

# **Community Engagement Report**

## **Companion Document to South Riverdale Community Health Centre Consumption and Treatment Service Review**

Prepared by Unity Health Toronto

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## SUMMARY

The Ministry of Health requested Unity Health Toronto to complete a review of the Consumption and Treatment Service (CTS) at 955 Queen Street East, operated by the South Riverdale Community Health Centre (SRCHC) following the fatal shooting of Karolina Huebner-Makurat that occurred outside the facility on July 7, 2023. That review addressed a set of assessment questions and parameters determined by the Ministry of Health and has been submitted as a separate report.

This document is a companion report to the main document; it focuses on what the review team heard during the community engagement to provide an understanding of community concerns, ensure that these concerns are highlighted, and present suggestions from community members regarding CTS operations. Some of the concerns heard by the review team fell outside of the questions and parameters set for the external review of CTS operations at 955 Queen Street East.

The data for this companion report comes from community consultation groups, (families, residents, businesses, local employees), interviews (daycares, schools), an online form and a review of relevant documents.

It is important to recognize that the recruitment and selection method could not ensure that the people the review team heard from are representative of all the people in the community or of the groups they represent. Of the 68 people interviewed in-depth by the review team, only 13 identified as clients of the CTS who use drugs. The methods also cannot ensure that the review team heard from all people who wanted to speak about the CTS.

The review team heard there was widespread understanding that the CTS offers a space for people to inject unregulated drugs and some harm reduction services, but less understanding of the full range of services offered at the CTS and SRCHC. The review team heard divergent perceptions about whether people who use drugs benefit from the CTS. CTS clients strongly valued the services that they received.

Many respondents expressed security and safety concerns including harassment, assault, vandalism, theft, public drug use, public sex, substances, drug equipment, waste (including condoms and excrement), and other garbage being discarded or deposited in public places and on private property and other concerning and aggressive behaviours. Many respondents were especially concerned about the effect of such events and exposures on children. Frequently, respondents were concerned about drug selling near the CTS. Many ascribed their increasing concerns to CTS management practices. A few respondents felt that the CTS increased community safety. CTS clients felt that their own safety has been compromised by surveillance and bullying from some community members.

Respondents reported changes to the CTS after the fatal shooting, including earlier opening hours, a new fence, new planters in front of the entrance, new security personnel, increased policing, more community safety officers, and new communication updates from the SRCHC

website. While many respondents welcomed these responses, others were skeptical that they were meaningful or effective. Others viewed the construction of the fence as a loss of public space for the neighbourhood. SRCHC clients mostly felt safer using the facilities following the changes.

Many respondents expressed frustration about the level of communication and types of communication from the SRCHC and emphasized that there was no effective process to raise concerns or file complaints, and that the website was not helpful for transmitting information. Other respondents noted that there was no meaningful change to operations after they raised concerns. Daycare and school officials suggested that communication could be improved by dispelling myths about the site. A minority viewed the SRCHC and board as open to feedback and welcoming. Most respondents who had reached out to governments or public health officials expressed frustration with the responses. Some valued the increased police presence in the neighbourhood.

Most respondents described a sense of mistrust that stems from what they experience as SRCHC's lack of transparency, complacency, and inaction with respect to crime and safety. For many who live or work in the neighbourhood, the relationship with SRCHC was positive before the opening of the CTS in 2016, which many supported. Many respondents described a change after the onset of the COVID-19 pandemic and now perceive a lack of accountability, a lack of monitoring, and an ineffective governance structure. Many respondents described an adversarial dynamic between some community members and SRCHC. Residents who support the CTS described an imbalance between their experiences and what they perceived as a small group of neighbors who are 'aggressively' voicing their concerns and dominating the narrative about the CTS.

Respondents suggested a number of changes. These are distinct from Unity Health's recommendations, which are described in a separate report.

Respondents wanted to see the following changes:

1. Most respondents felt strongly that the CTS at SRCHC should be closed or moved to a different location. However, clients of SRCHC and clients of the CTS did not want the CTS to close or move.
2. Many respondents wanted a complete restructuring of SRCHC management and the SRCHC Board of Directors, including replacing current management and leadership and establishing a distinct management structure for the CTS.
3. Many respondents provided suggestions for improved communication, including dedicated communications staff, a hotline, collaboration with schools and daycares, and public education.
4. Respondents suggested a range of community safety policies, including stopping public drug selling, tracking needles that are distributed (or discontinuing distribution), addressing safe disposal of injection equipment, security personnel, and policing. Some

respondents recommended a decreased police presence and training people in community liaison skills to address conflict.

5. Nearly all respondents wanted extended CTS hours with enhanced community outreach, with a focus on reducing people loitering outside of the CTS. Some respondents advocated for supervised smoking or inhalation of drugs within the CTS. All groups emphasized the need for more staff training and support, although the review team heard divergent opinions about hiring staff with lived experience of drug use.

## INTRODUCTION

Supervised Consumption Services (SCS) refers to environments where people use drugs while observed by trained personnel, where sterile supplies are available, and where overdoses can be immediately treated. Supervised injection and supervised smoking or inhalation are types of supervised consumption. In 2018, The Ontario Ministry of Health (MOH) adopted the Consumption and Treatment Services (CTS) model, which requires provincially funded SCS in Ontario to provide a wide range of supports and services, known as wraparound services.

In late 2023, the Ministry of Health appointed Jill Campbell as a supervisor of the CTS at South Riverdale, and also asked Unity Health Toronto to conduct an external review as a means of identifying opportunities for improvement. The review addressed a set of assessment questions and parameters determined by the Ministry of Health. Unity Health Toronto assembled a review team and conducted its external review from October 2023 to February 2024. The review team's conclusions related to the questions and parameters are outlined in a separate report.

While completing the report, the review team collected a wealth of data from community members. While much of this information directly informs the mandate of the Ministry review, the review team felt that a companion report was needed for three reasons. First, much of what the review team heard is nuanced and sometimes contested. Such information benefits from more elaborate discussion. Second, many of the concerns that the review team heard address issues that are outside of the mandate of the Ministry review but are fundamental for deciding how CTS should operate. When completing the consultation, many of the people with whom the review team communicated told the team emphatically that they felt that their concerns and issues had not been sufficiently heard by decision makers. They hoped the consultation sessions would help to address that oversight. The review team's aim is to express those voices within this report. Third, some of the people with whom the review team communicated had suggestions about how the CTS should operate, some of which are outside of the Ministry review's scope and others which may disagree with the review team's recommendations. The review team also aims to present these suggestions as faithfully as possible. The review team believes that a comprehensive and transparent discussion of issues related to the CTS is critical for meaningful community consultation, enhanced community safety, effective CTS operation, and improved health and well-being of people who use drugs.

