger assisted transfer space)
- Wider doors for accessibility, particularly on bedrooms & bathrooms

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- Smaller sub-division of total number of occupants per resident home
- Larger dining space per resident

With all that has transpired over the past ten months, the landscape in which development or redevelopment needs to occur has shifted significantly. Any new developments or redevelopments must now consider how design standards and physical infrastructure can mitigate the impacts of outbreaks in LTC Homes.

The Macassa Lodge expansion was considered in the 2019 Development Charges Background Study and Development Charges By-law with calculations based on a previous scope of the capital project. The current capital budget and scope of the new 64 bed addition of B-Wing onto Macassa Lodge results solely in new gross floor area servicing long-term care residents, which presents greater potential for DC funding eligibility on the current project than the previous budget and scope. The current \$27.8 M expansion project does not include the cost of necessary future work associated with converting space within the existing D-Wing in order to maintain gross floor area servicing long-term care residents. That future conversion cannot take place until residents have been moved out of D-Wing and into the new completed B-Wing addition. Furthermore, a feasibility study is needed to determine the scope and budget of the future D-Wing conversion project and explore possible combinations of program, amenity, staff and education space serving Macassa lodge residents.

There is an estimated capital shortfall of \$19.3 M required to fund the estimated capital budget of \$27.8 M, after applying the various sources of funding provided by MLTC and a range of estimated DC funding, which is proposed to be funded through an internal loan from the Unallocated Capital Reserve #108020. This loan would be paid back to the Reserve over the 25-years Construction Funding Subsidy's timeline.

To pay back the Reserve, Macassa Lodge's Operating levy will have to increase an estimated amount of \$896,300 annually beginning in 2023 after adjusting for the anticipated annual Construction Funding Subsidy.

There are further operating costs for the operation of the building, and its continued maintenance, which will be in addition to the operating impact required to pay back the estimated loan from the Unallocated Capital Reserve.

Any additional funding that can be provided by various levels of government will serve to reduce the operating levy impact of this project.

Staff continues to monitor opportunities for funding from other levels of government. If any are identified during the life of the project the financing plan will be updated accordingly and reported back to Committee.

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The change in scope and available grant funding of this expansion compared to what had been considered in the 2019 Development Charges Bylaw and Background Study has been reassessed through the development charges by-law update which was recently completed through Report FCS21048 going to the June 3, 2021 Audit, Finance and Administration Committee.

The rationale for funding Capital Project # 6302141102, an addition of a new B-Wing onto Macassa Lodge to accommodate 64 beds (20 new and 44 bed redevelopment of D-Wing) includes:

1. Improved long term care waiting lists:

The situation for the Local Health Integration Network (LHIN) for Hamilton, Niagara, Haldimand and Brant (HNHB), notes there are approximately 5,682 active files waiting for placement in LTC, and of those 934 are in crisis. Specifically, in Hamilton, there are approximately 1,851 active LTC files and 411 of those are in the crisis category.

Research also reveals that some citizens in need of LTC decess before they are admitted due to the lengthy placement waiting list. There is a great need to support Hamilton with enhancing our LTC bed capacity.

2. Utilizes funding from other levels of government:

The Province of Ontario committed to creating 30,000 new long-term care beds over the next decade. These new beds will increase access to long-term care and help end hallway health care and provide high quality care and accommodation that meets the clinical, safety and social needs of Ontarians living in long-term care homes.

Redeveloping long-term care beds means either renovating existing long-term care spaces in an existing home or building a new long-term care home to replace an older one. Redeveloping existing long-term care beds helps the long-term care sector continue to provide appropriate care to residents in safe and secure environments.

As work to modernize the Long-Term Care Home Development Program continues, the Ministry sought out applications to help to build a 21st century long-term care system, improve outcomes, and enable the effective use of additional long-term care capacity to meet the diverse needs of residents and their families where it is needed the most. The Ministry of Long-Term Care provides funding for long-term care homes across Ontario to provide appropriate care and services to the residents who live in those homes. The Ministry provides support to projects that will add new long-term care bed capacity and redevelop existing, older long-term care beds to modern design standards. These net new beds will increase access to long-term care, reduce waitlists, ease hospital capacity pressures and help to end hallway health care.

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3. Opportunity to align with Ministry's LTC Home Design Standards:

The existing Macassa Lodge D-Wing Resident Home Area (RHA) accommodates 44 residents in the south-west end of the building. The D-Wing was part of the original 1954 construction and although it has been upgraded over time, D-Wing is now dated and requires extensive work in order to better meet changing acuity and accessibility of residents in long term care. In addition, there are some building deficiencies that now require widespread improvements in order to meet LTC Home Design Standards for patient care areas. The expansion project, the new addition of B-Wing, is an opportunity to build with the leading best practices, current research with an opportunity to redesign to mitigate impacts of outbreaks.

All 64 long-term care beds will meet the Ministry's Long-Term Care Home Design Standards.

4. Maximizes number of beds on limited land footprint:

The proposed new 64 bed addition of B-Wing would be an expansion on the existing Long-Term Care Home, Macassa Lodge. There is limited space on the site, further decreased by a zoning setback of 7m. The proposed addition was reviewed in detail in context of the limited site size and was found to be the most efficient, cost-effective construction option in order to increase the building footprint at Macassa Lodge. The south-east corner is the most feasible location for new construction.

5. Efficiencies of single tender with single construction phase:

There is value to the City in completing the 64-bed addition, B-Wing, in one tender and construction phase. A single tender with single construction phase significantly saves on costs, efficiencies and complexities. Inflation and construction mobilization are two examples of costs that are saved over a multi-tender, multi-phase project. The single tender approach staff are recommending also has the least operational impact to resident care due to the need to decant D-Wing beds once construction is complete.

6. Minimizes levy impact by maximizing external funding sources:

In addition to the Province's recent funding allocation of a 20 long-term care bed enhancement at Macassa Lodge, the funding strategy for this growth project will include Development Charges (DCs).

The change in scope and available grant funding of this expansion compared to what had been considered in the 2019 Development Charges By-law and Background Study was considered in the development charges by-law updated. As a consequence, staff can confirm that the Development Charges available to fund the Macassa Lodge B Wing Capital project is \$7,269,446. This will be applied against the total capital cost of this project which is estimated to be \$27.8 M.

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Staff will continue to monitor opportunities for funding from other levels of government. If any are identified during the life of the project the financing plan will be updated accordingly and reported back to Committee.

As committed in Report HSC20050(a), the Development Charge By-law has been updated and a final financial plan has been presented in this report.

ALTERNATIVES FOR CONSIDERATION

None

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN

Healthy and Safe Communities

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APPENDICES AND SCHEDULES ATTACHED

None