



HAMILTON URBAN CORE COMMUNITY HEALTH CENTRE

Strong Core Healthier Lives

Neighbourhood Liaison Table (NLT)

Meeting Minutes

September 14, 2026 at 7:00 p.m. to 8:00 p.m.

Meeting Location: Virtual Meeting

Attendees: Joel MacLeod (Co-Chair), Leah Fuller (Co-Chair), Matthieu Payette (Resident), Norman Buckley (Resident), Susan Boyd (Hamilton Public Health), Simone Atungo (HUCCHC), Monika Abdelmaseh (De Dwa Da Dehs Neye<s>), Kim Ritchie (Lived Experience), Kaywana Gargarello (Resident), Ruth Greenspan (Resident), Yvonne Stoikos (Resident)

Regrets: Tobi Bruce (Resident), Sgt. Allen Shultz (Hamilton Police)

Meeting Notes: J. MacLeod

1. Welcome

- a) J. MacLeod called the meeting to order and read Hamilton Urban Core Community Health Centre's land acknowledgement.

2. Declaration of Conflict of Interest

- a) J. MacLeod invited members to declare any conflicts of interest. No conflicts were declared.

3. Minutes from Previous Meeting

- a) J. MacLeod asked whether members had any corrections or proposed edits to the minutes from the previous meeting. No changes were requested.
Motion: Approve the previous meeting minutes as circulated.
Moved by: L. Fuller
Seconded by: K. Ritchie
Result: Carried



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4. HART Hub Residential Treatment Program Update

- a) S. Atungo reported that the residential treatment program officially opened on September 4, 2026, after receiving occupancy approval from the City.
- b) Current Occupancy
 - i. 14 beds available.
 - ii. 12 residents were initially identified for the first cohort.
 - iii. 2 individuals did not arrive for admission.
 - iv. 10 residents were initially onboarded.
 - v. 1 resident voluntarily left due to inability to comply with house rules related to personal digital devices.
 - vi. 2 residents were discharged after leaving the property without authorization.
 - vii. Current occupancy stands at 7 residents
- c) Additional residents are being screened for admission.
- d) Intake for the first cohort is expected to conclude by September 18th.
- e) Up to 11 residents may ultimately participate in the first cohort, depending on screening outcomes.
- f) Staff reported that current residents have adjusted well to the program and continue to receive support through therapeutic programming, house rules orientation, and safety protocols.
- g) The residential treatment program operates on a 12-week cohort model.
- h) K. Gargello mentioned that community concerns were raised regarding an individual arriving at the facility and appearing to wait outside before entering.
- i) J. Macleod explained that standard intake occurs through the HART Hub site at 430 Cannon Street. Individuals receive orientation, hygiene support, and belongings screening before being transported to Aberdeen Avenue.
- j) Transportation of the residence is typically arranged by the program.
- k) The specific incident raised appeared to be outside the normal process, and the feedback will be raised with the staff team for review.
- l) Questions were asked regarding clothing laundering during intake.
- m) K. Ritchie explained that laundry processing is a routine protocol in treatment and residential settings.



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- n) The process is primarily a pest-control measure to prevent bedbugs and other infestations from entering the facility.
- o) The procedure applies to all residents regardless of background or circumstances.
- p) K. Gargarello provided feedback regarding the visibility of the red video surveillance signage in the front window and wondered if it could be moved to be less conspicuous. She also raised concerns regarding the appearance of chairs visible through the front windows.
- q) S. Atungo agreed to review whether the surveillance signage placement could be modified. As well as exploring possible ways to reduce the institutional appearance of visible programming spaces while adhering to operational requirements.
- r) J. Macleod noted that the room visible from the street is a dedicated program room and not the primary residential living space.

5. Neighbourhood Experience and Early Community Feedback

- a) J. Macleod stated that prior to opening, staff distributed information flyers to surrounding residences and shared updates through neighbourhood social media channels.
- b) No complaints have been received through the project email address or phone contact.
- c) Social media responses have been largely positive, with many supportive comments from community members.
- d) K. Gargello stated that community members reported difficulty locating the Neighbourhood Liaison Table meeting materials on the website.
- e) J. MacLeod provided a demonstration of how to access meeting agendas and minutes.
- f) J. Macleod recognized that navigation could be improved and provided a commitment to explore website improvements and share instructional materials, including an existing navigation video.
- g) Suggestions included:
 - i. Improving the visibility of meeting minutes.



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- ii. Exploring opportunities to make information easier for the public to locate.
- iii. Potentially embedding navigation resources more prominently on the website.

6. Community Engagement Impact Report

- a) S. Atungo reintroduced a draft internal report documenting community engagement efforts and highlighting the work of the Neighbourhood Liaison Table.
- b) Members identified several accomplishments, including:
 - i. Improvements to smoking-related policies.
 - ii. Enhanced communication pathways between neighbourhood residents and project staff.
 - iii. Increased involvement of police community representatives.
 - iv. Ongoing collaboration and responsiveness to community concerns.
- c) J. Macleod emphasized the value of the table in helping the organization better understand neighbourhood priorities and operate as a positive community partner.
- d) S. Atungo agreed to revise the report.
- e) A revised version will be circulated to members for feedback.
- f) The table will consider approving a public-facing version at a future meeting before publication.
- g) Discussion focused on the Centre's planning for future treatment cohorts, including a women-only cohort.
- h) Preference remains to offer a women-only cohort if sufficient referrals are available.
- i) S. Boyd suggested referral pathways include partner organizations.
- j) Staffing and program planning will continue assessing cohort readiness and capacity.
- k) Members emphasized the importance of ensuring equitable access for women seeking treatment.



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- l) S. Boyd suggested providing referral partners with advance notice of upcoming cohort opportunities to improve recruitment and readiness planning.

7. Planning for October Community Engagement Meeting

- a) J. Macleod confirmed plans for a final quarterly community engagement meeting.
- b) Tentative Details:
 - i. **Date:** October 29, 2026
 - ii. **Format:** Virtual meeting
 - iii. **Time:** 6:30 p.m. to 8:00 p.m.
 - 1. Intended Topics:
 - a. First cohort experiences and lessons learned.
 - b. Program operations and outcomes.
 - c. Community questions and discussion.
- c) Members encouraged:
 - i. A shorter presentation format.
 - ii. Greater emphasis on open discussion and questions from the public.
 - iii. Continued transparency around program operations and neighbourhood impacts.

8. Wrap Up

- a) J. Macleod thanked members for their commitment and contributions throughout the development and launch of the residential treatment program.
- b) J. Macleod mentioned that a small token of appreciation had been purchased for NLT members and invited them to provide mailing addresses or to visit the Cannon Street location to receive their gift.

9. Adjournment

Motion to Adjourn: R. Greenspan

Carried.

The meeting adjourned at approximately 7:56 p.m.