## METHODS

The Community Engagement used a diverse range of methods, including community consultation groups, interviews, an online form, and a broad review of relevant documents. Each of these are described below.

### Community Consultation Groups

#### *Stakeholders and Recruitment*

The review team identified seven types of stakeholders. The team engaged with most stakeholders in a group format except for participants from local daycares and schools, whom the team interviewed individually. Each participant was offered an honorarium for their time (\$60 for 2-hour group meetings, \$30 for 1-hour individual interviews). Participants were given the option to waive or decline the honoraria. Each stakeholder type and the recruitment process is described below:

1. Clients who access the CTS: The team followed the SRCHC recommendation to invite members of the Community Advisory Board and other clients who regularly attend the CTS.
2. Clients who access general CHC services (not targeted to people who use substances): The review team worked with SRCHC staff to recruit clients. SRCHC staff invited members of a Tai Chi Group and other CHC programs.
3. Neighbourhood residents: The team recruited through an online form that was linked from the SRCHC website. The link went live on November 15, 2023. The team asked individuals to self-identify as living or working in the neighbourhood and to provide a home or employment address.
4. Neighbourhood families: The review team asked participants to indicate if they had specific concerns about families in the neighbourhood and if they preferred, if possible, to attend a consultation group that focused on families.
5. Neighbourhood business owners and employees: The review team sent the link to the online form was the Leslieville Business Improvement Association and asked them to share the form with their contacts. The review team included a question about whether respondents owned a business or worked in the neighbourhood. To verify that respondents belonged in this group, the review team sent emails to confirm the name of the business or role of the employee.
6. Local daycares: The review team contacted daycare administrators by phone and email.
7. Local schools: The review team contacted school administrators by phone and email.

## Selection

To engage with stakeholder groups 1-5, the review team conducted six separate two-hour group consultations. To recruit group participants, the review team published a registration form on the SHCRC website, because it is a known resource for community members for events related to SRCHC.

The review team received 88 responses to the registration form and excluded responses with unverified phone numbers and businesses that were not verified. The review team randomly selected 15 respondents in each group to receive invitations. If respondents were unable to attend, the review team extended the invitations to additional respondents.

## Concerned Neighbours Consultation Group

The engagement team created an additional group to hear directly from a group of neighbours who have previously worked together to express their concerns in several forums. The review team worked with neighbourhood leaders to identify participants and held this consultation group on January 15, 2024.

## Online form

To hear from people who could not attend or could not be accommodated in a consultation group or who had not applied to be in a group but still wanted to contribute, the review team created an online form for people to contribute to the review. The form was open for input from December 15, 2023 to January 17, 2024. Please see appendix B for the online form.

## Document Review

The review team included several written data sources including: all emails and attachments that were sent to the general review team email address; a media search of news articles published about the CTS at SRCHC since July 7, 2023; and results of a previous door-to-door survey conducted by Public Progress in September 2023.

## Analysis

Consultation meetings and interviews were facilitated by members of the review team. The team transcribed and coded all consultations and interviews and consolidated data into key themes.



## LIMITATIONS

While the review team's approach strived to be comprehensive and inclusive of as many viewpoints as possible, this companion report has several limitations. First, the recruitment and selection method could not ensure that the people the review team heard from are representative of all the people in the community or of the groups in the community for whom they speak. For example, there was an under-representation of people living in poverty among those who completed the online form. For this reason, the review team has not attempted to quantify the number or proportion of people who endorsed a particular perspective. The review team has indicated majority and minority opinions throughout, but it is important to keep in mind that these refer to the majority (or minority) of views that were heard, not of the population. Second, while the review team strived to provide multiple opportunities for people to participate, recruiting and selecting participants occurred within a compressed time frame, which may have excluded people who do not readily access the SRCHC website or other forums (such as neighbourhood Facebook pages) or who were not available in December and early January. Third, the review team asked individuals to self-identify as being from the neighbourhood but did not have the capacity to verify that all people who responded lived or worked in Leslieville (this is particularly hard to verify for people who completed the online form). Similarly, the review team did not differentiate responses by proximity of individual residents to the SRCHC. However, many individuals in consultation groups identified where they lived. Finally, the review team conducted consultations in a highly charged and politicized environment. Many people who felt strongly about the CTS, from multiple perspectives, had been advocating and organizing for months prior to the consultations. While it is critical to hear from these advocates, there is always a risk that these voices will be much louder than the voices of people who do not have the same level of organization but have equally important perspectives. The review team's aim was to provide multiple venues for expression so that as many people as possible had an opportunity to be heard.

## PARTICIPANTS

The number of participants by data source is indicated in Table 1.

**Table 1 Participants by Stakeholder Group**

Stakeholder Group	Number of Participants
Clients who access the CTS	13
Clients who access general CHC services	12
Neighbourhood residents	7
Neighbourhood business owners and employees	6
Neighbourhood families	11
Local daycares	3
Local schools	1
Concerned neighbours	15
Online form	141

Of the 173 respondents whom the review team invited to complete the individual characteristics survey, 103 (58.4%) responded. Their characteristics, along with the characteristics of 25 people from the client groups (both CTS and general CHC services) are listed in Table 2. Among respondents who provided information about their characteristics, most were over 40, White, had an annual household income over \$100,000, and had lived in the Leslieville community for at least 10 years. Other ethnoracial groups represented by only a few respondents included Black/African, East Asian, Middle Eastern/North African, South Asian, Southeast Asian, and Latin American. More than 60% of respondents identified as female.

**Table 2 Self-reported Characteristics of Participants (total=128)**

Question	N (%)
What is your age?	
29 and under	6 (4.7)
30-39	24 (18.8)
40-49	49 (38.3)

Over 50	48 (37.5)
Prefer not to answer	1 (0.8)
Would you say that your gender is:	
Female	81 (63.3)
Male	38 (29.7)
Non-binary/gender non-conforming/other	8 (6.2)
Missing	1 (0.8)
How would you describe your race, ethnicity and/or ancestry?	
White	96 (75.0)
Other	24 (18.8)
Indigenous	2 (1.6)
Multiple ethnicity	6 (4.7)
Which of the following best describes your household annual income?	
Less than \$30,000	4 (3.1)
\$31,000 to \$50,000	6 (4.7)
\$51,000 to \$100,000	23 (18.0)
\$100,000 and over	70 (54.7)
Missing	25 (19.5)
How long have you lived in the Leslieville community?	
Less than 6 months	5 (3.9)
6 months to less than 2 years	4 (3.1)
2 to less than 5 years	17 (13.3)
5 years to less than 10 years	15 (11.7)
More than 10 years	62 (48.4)
Missing	25 (19.5)
How long have you worked in the neighbourhood?	
Less than 2 years	4 (3.1)
2 to 5 years	7 (5.5)
5 to 10 years	7 (5.5)
More than 10 years	13 (10.2)
Not applicable or missing	97 (75.8)
How long have you been accessing services at SRCHC? (only asked of clients)	
6 months to 2 years	1/25 (4.0)
Less than 6 months	3/25 (12.0)
2 to 5 years	6/25 (24.0)
5 to 10 years	6/25 (24.0)
More than 10 years	9/25 (36.0)

Of the 141 respondents who completed the online form, 10 (7.1%) owned a business in the neighbourhood, 40 (28.4%) worked in the neighbourhood, and 91 (64.5%) did not own a business or work in the neighbourhood.

