

## REQUEST TO SPEAK TO A COMMITTEE OF COUNCIL

If your request is for a specific committee meeting, this form must be received by NOON the day before the scheduled committee meeting. Requests for Monday meetings must be received by NOON the Friday before the meeting. Requests for meetings scheduled for the day after a statutory holiday must be received by NOON the last business day before the meeting. For summer meeting requests (July/August), please contact the City Clerk's Office at 905 546-4408 for further information.

### Committee Requested

- |  |   |
|--|---|
| <input type="checkbox"/> Audit, Finance and Administration         | <input type="checkbox"/> General Issues |
| <input type="checkbox"/> Board of Health                           | <input type="checkbox"/> Planning       |
| <input checked="" type="checkbox"/> Emergency & Community Services | <input type="checkbox"/> Public Works   |
| <input type="checkbox"/> Advisory/Sub-Committee (enter name) _____ |   |

### Requestor Information

Name: Mary Sinclair

Name of Organization: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Reason(s) for delegation request: To discuss the need for  
accessible, affordable and assisted housing  
• Re: Jovc 22, B.1

Will you be requesting funding from the City? ☐ Yes ☒ No

Will you be submitting a formal presentation? ☒ Yes ☒ No

Do you or your organization represent a lobbyist ☐ Yes ☒ No

If yes, to the lobbyist question, who are you representing? \_\_\_\_\_

(The information collected for the Lobbyist registry system was implemented by City Council in 2004 and information provided is on a voluntary basis)

Requests to speak to Council are forwarded to the Committee and will be placed on a Committee agenda for consideration. Once considered by Committee, and approved, you will be notified of the date for your presentation.

This form is not for the purpose of presenting unsolicited proposals by Vendors to Committee. Such proposals are subject to a competitive process as required by the City's Purchasing Policy. 8.1

The City makes a video record of Committee and Council meetings. If you make a presentation to a Committee, the City will be video recording you and will be make the recording public by publishing the recording on the City's website.

Personal information collected on this form is authorized under Section 5.11 of the City's Procedural By-law No. 10-053 for the purpose of contacting individuals and/or organizations requesting an opportunity to appear as a delegation before a Committee and will be published with the Committee Agenda. The Voluntary Lobbyist Registry is a public document and will be available for viewing in the City Clerk's office. The Procedural By-law is a requirement of Section 238(2) of the Municipal Act. Questions about its collection can be directed to the Manager, Legislative Services / Deputy Clerk, 71 Main St. W., Hamilton, ON L8P 4Y5, 905 546-2424 ext. 4304.

## 2 June 2015 Stop the waiting game for families

The waiting game: Parents of special needs children are waiting for humane housing solutions (Opinion, May 30)

Thank you to Janet and Roger Trull for their excellent piece. They highlighted points from the "Unshippable" campaign website, among them that "Our adult children have the right to funding that allows them a voice and choice in determining how they want to live." Therefore, we are bewildered as to why residential funding can't be available for the choices of developmentally disabled adults and their families. It's the right thing to do.

Is it right that developmentally disabled adults can be "shipped out" of the communities they know and thrive in, when they can no longer be cared for in their family home? Is it right that some parents of disabled adults wish their child dies before they do because of the overwhelming fear of what will happen to them when they can no longer protect them?

It is unconscionable how families of adult children with developmental disabilities are treated. A parent's responsibility is to love and safeguard their child. Let them do that.

It's appalling that there are people in power who cannot understand that innovative living options can coexist with programs currently provincially funded. Thousands of families in this situation can't wait any longer for someone to do the right thing. Stop the waiting game.

BRIAN AND DENISE DICKIE, BURLINGTON

such an upheaval. He struggles to be understood. He would be sad and lonely and afraid, but he would not be able to communicate his feelings. His lifelong friends, who accept and support the complexities of his personality and health needs, would be back in Dundas, along with his respite workers, his doctors, the buddies at his job at the university, and his family.