## THEMES

### Knowledge of services provided at SRCHC

The review team asked respondents what they knew of the services offered both at the CTS specifically, and at SRCHC more generally. The review team also asked what their understanding was of the goals of these services, including harm reduction, and their thoughts about the value of these services and whether the CTS has achieved its goals.

There was near unanimous understanding that the CTS offers a space for people to inject unregulated drugs; while most respondents knew of the CTS for several years, others only became aware of the CTS following the fatal shooting on July 2023. Very many respondents also identified other harm reduction services offered at SRCHC, including needle and syringe programs (although several people labelled these as “exchange” rather than distribution programs and), hepatitis C treatment, naloxone distribution, and drug-specific counselling. Some described clients receiving “travel packs” to facilitate off-site drug use. There was some knowledge of other harm reduction programs including safer supply and drug testing, but few respondents had detailed knowledge of how these operated. Some respondents expressed concerns about the lack of sufficient space within the CTS for people to use after they had consumed drugs; their perception was that this resulted in intoxicated people coming out of the site into the local community.

While most respondents recognized that the CTS provided benefits to its clients, a few felt that there were no benefits to clients, with a minority indicating that they felt that the CTS enabled drug use, were skeptical that overdoses were prevented or reversed or that transmission of blood-borne infections was prevented, and believed that the CTS inhibited people from entering recovery; a few indicated they disagreed with a philosophy of harm reduction. Some believed that the site had become a place to sell drugs or stolen goods with impunity.

More commonly, respondents indicated that they agreed with harm reduction and with being compassionate to people who use drugs and thought that there were benefits to individual CTS clients. However, this group also felt that these benefits (which some respondents stressed were to a small number of people) were disproportionate to community harms from the CTS, a sentiment that was closely linked to concerns about that the CTS was unable to manage the volume of people using its facilities, which led to increased neighbourhood drug use both inside and outside of the site. Many people expressing these sentiments felt that harm reduction must be linked to treatment and recovery programs.

A minority of respondents were very strong advocates of the CTS. They viewed it as life-saving, essential for a large city, and critical for addressing the opioid overdose crisis. Many of these respondents saw benefits both to individual clients, including those who would otherwise use drugs alone, and to the community; they perceived that public drug use would be more prevalent without a CTS and people who use drugs would be in more dangerous situations.

Some respondents recognized that the SRCHC offers a wide range of services to all age groups, with a focus on people experiencing marginalization, including people who do not have documentation or status in Canada, Indigenous people, people who do not otherwise have access to primary care, people living in poverty, immigrants, and people experiencing language barriers (for example Chinese-language programs). Some respondents praised the low-barrier nature of this care. Nevertheless, a significant number of respondents indicated that they had little or no knowledge of other programs offered at SRCHC.

Many respondents listed a variety of services offered to all clients, including both those who use substances and those who do not; these included primary care, mental health care, health education, social work, food and income security programs, referrals to other social services, diabetes care, HIV care, maternal health care, vaccinations, chiropody, and community-outreach programs.

Some respondents felt that there had been a change in services over several years (some people said since the pandemic), moving away from family-oriented services and towards more services oriented to people experiencing marginalization; this was variably attributed to diversion of resources to the CTS and parental fear of bringing children to the centre. Some respondents also felt that the clients who use the CTS have changed over time, which they attributed, at least in part, to post-pandemic stressors. Others strongly believed that CTS clients were not neighbourhood residents but were travelling from other locations to use drugs at the site.

### Experiences of using services at SRCHC

The review team asked respondents which services they had used at SRCHC, what their experiences was with the services, and what suggestions they had, if any, for change.

CTS clients valued the care they received at the site, including physician and nursing care, crisis support, and community support. Respondents commented on the “family” feel of the site and a sense that it was the “least hectic” of the Toronto CTSs. Some valued that the staff prioritize their confidentiality, although others expressed mistrust of some staff.

Among clients who access general SRCHC services, the range of experiences included primary health care, music therapy, tai chi, diabetes care, virtual exercise and other classes, chiropractic care, foot care, and physiotherapy. Many indicated that they felt that the CTS did not interfere with their ability to access services at the centre and that they felt safe and respected at the centre.

Most neighbourhood respondents had not regularly used SRCHC services although some who lived in the neighbourhood reported using nurse practitioner and physician services, the diabetes clinic, and the mom and babies group. Several had received COVID-19 vaccines and tests at SRCHC.

## Security and safety concerns

Respondents expressed a range of security and safety concerns. Overall, the concerns shared by respondents were consistent with findings from the Public Progress Report published in September 2023.

Several people reported incidents of harassment, including threats, and physical assault from CTS clients. Neighbourhood residents, business owners, and employees emphasized that these experiences, which have been directed towards adults, teens and young children, have taken place when walking by the CTS, in nearby alleyways or when walking on streets close to the CTS. Some respondents and CTS clients added that SRCHC staff and security have sometimes been present during altercations but do not intervene, appearing neglectful. Residents perceived that “a few problem clients...1%” are consistently involved in these incidents, yet do not experience any repercussions; “It’s the same characters, the same faces.” Many respondents including service users of SRCHC, were concerned about crowding and loitering outside of the CTS, when individuals outside of the CTS are visibly intoxicated, belligerent, and acting erratically.

Many respondents were concerned about public drug use, including people overdosing in public (fatal and non-fatal). Drug use was observed directly outside of the CTS, in alleyways, on the street, in parks and other public spaces in the neighbourhood. Schools and daycares have found people using drugs in their parking lot or in their entryways.

Respondents have also observed garbage, excrement, used condoms, discarded needles and substances in the neighbourhood, including on the streets, alleyways, schoolyards, daycare property, soccer fields and near residents’ private garages and driveways. While some daycare staff have found spoons, pipes, alcohol bottles and condoms under sand boxes and in the schoolyard, they did not necessarily attribute this to the presence of the CTS. Residents and daycare staff have witnessed individuals fornicating, defecating and urinating in public and on daycare property.

Many respondents were concerned about the effects on children of public drug use, disruptive behaviour, and discarded equipment and drugs. Respondents reported children picking up bags of drugs. Others described children as being desensitized to seeing people injecting and consuming drugs. In response, many parents are providing information and education to their children about drug related safety, even while they feel this education is premature or not age-appropriate. Residents and families are concerned about the long-term impacts on the emotional and mental wellbeing of children and no longer feel a sense of safety in their neighbourhood. Parents fear for the safety of their children, and women and children do not feel safe walking in proximity of the CTS.

Several residents and businesses have experienced home and car thefts, property damage and break-ins. Theft has ranged from small items, such as delivery packages, to large items in stores. Several businesses have been burglarized multiple times, repeatedly suffering financial loss. Most business owners and employees felt that safety problems are acute, specific to the Leslieville neighbourhood, and not explained by citywide trends. Business owners who live outside of Leslieville compared the lack of sense of safety they experience at their business location with that in the broader Leslieville neighbourhood, which they attribute to the CTS.

Many respondents emphasized that there is a noticeable presence of drug selling both outside the CTS and in the neighbourhood. For some, the presence of the CTS “attracts drug dealers and drug users, and diverts them from the downtown core.” Respondents also fear that sellers are armed and “directly” responsible for an increase in guns and violence in the neighbourhood. A news article reported that two clients who regularly use the CTS described that the atmosphere of the CTS is “deteriorating,” due to observing more altercations and more incidents of theft. They attribute this to an increase of new drug sellers. Residents and families also reported seeing people selling their personal prescriptions of safer supply opioids. Businesses perceive that drug sellers are more dangerous and younger than in previous years.

Many respondents described having long time complaints of their concerns but feel the issues escalated during the COVID-19 pandemic. Some families, who have lived in the neighbourhood for several years, described feeling little to no concern about the CTS before the pandemic. Other participants discussed the changing landscape of the toxic drug supply and feeling the CTS “can’t keep up.” Many ascribed their increasing concerns to a shift in management and poor management practices.

Many of the safety concerns reported are more pronounced for residents who live on Heward Avenue, in close proximity to SRCHC. These residents feel their concerns are distinct within their “Zone of Impact.”

Some respondents expressed different opinions about safety and security related to the CTS. CTS clients explained that SRCHC is not the only site where there are problems. Similarly, general clients of SRCHC voiced that concerns have “Always been here. Concerns are not new. It’s just more.”

CTS clients felt that their own sense of safety has been compromised. They have experienced residents in the neighbourhood photographing them without consent and making remarks when walking by; “since the shooting...community has treated us like the plague.” CTS clients also remarked on how “people involved with the shooting were not part of the site, they never were,” yet clients of the SRCHC CTS are blamed for the critical incident that occurred in July 2023. Some clients who use the CTS were mindful when seeing children walk by and others noted that there are a limited number of children who walk near the CTS as they appear to be walking on the other side of the street. CTS clients share concerns with other participant groups about CTS staff not having enough training and explained that some staff view clients as

“beneath” them and are working at the CTS “just for money.” They also discussed concerns about the community safety team (i.e. One Community Solutions), and added that they are “bullies” who blatantly ignore situations in which they are expected to intervene.

Some respondents had no concerns about security and safety related the CTS. Instead, they feel that there is a small group of neighbours who are ‘aggressively’ voicing their concerns and believe there is an imbalance with people who support the site. According to the 2023 Public Progress Report, some businesses canvassed indicated they were supportive of the CTS and SRCHC overall, while others had concerns only since after the fatal shooting. The report also found that older residents who have lived in the Leslieville neighbourhood for more than 20 years feel safer now than they have in the past.

Some respondents feel that safety concerns may escalate if the CTS closes, as children may be more likely to find “dead bodies in alleyways and more needles in parks.” Some noted that the CTS already has constrained services, such as opening hours, which creates risk for people who use drugs, particularly those who are especially vulnerable due to their age; “An 18-year old kid was shooting up in my alley which is 0.7km away from the site. He said the site was closed so had to find a place to shoot. This was Sunday at 1pm.” Some fear that stigma, in conjunction with the toxic drug supply, will create risks for youth who are experimenting with drugs. Additionally, many of the general clients of SRCHC believed that having a CTS actually helps to concentrate and centralize discarded needles and drugs. A long-term resident of Leslieville explained in a news article that the presence of the CTS is helpful, especially in response to a gentrifying neighbourhood, as the services provide value and support to community members. For this reason, they feel it is important not to “vilify” those who rely on the CTS.

### Responses to safety concerns

Participants shared many examples of how they have been managing and responding to their safety concerns.

Residents led an initiative to complete an alleyway clean up of discarded needles, garbage and condoms. Several residents have put up security cameras and have been frequently calling 311 and 911; however, many feel that police and 311 are not responsive.

Many children have been avoiding the alleyway behind the CTS when walking to school and some parents do not allow their children to walk in the neighbourhood alone. Some parents no longer feel comfortable sending their children to the local elementary school and have pulled their children out of the local daycare. Parents gave examples of their children avoiding playing and spending time in the neighbourhood, taking different routes home from school, and avoiding eye contact with people outside of the CTS.



Some daycares have implemented safety measures and programming changes. One daycare has changed the location of their evacuation site to be farther from the CTS. Staff now inspect and sweep their property for needles before bringing children outside, such as for fire drills. Staff no longer bring children to the bus stop at the major intersection of Queen and Carlaw and some staff avoid this intersection themselves when walking in the area. Staff now also use a separate entrance when entering the building in the morning to avoid individuals who may be CTS clients. Staff avoid using a laneway near the daycare due to the presence of people using drugs. In response to parents' concerns about their children touching needles, daycare staff have been engaged in pedagogical methods about "what not to touch" and have been attempting to support parents with approaches to speak to their kids directly.

Businesses have had to train their staff (often young people who earn minimum wage with limited experience) on crisis de-escalation approaches in order to interact with people who are intoxicated. Businesses have installed security cameras and many avoid keeping their doors open in the summer. Some businesses are picking up and disposing used needles on their own. Survey responses shared several accounts of individuals who have stopped visiting businesses near the CTS because of safety concerns.

Most respondents felt that there is insufficient attention from management to address violence, overflow of clients, discarded needles and other drug equipment, and that this ultimately creates a sense of "danger towards public safety." One respondent wrote, "It is the concentration of that activity in and around the CTS and the lack of attentiveness of management to address it in any meaningful [way] that I believe poses the risk to safety in this neighbourhood." Participants stressed that there are neither mechanisms to address the safe disposal of needles nor a willingness to implement solutions: "There is no accountability on the centre to ensure those tools are disposed of safely." One family shared that they worked with SRCHC to find a solution to discarded needles in the laneway. While SRCHC installed needle boxes, this installation was neither timely (took 1 month) nor adequate (the boxes did not fully close).