There is a common sense alternative to the Ontario government's ineffective and inflexible policy. A group of local advocates has launched a campaign called Unshippable (as in, our friends and family members are not cargo to be shipped around the province). They are raising awareness on behalf of those who are waiting for humane housing solutions.

Their website says: "If the provincial government changes its funding model to allow individualized funding for residential supports, it will give adults with developmental disabilities, with guidance from their families, the choice of where and with whom to live."

"Not only is this the right thing to do, it is a more cost-effective and sustainable model that opens the doors for innovative new residential support systems. Families deserve the opportunity to proactively plan for their adult children and to work to avert decisions made in response to crisis and urgency. Our adult children have the right to funding that allows them a voice and the choice in determining how they want to live."

Minister Ted McMeekin, like the rest of us, you're not getting any younger. And, like us, I expect that you hope to choose your own assisted living community when the time comes. You would be pretty shocked to be shipped up to Kakabeka Falls to live out your golden years with people you don't know. We ask you, once again, for your commitment to humane housing solutions for individuals with developmental disabilities. Social justice, as promised by the Kathleen Wynne government, is at stake. Use your influence to ensure that the Ministry of Community and Social Services lives up to the promise on their website: "Putting individual choice, independence and inclusion at the centre of all we do."

Janet and Roger Trull live in Ancaster

Our adult children have the right to funding that allows them a voice and the choice in determining how they want to live."

UNSHIPPABLE WEBSITE

## The waiting game

Parents of special needs children are waiting for humane housing solutions

JANET AND ROGER TRULL

You learn patience when you are parents of children with developmental delays. You learn that the rest of the world whizzes by while you wait. You wait a little longer to see your child walk. You wait a little longer for your child to get that first invitation to a birthday party.

But eventually, you meet a few people who are willing to slow down a bit and walk with you and lend you a hand in this lonely work. The teacher who celebrates milestones in your child's development that are invisible to everyone else. The coach who knows that the T-ball trophy is not as important as the lesson that his team is getting about inclusion. The camp counsellor who does some extra planning and preparation so his special needs campers can participate and get dirty and laugh their heads off with everybody else.

It takes a lifetime of nurturing these essential relationships, but one day, you realize that you and your child are surrounded by a supportive, loving community. You dare to hope that, because you are aging and your child is now an adult with many friends and champions, you can let down your guard, knowing your community has your back.

Together you work out the logistics of an assisted living model to meet the needs of your adult child and his peers after you are no longer able to provide the care they require. They will be living with their friends. The halls will ring with familiar voices. They will be able to continue their work and volunteer placements and their recreational activities.

The Dundas Living Centre is such a place. Parents and caregivers came up with a practical solution to the challenges their families were facing. They did their research and developed a creative, community-based plan that will save taxpayers money and provide an innovative blueprint for future housing projects. There is only one glitch. The Dundas Living Centre was advised that their plan is not consistent with ministry policy, which states that group homes must not have more than eight residents. No exceptions.

So, unless we can convince the Ontario government to extend its funding to allow practical residential options that will keep our friends and family members close to home, their names will go on a provincial waiting list. Eventually, they could be assigned any available space in an Ontario group home. There's a good chance that they will be shipped away to another town.

30 May 2015

30 April 2015

# Public being asked what should become of Chedoke Hospital

JOANNA FRKETICH  
The Hamilton Spectator

The future of Chedoke Hospital is up in the air as the last of its patients will be transferred by the end of the year, leaving only some administration staff.

"We need to assess how we're using that site and what the future of the site will be there," said Rob MacIsaac, CEO of Hamilton Health Sciences.

The Mountain hospital, which started out as a sanatorium for tuberculosis patients in 1906, has been steadily losing services for more than 20 years.

Its emergency department closed in 1992 and the urgent care that replaced it shut its doors in 1999. Rehabilitation and acquired brain injury services moved in 2009 and the regional joint assessment program left in 2011.