#### Perceived responses of SRCHC to the fatal shooting

The review team asked participants what changes they thought the CTS has made in response to the fatal shooting on July 7, 2023. They reported changes to opening hours (opening earlier), a new fence, new planters in front of the entrance, new security personnel, increased policing, more community safety officers, and new communication updates from the SRCHC website.

While many respondents described some positive outcomes from these changes, others saw these responses as temporary, crisis-oriented, "Band-Aid" solutions; one respondent called them "short-sighted and a knee jerk decision," that do not address the root of the problem. Another said, "I know the site has implemented many safety measures and has interacted more with the police and levels of government since the shooting, but it does [not] fix my biggest

concern, which is the proximity of the site to local schools and daycares. That can only be addressed by moving the site.” Many feel that SRCHC has responded in ways that is performative and that they are only motivated to implement changes to uphold their image for a “PR stunt.” Residents and families specifically shared that while SRCHC has been posting information on their website, via newsletters and emails, this is too passive of an approach. Some residents reported that the CTS is now open earlier in the morning to reduce the number of people congregating outside when children are walking to school, but they are uncertain if this is a permanent change.

Business owners and employees were not in favour of the new fenced off area as it was previously a place for families to gather for picnics and is now inaccessible to everyone. Some were skeptical about evaluating the effectiveness of the fence over the last few months; they noted that some of the changes might simply be weather dependent, as fewer people frequent the outdoors during the colder months. The increased police presence has made a tangible difference for businesses as they experience less harassment and notice fewer intoxicated people. Most respondents were concerned that the fence has pushed drug related activity into other parts of the neighbourhood. While the increase in policing and security in the direct vicinity of the CTS has decreased the concentration of these concerns, some participants have remarked on how this has led to problems expanding and people “spilling over” from the CTS into other streets and alleyways in the neighbourhood. Some are concerned that this is also not safe for clients of the CTS.

In contrast, general clients of SRCHC feel safer using services due to the new fence and the increase in security and cameras. Many thought that loitering at the SRCHC entrance is tied to larger problems of homelessness and that the CHC is doing the best they can to address a structural problem. The majority expressed their frustration with SRCHC policies in relation to key-only washroom access.

#### SRCHC communication and community engagement

Respondents listed several ways that they received communication from, and sometimes engaged in dialogue with, SRCHC staff and management. Prior to the fatal shooting in July 2023, these included monthly meetings, the SRCHC website, emails, and dropping in to the centre. After the incident, the Safer Community Committee formed and a town hall meeting was convened. However, some respondents were disappointed with the town hall, which they felt was “staged” or “hijacked” by people from outside of the neighbourhood.

Many respondents expressed frustration about the level of communication and emphasized that there was no effective process to raise concerns or file complaints. Other respondents noted that there was no meaningful change to operations after they raised concerns. Most respondents felt that the SRCHC staff were reluctant to build a relationship with some residents, were dismissive of their concerns, did not answer their emails or other queries, and

characterized them as “NIMBYs” (people who demand that services are delivered “not in my back yard”). Many people reported that when there was a response, it was weak and consisted of excuses about not having the power (“we can only do so much”) or resources to make changes (a few respondents were very mistrustful about claims that SRCHC did not have sufficient funds to implement changes, noting that SRCHC found funds to hire public relations consultants and a security firm after the fatal shooting). Other times complaints were dismissed as trivial with statements about “bigger issues in the world.” Some perceived a culture of passing responsibility to others within the SRCHC and asked for a clear “chain of responsibility and accountability,” including an appeal mechanism. Several respondents felt that communication was worse after the pandemic started.

Respondents noted that the SRCHC website did not clearly indicate who should be contacted about concerns. The website also did not have detailed statistics about the CTS operations, which respondents felt was incompatible with a transparent approach to community relations. Some felt that the website reported “false information.”

The daycare and school officials suggested that communication could be improved by dispelling myths about the site through publicizing what services are being offered, how the CTS is supporting people, and sending a message that the CTS will not “distribute drugs” or “let their clients out” when they are intoxicated. However, many respondents felt that newsletter and emails were of limited use.

In contrast, people who were clients of the SRCHC felt that staff were very approachable and responsive, although less so after the start of the pandemic. A minority perspective was that SRCHC and the board had been open to feedback and have welcomed, encouraged, and incorporated feedback.

Some respondents also felt that the Safer Community Committee had been established in a “biased way.” A few felt strongly that residents who lived closer to the SRCHC (one respondent suggested 200 m) should have a greater voice in community outreach since they have more direct experiences than individuals who live farther away. Others suggested that the SRCHC board meeting minutes should be public.

#### Engaging with governments, police, and other groups

Residents, families, business owners, daycare and school staff shared a range of experiences engaging with city and provincial government, Toronto Public Health and Toronto Police Services both before and following the fatal shooting.

Daycare staff described that for security concerns including lockdowns like the one that occurred in July 2023, they liaise directly with Toronto Police Services. For needle sweeps and drug equipment disposal, daycares rely on the city of Toronto. This reliance on the city instead of SRCHC is a result of the lack of response or assistance from SRCHC. Daycares are working

directly with the city so that they can be alerted when there are violent threats in the neighbourhood and so that there is a more open and direct line of communication.

Residents, families and business owners have reached out by phone, email and in person to express concerns and frustrations to local and provincial government. For most people, the responses and follow-up from the government have been very limited or non-existent. Responses are mostly automated or generic and viewed as lip service without any tangible action behind them. Increased visibility from city councillors occurred directly after the fatal shooting in July 2023 and at the town hall. In the months that followed, residents, families and businesses have not witnessed much continued support or response.

All groups engaged in the review observed increased police presence in the neighbourhood following the fatal shooting in July 2023. There were split opinions on the role and value of police and police funding in the context of illicit drug use and drug selling. For some residents, families and business owners, police presence in the Leslieville area is desirable and needed to address theft, assault, vandalism, aggression and drug dealing. For others, increased police presence in the neighbourhood is seen as a Band-Aid solution, one that puts racialized community members at risk of racial profiling and increased encounters with law enforcement and divides the community further. Some provided examples of ways police funding could be used for more systemic change like poverty reduction.

Of 141 individuals who completed the online form, 83 (58.9%) indicated that they had voiced concerns about the SRCHC, 26 (18.4%) indicated that they had concerns but did not voice them, and 32 (22.7%) indicated that they did not have concerns. The 83 people who voiced concerns directed them to the individuals and agencies listed in Table 3. Most often, people expressed concerns to the municipal and provincial governments. The “Other” category included community surveys and letters of support, Toronto Public Health, school board trustees, non-profit leaders, and the Town Hall meeting.

**Table 3 Expressions of Concern**

To whom have you expressed your concern?	N (%)
South Riverdale Community Health Centre	51 (61.4)
Someone in the municipal (city) government	73 (88.0)
Someone in the provincial government	60 (72.3)
Someone in the federal government	53 (63.9)
The police	51 (61.4)
Other	11 (13.2)

For the people who had concerns but did not express them, the reasons for not expressing concerns included not knowing how to do so, fear of “harassment” from the harm reduction and social service community, fear of being labeled “uneducated, a bigot, or worse,” prior negative experiences with raising concerns, lack of faith that raising concerns would result in change, and a feeling that police are too overwhelmed and under resourced to respond to concerns.

## SUMMARY AND SUGGESTIONS

In summary, the relationship between many community members and the SRCHC is troubled and characterized by a lack of confidence and trust, which began in the months leading up to the fatal shooting on July 7, 2023, deteriorated shortly thereafter, and continues to be problematic now.

For many, the mistrust stems from what they experience as SRCHC's lack of transparency, complacency and inaction with respect to crime and safety. For many of the residents, families and business owners who have lived or worked in the neighbourhood for a number of years, the relationship with SRCHC was a positive one prior to the opening of the CTS in 2016. Many were supportive of the CTS when it first opened. Several years later, there was a noticeable and marked change after the COVID-19 pandemic when there were more CTS clients accessing the site, coupled with increased drug toxicity and a worsening housing crisis. Residents, families and business owners observed an increase in violence, theft, assault, public loitering and discarded drug equipment as well as an increase in the number of drug dealers and drug dealing outside and around the SRCHC. This was also a time when residents, families and businesses saw changes with the SRCHC management. Although there were mechanisms in place for community members to voice concerns like committees and regular meetings, the residents, families and business owners who were involved in these groups reported very minimal response from the SRCHC and a refusal to publicly share and distribute specific documents. The 2023 report by Public Progress also identified how the "social contract" for residents on Heward Avenue had been broken.

Since the fatal shooting in July 2023, most residents, families and businesses have 'given up' trying to engage or voice their concerns and feel the SRCHC is 'corrupt', 'negligent' and has 'violated' any agreements that were in place to run the CTS. In addition, these groups of individuals reported that SRCHC has lied and hidden information and operated outside of legal parameters by allowing drug selling and other illegal activity to occur in and around the property. Some residents were initially hopeful about the opening of the CTS being able to provide support to clients but now feel that SRCHC ignores any issues that occur outside of their physical building. Residents feel no one is listening and are cautiously optimistic about any change.

There is felt to be a lack of accountability, a lack of monitoring, and a governance structure that is led by a Board of Directors who are 'not equipped to handle these types of concerns.'

As a result, many residents, families and business owners described an 'us vs. them' dynamic between themselves and the SRCHC. Being vocal and advocating for the safety of families in the neighbourhood has been referred to as NIMBYism which many residents and families believe is both an oversimplification of the issues and inaccurate.

There are a number of residents who support the CTS and who described an imbalance between their experiences and those of a small group of neighbors who they feel are 'aggressively' voicing their concerns and who are leading the dominant narrative.

### What changes community members want to see at the CTS

In this section, the review team presents the main suggestions and demands from community members for changes at SRCHC and the CTS.

#### *Close or Move the CTS*

Most residents, families and business owners felt strongly that the CTS at SRCHC be closed or moved to a different location. This opinion was also highlighted in the survey completed by Public Progress. For many respondents, closing the CTS is the only outcome they want to see moving forward. Within this group, there were two main perspectives: 1) CTS services are not effective and therefore should not be operating at all, in any location; and 2) CTS services have health and social value and should exist, just not in this specific location.

For those in the latter group, there was consensus that moving the CTS to a less residential area where there are no schools or daycares was critical. Suggestions for relocation of the CTS included other locations a defined distance away from a childcare facility, school or playground (responses generally were within 100 to 500 m), or in areas of East Toronto that are more industrial. Daycare and school staff also suggested moving the CTS to a larger space where more clients can be accommodated or to spaces where clients can also access showers, meals and short-term shelter. A few respondents suggested that the CTS be moved to a hospital while others suggested mobile CTS services either to augment services at a relocated CTS or instead of a fixed location.

A handful of residents want the CTS to remain at SRCHC. Clients of SRCHC and clients of the CTS also did not want the CTS be closed or moved.

#### *SRCHC Management and Governance*

Across resident, family and business groups, there were strong suggestions around the governance and management of SRCHC. Many respondents wanted a complete 'overhaul' and restructuring of SRCHC management and the SRCHC Board of Directors, including bringing in new people to replace current management and leadership as well as establishing a completely separate and distinct management structure for the CTS. Under this model, the CTS would be monitored, audited and directly accountable to the Ministry of Health or designated government body for all of its operations.

For several SRCHC and CTS clients, management issues were perceived to stem from a lack of integration between the CTS and the SRCHC. Both SRCHC and CTS clients favoured increased internal referrals and improved access across programming at SRCHC for all clients (e.g. CTS clients who want to access acupuncture or physical therapy). Residents also suggested increased wraparound services within SRCHC and to nearby organizations (e.g. Woodgreen Community Services), such as housing referrals, art/music therapy, Occupational Therapy, Social Work, mental health supports, counselling, and faith and spiritual groups.

### *SRCHC Communications and Engagement*

SRCHC communications, education and engagement were areas where residents, families, and daycare staff provided clear suggestions for areas of improvement. Residents and daycare staff suggested establishing new roles at the SRCHC and the CTS for communications, including a dedicated point person(s) to contact for any concerns and to lead community engagement. Another suggestion was to implement a hotline for businesses and residents located within a one-kilometer radius of the CTS. Daycare staff suggested that SRCHC collaborate with schools and daycares as a way to build understanding, dialogue and raise awareness about the many different programs and services offered at the CHC. Collaboration would also increase visibility; daycare and school staff and children would be recognized by SRCHC staff and clients, which, in turn, would lead to increased safety for all. Residents, daycare staff and SRCHC clients suggested increased general education about harm reduction and the CTS to dispel myths and negative misconceptions about the CTS. Communications from SRCHC needs to be ongoing, consistent and transparent. Given the erosion of trust between residents, families, business owners and the SRCHC, all communications and engagement efforts in the near future need to be initiated and led by the SRCHC and must address ongoing concerns that were raised before and after the fatal shooting.