Its last significant clinical programs in autism, children's mental health, developmental pediatrics, rehabilitation, prosthetics and orthotics are going to a new building on Wellington Street, near Barton Street, by December.

HHS has about a year to decide what to do with Chedoke, which sits on picturesque land near the Niagara Escarpment brow. The hospital network is expected around that time to provide the province with a 10-year plan for its six hospital buildings, cancer centre, urgent care, rehab centre and now children's outpatient centre.

"That's a plan that really looks at our buildings and predicts what our needs will be," said MacIsaac. "What are the services that we deliver and how are we going to deliver them?"

HHS has been trying to get the public's input at a series of community events that started April 8. But so far,

## HAVE YOUR SAY

Go to [www.ourhealthyfuture.ca](http://www.ourhealthyfuture.ca) or attend community events

May 5: 2:30 to 5 p.m. at Ancaster Senior Achievement Centre,

622 Alberton Rd. S.

May 6: 7 to 9:30 p.m. at Burlington

Hive, 901 Guelph Line

May 11: 7 to 9:30 p.m. in The

Hamilton Spectator Auditorium,

44 Frid St.

May 12: 7 to 9:30 p.m. at the Dundas

Museum, 139 Park St. W.

May 13: 7 to 9:30 p.m. at Westmount

Secondary School, 39 Montcalm Dr.

the turnout has been dismal.

"It's always a challenge in absence of a crisis to get people's interest," said MacIsaac. "We're trying to get the word out that this is an important conversation and people should get involved."

Roughly 20 people showed up for events on the east Mountain. Waterdown and Grimsby. In the North End, where health needs are among the greatest, only eight residents showed up. "In my experience, the kinds of people who turn up ... have a strongly held viewpoint," said Hamilton epidemiologist Neil Johnston. "I don't believe you actually get a representative opinion from the community at hand."

The public engagement campaign, which costs about \$100,000, is also going out to community events such as the Bump, Baby and Toddler Show and the Hamilton Farmers' Market to get feedback. And it has a website: [www.ourhealthyfuture.ca](http://www.ourhealthyfuture.ca)

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## LIVING

## Evacuation looms at old San site



PAUL WILSON

They call it Scenic Drive for a reason. It runs along the Brow on the West Mountain and it's quiet and leafy here. Turn off Scenic at Sanatorium Road, and all is still tranquil.

That's why they built the British Commonwealth's largest sanatorium here several generations ago. The treatment for tuberculosis then was bed rest and fresh breezes. Decades later, along came antibiotics and the San found new life as Chedoke general hospital.

But there hasn't been an overnight patient at Chedoke for years. The site specializes in care for younger patients in areas including autism and mental health. It offers prosthetic and orthotic services, too.

This year, though all looks quiet, big changes are coming. A major evacuation is imminent.

In November, Hamilton Health Sciences (HHS) will move all Chedoke clinical services — and 300 staff — to the \$100-million Ron Joyce Children's Health Centre on Wellington North near Hamilton General.

That move to the lower city will empty out four Mountain site buildings that date back to the San

days — the Bruce (1922), the Empire (1932), the Evel (1932) and the Holbrook (1951).

Kelly Campbell, vice-president of corporate services at HHS, says it's not yet known what happens to those buildings when empty. "We have to make sure they're secure, with minimum utilities so the pipes don't freeze."

About 1,300 Inuit were treated at the San and produced many beautiful soapstone carvings while recovering. Some are on display in the soon-empty Holbrook building, and Campbell says talks are underway with the Art Gallery of Hamilton about relocation.

The buildings are owned by the Bay Area Health Trust. But HHS has a lease for the lands that runs until 2033, so it has a role in finding a future for those vacant properties.

HHS actually hopes to empty out two more buildings — the Southam (1920) and the Ewart (1969). They're being used for support services — mostly human resources and finance. About 275 people work in those offices and Campbell says it would be more efficient to move them to a different part of the city. "It's a very big site to maintain... We have to be efficient stewards of health care dollars."