### *Safety*

Residents, families, daycare and school staff asked for the development and implementation of formal community safety tracking policies. This would include a zero tolerance policy for using drug equipment outside of the CTS and criminal activity such as drug selling. Additional suggested tracking procedures included a system for tracking needles that are distributed at the site, ensuring safe disposal of needles and systematic sweeps for needles and other drug equipment in the alleys and properties close to the CTS. Some people suggested terminating the distribution of needles at the CTS entirely. Many residents, families, business owners and some of the SRCHC clients want the SRCHC to have permanent security moving forward; however, the security should be well trained and 'legitimate'. Some residents and families also



wanted increased and ongoing police presence around the SRCHC, with some people specifying that police presence should focus on arresting people who are using drugs near the CTS. Other residents wanted to see decreased police presence over the long term alongside hiring and training community liaisons who could manage and de-escalate conflict.

### *CTS Operations*

SRCHC and CTS clients, residents and families all want extended CTS hours; ideally the site would be open 24/7 with community outreach available at all times, along with increasing the number of booths within the CTS. This expansion would decrease the number of clients loitering around the building, particularly during times when families are walking to and from school and daycare. Some residents, CTS clients, and respondents to the survey asked for space for inhalation as well as a designated waiting area, private and secure areas such as a drop-in within the CTS, to socialize or spend time when not using drugs. Several residents, families and business owners want to see the CTS provide mandatory drug treatment to its clients while others want to see increased referrals and access to drug treatment for clients.

The need for CTS staffing changes were voiced across all groups engaged in the review. CTS clients felt that security and staff required more training; many did not have the knowledge or skills to prevent or respond to overdoses. Residents and survey respondents also want improved training as well as better compensation for staff at the CTS. For some residents, families and business owners, the hiring of people with lived or living experience of drug use at the CTS is a practice that should stop. According to these groups, staff who advocate for or engage in drug use while at work are 'inviting' drug selling, are a safety concern for residents, families and business owners, and reflect a breakdown in management at SRCHC. In contrast, CTS clients want more CTS staff with lived and living experience, as building trust with staff and feeling safe accessing the space is an essential part of harm reduction. Daycare staff suggested having more regular and comprehensive criminal record checks for CTS staff.

## Appendix A – Community Engagement Group Guides

### SRCHC CTS Review - Resident Consultation Group Guide

#### Questions

1. What do you know about the services at SRCHC?
  - a. Do you know what services are offered at the CTS?
  
2. What benefits does the CTS bring to the local community?
  - a. Can you share some examples?
  - b. What could be improved (overall and for the CTS)?
  - c. What would an ideal CTS look like? *Probe about location, hours, services/programs, etc.*
  
3. What are your concerns about the CTS? *Probe specifically about public litter, witnessing public drug use, witnessing public selling*
  - a. How do these concerns impact you and the local community?
  - b. How do you think these concerns can be addressed by the CTS? By the government/larger policies?
  
4. Do you have safety concerns? *Probe around assault, threat of assault, theft, vandalism, public drug use*
  
5. Do you have safety concerns for children specifically?
  
6. Have you voiced or shared your concerns with SRCHC?
  - a. If yes, how have you shared your concerns?
  - b. If no, can you tell us a bit about why you made the decision not to share?
  - c. Have you voiced concerns with other groups or organizations?
  
7. If yes, was there any follow up from SRCHC around these concerns?
  - a. How did they respond?
  - b. Is the process for responding to community concerns or complaints effective?
    - i. What part of the process works well? What part could be improved?

8. Since the incident in July 2023, what do you think are the most important ways that the CTS has changed?
  - a. What hasn't changed that you think should change?
9. How does SRCHC engage and communicate with the community?
  - a. How can engagement and communication be strengthened overall?
10. Is there anything else about SRCHC you want to share?

### SRCHC CTS Client Consultation Group Guide

#### Questions

1. What are some of your experiences using the CTS at SRCHC?
  - a. Why do you choose to access the CTS at SRCHC? *Probe about relationship with staff, the space, the environment, etc.*
  - b. How often do you use services/use the CTS?
  - c. Do you use any other services at SRCHC?
  - d. What services do you use most often and why?
  - e. What services do you avoid using, if any? Why?
2. Do you experience any challenges when using services/the CTS?
  - a. Do you feel safe when using the CTS?
    - i. Can you share an example of a time that you felt respected and safe accessing services?
    - ii. Can you share an example of a time that you felt unsafe while accessing services? What could SRCHC do differently to help you feel safe when accessing services?
3. How does SRCHC engage and communicate with the community?
  - a. How can this be strengthened?
4. Some people have concerns about public drug use near the CTS. Do you have any concerns? *Probe about public litter, public drug use and selling*

5. Some people have concerns about safety for children near the CTS. Do you share these concerns?
6. Have you ever shared your concerns with SRCHC?
  - a. If yes, how did you share your concerns? Was it in person, by phone, email, or another way?
    - i. Whom did you talk to?
    - ii. How long did it take to find someone to talk to?
    - iii. How did SRCHC respond to your concerns?
    - iv. Is the process for responding to community concerns or complaints effective?
    - v. What part of the process works well? What part could be improved?
  - b. If no, can you tell us a bit about why you made the decision not to share?
  - c. Have you voiced concerns with other groups or organizations?
7. Since the incident in July 2023, what do you think are the most important ways that the CTS has changed?
  - a. What hasn't changed that you think should change?
8. From your perspective, what is the public response towards drug use and supervised consumption sites overall? *Probe around people's attitudes, policing and security in general and in specific locations e.g. parks*
9. What are the strengths and benefits of the centre overall? The CTS? What could be improved (overall and for the CTS)?
  - a. What would an ideal CTS look like? *Probe about location, hours, services/programs, etc.*
10. Is there anything else about SRCHC you want to share?

## SRCHC CTS Review – Business/Employee Consultation Group Guide

### Questions

1. To kick it off we want to understand everyone's awareness of what services are provided at the CHC and the CTS. What do you know about the services that are provided at the CHC and CTS?
2. What are your concerns about the CTS? *Probe specifically about drug equipment, drugs, public litter, witnessing public drug use, witnessing public selling*
  - a. How do these concerns impact you and the local community? Your business/work?
  - b. How do you think these concerns can be addressed by the CTS? By the government/larger policies?
3. Do you have safety concerns? *Probe around assault, threat of assault, theft, vandalism, public drug use*
4. Do you have concerns about **the safety or security of your business/workplace or about other local businesses** related to the CTS operation? If so, can you provide examples and details?
5. Do you have safety concerns for children specifically?
6. What do you know about the opportunities for expressing concerns at SRCHC? Do you think the process for responding to community concerns or complaints is effective? What parts of the process works well? What parts could be improved?
  - a. If you haven't shared concerns, can you tell us a bit about why you made the decision not to share?
  - b. Have you voiced concerns with other groups or organizations e.g. government, police, etc.?
7. Since the incident in July 2023, what do you think are the most important ways that the CTS has changed?
  - a. What hasn't changed that you think should change?