One property HHS is vacating is now spoken for. There's an agreement to sell the Evel building to Hamilton doctor Allen Greenspoon. Last year, he bought the Osler building next door and is turning that into a care and research centre for older patients.



In 1933, they held a garden party outside the Southam building. It still stands, but Hamilton Health Sciences would like to move the staff that works there.

THIS PHOTOGRAPH COLLECTION

There is inside talk that the doctor is going to tear down the Evel, more than 80 years old. But he says there's no plan yet. He's hired McCallum Sather Architects, "and they're looking at all options."

About 15 years ago, Greenspoon turned the old Otis Elevator headquarters on Victoria North into a large medical centre. His comment at that time: "It's amazing what you can do with an existing structure and renovating. It's something that is not only attractive but functional and a benefit to the community."

Some of the Chedoke buildings were designed wedding-cake style, with "throwback verandas" so bed-ridden patients could be wheeled out into the sun. None of the buildings is protected under the Ontario Heritage Act. Five are on the inventory of properties of historical in-

terest, but that list is thousands of addresses long and offers no protection from demolition.

However, thanks to Columbia College, the future of two vintage Chedoke properties is secure.

Columbia, the largest international boarding school in Canada, has its main campus on Main West. But it owns two student residences on Sanatorium Road that accommodate 325 students each.

And now, right next door, Columbia has taken on the Patterson building. It's an imposing three-storey brick structure, built in 1932 as a nurses' residence.

Columbia's general manager, Jim Campbell, isn't saying how much the school has invested in this project, but the building has been reborn, top to bottom, inside and out. Hundreds of students will study

here this fall, most from the residences right next door.

And next to the Patterson, Columbia has now acquired the handsome 1920s San Home, where the medical superintendent lived. It too will need restoration. Campbell says the school hasn't yet firming up a plan for the house. "But I know we're not tearing it down."

He says the school might well be interested in more properties on the Chedoke site. "I know old buildings," he says. "I know some of them here will be deemed not suitable for habitation... But our attitude is to try to keep the beauty of history alive."

Paul Wilson's column appears Tuesdays.

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4 July 2015  
**TRUSTEESHIP PROGRAM**

## A helping hand for financial security

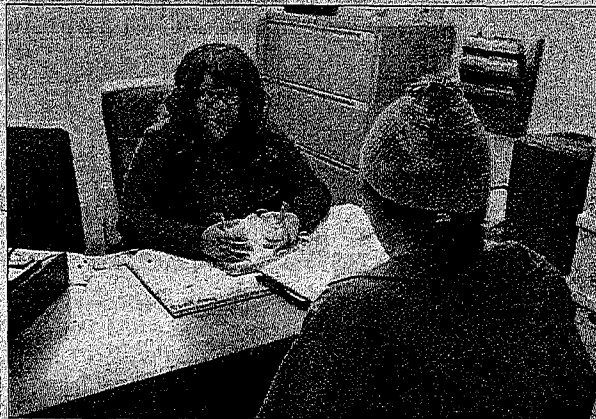
Program that aims to keep vulnerable off Hamilton's streets is losing its funding

**MOLLY HAYES**  
The Hamilton Spectator

For 11 years, Nadine Rookwood has been managing people's money through the trusteeship program at the Good Shepherd.

The program — offered in partnership by the Good Shepherd, Mission Services and the Salvation Army — serves hundreds of clients a year.

The logic is simple and its aspirations are clear: by helping people — primarily, people who receive social assistance and struggle with mental illness or addictions — to manage their finances, their bills get paid and they stay housed.



SCOTT GARDNER, THE HAMILTON SPECTATOR

Nadine Rookwood, a case manager for the Good Shepherd's trusteeship program, works with client Matt McPherson.

The program loses its funding as of April 2016.

But as of April 1 next year, the program's funding is slated to end.

Murray Kelly has been a client for almost a decade. Once homeless for two years, the 58-year-old has now been housed roughly eight years — which he credits to the trusteeship program

and to Rookwood.

When he joined the program, he says he was housed in just 22 days.

"I'm getting goosebumps," Kelly says, recalling the story in Rookwood's office. "If she wasn't here, I wouldn't be here. Nadine saved my life."

Security continues // A4

# FINANCIAL SECURITY

CONTINUED FROM // A1

Annually, the program gets \$385,529 (for all three agencies) in federal funds dolled out by the city through the Homelessness Partnering Strategy.

That's \$46.60 per case per month, says Good Shepherd Director Carmen Saliciccoli (with about 700 cases on the go at any given time).

He argues that cutting the program would cost a lot more: "we all know that prevention is cheaper than trying to pick up the pieces at the other end."

It is difficult to empirically track the success of the program, he says; how many people didn't end up in a shelter, or how many visits someone didn't make to the emergency room or how many people weren't arrested.

Gillian Hendry, director of the city's housing services division, explains the looming cut is a result of the federal government's shifting funding priorities.

The majority of that money is now allocated for Housing First programs, with a shrinking pool allotted for homelessness prevention programs, which the trusteeship program falls under.

Rookwood and her colleague serve more than 200 clients every month, with similar caseloads at the other two agencies (with two case workers at each).

Clients' funds — in most cases ODSR or QW cheques, but also pensions and paycheques — come directly to the case worker, who then makes sure their rent and bills are paid on time.

After their expenses are covered, the remaining funds are distributed to them weekly or bi-weekly or monthly, in a lump sum they work out together. It varies client-to-client, but the point is to ensure the money lasts.



MURRAY KELLY, THE INEQUALITY SPECIALIST

Murray Kelly, 58, is one of the trustee program's successes. After being homeless for two years and "on the pipe," he credits the program with saving his life.

"We're not just financial case workers," Rookwood stresses. "If we can be that middle person at any point we're more than willing to do it."

After more than a decade, she and her colleagues have an invaluable rapport with local landlords and community agencies. They can liaise with doctors, or help a client keep their ID cards up-to-date or file taxes.

One client who comes in arrives with a health concern, asking Rookwood for \$40 for a prescription he says isn't covered under his benefits. Instead, she suggests asking the pharmacy to call and bill her directly (with his money).

She believes he needs the prescription, she explains after he leaves, but he has a history of addictions and if she hands him cash, he might spend it elsewhere. This way, she knows he'll get the prescription.

The face-to-face connection is an important part of the program, Rookwood says. "Just so we can see them. Just to make that connection, to make sure they're OK."

There can certainly be a paternalistic element, acknowledges Paddy Bowen, CEO and executive director of Mission Services Hamilton.

"How do you balance your respect for the independence of an individual and their right to make decisions for their own lives, even if the consequences are dangerous or negative? It's always tricky — and it is particularly tricky when it comes to money," she says.

But the program is voluntary, and as she stated in a letter to city staff and the Mission Services Board of directors defending the program: "these programs safeguard the millions of tax dollars spent on social benefits by ensuring their proper use and avoiding the waste that comes from people

floundering to manage in a complex and demanding world."

Laura Cattari, chair of the social policy reform working group for Hamilton's Roundtable for Poverty Reduction, says trusteeship is a valuable service but one that can be infantilizing if not used as a last resort.

"The more policing, the more you don't have say over what you're doing, the harder it is to get ahead. You can't be treated like a child and then be expected to act like an adult," she says.

"And I'm not saying that's what they're doing here; I think they're providing a necessary service. But I think it needs some caution to it... I would hope that tools to help manage (funds independently) are offered before you get to the point where you have to do that."

An exit strategy is crucial, she says, something to help someone regain financial independence

when they feel ready.

Susan Baranas, 52, comes in once a week, and likes the predictability of the program.

"It helps me because I know I've got money until the last day of the month... it used to be spent by the second week," she says.

She has been a client for about seven years. She used to go to the bank and take out a set amount of cash, but "it didn't always work," she says. Having financial security also helped her beat her alcohol addiction, she says — celebrating seven months of sobriety on this date. She beams when Rookwood compliments her dress. It's new, she tells her. "Now that I don't got alcohol I got all this money I don't know what to do with it."

It's not strictly about survival. More and more, Rookwood is helping clients save money.

"Say, 'Christmas is eight months away and I really want to buy my family gifts'... or, if they need to buy clothing or if a concert comes up they want to attend," she says.

Colleague and fellow case manager Donna Hendabee, for example, is helping one of her clients save up for a trip to Nova Scotia.

Bowen says they have to turn people away from the program — which is unique to Hamilton — because it is full, with roughly five new intake clients per agency each month.

The city, too, acknowledges the value of the program.

"There are very strong benefits," Hendry says. "But Housing First is a very prescribed program... the trusteeship program doesn't fit into that description."

Saliciccoli disagrees.

"By handling their finances, it gives them the ability to stay housed and incur all of the benefits that come with tenure of housing," he says.

Overall, Hendry says, "the need in Hamilton continues to far outweigh the available funding."

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## APPENDIX B

### STRATEGIES FOR A SUSTAINABLE COMMUNITY - VISION 2020

151. Respond to identified housing needs in the region by:

- Improving the match between low-income households and the amount of low-rent housing;
- Studying options for increasing the supply of low-rent housing;
- Supporting pilot initiatives to maintain the quality of low-rent housing;
- Expanding the housing continuum to meet social support housing needs;
- Assessing the various housing needs of people requiring long-term care and developing a policy to provide alternative facilities to institutional care which offer supportive care on site;
- Increasing the supply of units adapted for people with disabilities and discontinuing the practice of putting severely handicapped young people in homes for seniors;
- Distributing hostels, group homes and shelters more equitably throughout the region and monitoring the effectiveness of their programs; and
- Collaborating with community agencies and the development industry to provide new housing units and adaptively re-use existing buildings (e.g.: the Lister Block) that will meet future community needs. (cf. Land Use, Arts and Heritage)

V. MORBIDITY DATA - HEALTH AND ACTIVITY  
LIMITATIONS SURVEY

Persons Aged 15 To 64 With Disabilities Living In Households For The Hamilton Census Metropolitan Area 1986 And 1991			
Municipality	Level of Severity	Total 1986	Total 1991
Hamilton Census Metropolitan Area	All Levels	58,435	68,680
	Mild	35,610	34,725
	Moderate	17,035	23,735
	Severe	5,790	10,225

SOURCE: Health and Activity Limitation Survey, 1986, 1991

Nature Of Disability For Persons Aged 15 To 64 With Disabilities Living In Households, Hamilton-Wentworth, 1986 And 1991			
Municipality	Nature of Disability	Total 1986	Total 1991
Hamilton Census Metropolitan Area	Hearing	8,730	14,745
	Vision	6,200	6,270
	Speaking	Not Available	9,225
	Mobility	31,600	35,490
	Agility	36,030	36,930
	Unknown	4,545	2,560
	Other	11,125	31,210

SOURCE: Health and Activity Limitation Survey, 1986, 1991

Characteristics of Data:

- Reveals level of sickness and disability in a population
- For disability data the HALS is the best source of available information
- HALS is an estimate of disability based on a sample of the population
- Ranking system for defining severity of disability uses assumptions which are questionable



Barrier-free is the environment that enables anyone with a limitation to live as independently as possible within the scope of his/her disability, and may be:

Abuse/safety		Medical	
Age		Merchandising	
Attitude		Neurological	
Cognitive		Occupational	
Communication		Professional	
Developmental		Physical/Mobility	
Education		Psychological	
Environmental		Race/Culture	
Finance		Religion	
Gender		Sensory (hearing, smell, sight, taste, touch)	
Geography		Social	
Government		Speech	
Housing		Structural (should be universal design)	
Information		Technology	
Justice		Terminology	
Language		Transportation	
Literacy		but this list is not necessarily inclusive	