8. In what ways does SRCHC engage and communicate with the community? How well does this work? How can engagement and communication be strengthened overall?
9. We've heard from people that there are benefits the CTS brings to the local community and to its clients. From your perspective what benefits do you think the CTS brings to the community and its clients? After hearing your concerns you may not have any to share and that's okay too. Some people may have a different opinion.
  - a. Can you share some examples?
10. What would an ideal CTS in Leslieville look like? You may want to comment about location, hours, services/programs, or other features.
11. Is there anything else about SRCHC you want to share?

### SRCHC Schools/Daycares Individual Consultation Guide

#### Questions

1. What do you know about the CTS at SRCHC?
  - a. Do you know what services are offered at the CTS?
2. What are the strengths and benefits SRCHC overall? The CTS? Can you share some examples?
  - a. What could be improved (overall and for the CTS)?
  - b. What would an ideal CTS look like? *Probe about location, hours, services/programs, etc.*
3. What are your concerns about the CTS? *Probe specifically about public litter, witnessing public drug use, witnessing public selling.*
  - a. How do these concerns impact your **school/daycare?**
  - b. How do you think these concerns can be addressed by the CTS? By the government/larger policies?
4. Do you have safety concerns for children specifically?

5. Have you voiced or shared these concerns with SRCHC?
  - a. If yes, how have you shared your concerns?
  - b. If no, can you tell us a bit about why you made the decision not to share?
  - c. Have you voiced concerns with other groups or organizations?
  
6. Was there any follow up from SRCHC around these concerns?
  - a. How did SRCHC respond to your concerns?
  - b. Is the process for responding to community concerns or complaints effective?
    1. What part of the process works well? What part could be improved?
  
7. Since the incident in July 2023, what has your **school/daycare** done to respond to this event? Have there been any changes to programming? Communication notices?
  - a. How have students/families responded to these changes?
  
8. Since the incident in July 2023, what do you think are the most important ways that the CTS has changed?
  - a. What hasn't changed that you think should change?
  
9. How does SRCHC engage and communicate with the community?
  - a. How can community engagement and communication be strengthened?
  
10. Is there anything else about SRCHC you want to share?

## SRCHC CTS Review - Family Consultation Group Guide

### Questions

1. What do you know about the services at SRCHC?
  - a. Do you know what services are offered at the CTS?
2. What benefits does the CTS bring to the local community? What benefits does it provide to its clients?
  - a. Can you share some examples?
3. What are your concerns about the CTS? *Probe specifically about drug equipment, drugs, public litter, witnessing public drug use, witnessing public selling*
  - a. How do these concerns impact you and the local community?
  - b. How do you think these concerns can be addressed by the CTS? By the government/larger policies?
4. Do you have safety concerns? *Probe around assault, threat of assault, theft, vandalism, public drug use*
5. Do you have concerns about the safety or security of local businesses related to the CTS operation? If so, can you provide examples and details?
6. Do you have safety concerns for children specifically?
7. What do you know about the opportunities for expressing concerns at SRCHC? Do you think the process for responding to community concerns or complaints is effective? What parts of the process works well? What parts could be improved?
  - a. If you haven't shared concerns, can you tell us a bit about why you made the decision not to share?
  - b. Have you voiced concerns with other groups or organizations e.g. government, police, etc.?
8. Since the incident in July 2023, what do you think are the most important ways that the CTS has changed?
  - a. What hasn't changed that you think should change?



9. In what ways does SRCHC engage and communicate with the community? How well does this work? How can engagement and communication be strengthened overall?
10. What would an ideal CTS look like? You may want to comment about location, hours, services/programs, or other features.
11. Is there anything else about SRCHC you want to share?

### SRCHC – General Client Consultation Group Guide

#### Questions

11. What are some of your experiences using services at SRCHC?
  - a) Why do you choose to access services at SRCHC? *Probe about relationship with staff, the space, the environment, etc.*
  - b) How often do you use services?
  - c) What services do you use most often and why?
  - d) What services do you avoid using, if any? Why?
12. Do you experience any challenges when using services at SRCHC?
  - a) Do you feel safe when using the services?
    - i. Can you share an example of a time that you felt respected and safe accessing services?
    - ii. Can you share an example of a time that you felt unsafe while accessing services? What could SRCHC do differently to help you feel safe when accessing services?
13. How does SRCHC engage and communicate with the community?
  - a. How can this be strengthened?
14. Some people have concerns about public drug use near the CTS. Do you have any concerns? *Probe about public litter, public drug use and selling*

15. Some people have concerns about safety for children near the CTS. Do you share these concerns?
16. Have you voiced or shared your concerns with SRCHC?
- a. If yes, how did you share your concerns? Was it in person, by phone, email, or another way?
    - i. Whom did you talk to?
    - ii. How long did it take to find someone to talk to?
    - iii. How did SRCHC respond to your concerns?
    - iv. Was there ever any follow-up from SRCHC?
    - v. Is the process for responding to community concerns or complaints effective?
    - vi. What part of the process works well? What part could be improved?
  - b. If no, can you tell us a bit about why you made the decision not to share?
  - c. Have you voiced concerns with other groups or organizations?
17. Since the incident in July 2023, what do you think are the most important ways that the CTS has changed?
- a. What hasn't changed that you think should change?
18. From your perspective, what is the public response towards drug use and supervised consumption sites overall? *Probe around people's attitudes, policing and security in general and in specific locations e.g. parks*
19. What are the strengths and benefits of the centre overall? The CTS? What could be improved (overall and for the CTS)?
- a. What would an ideal CTS look like? *Probe about location, hours, services/programs, etc.*
20. Is there anything else about SRCHC you want to share?

## Questions

1. We would like to start by hearing your concerns about the CTS. *Probe specifically about drug equipment, drugs, public litter, witnessing public drug use, witnessing public selling*
  - a. How do these concerns impact you and the local community?
  - b. How do you think these concerns can be addressed by the CTS? By the government/larger policies?
  
2. Do you have safety concerns? *Probe around assault, threat of assault, theft, vandalism, public drug use.*
  
3. Do you have safety concerns for children specifically?
  
4. What do you know about the opportunities for expressing concerns at SRCHC? Do you think the process for responding to community concerns or complaints is effective? What parts of the process works well? What parts could be improved?
  - a. If you haven't shared concerns, can you tell us a bit about why you made the decision not to share?
  - b. Have you voiced concerns with other groups or organizations e.g. government, police, etc.?
  
5. Since the incident in July 2023, what do you think are the most important ways that the CTS has changed?
  - a. What hasn't changed that you think should change?
  
6. In what ways does SRCHC engage and communicate with the community? How well does this work? How can engagement and communication be strengthened overall?
  
7. We've heard from people that there are benefits the CTS brings to the local community and to its clients. From your perspective what benefits do you think the CTS brings to the community and its clients? After hearing your concerns you may not have any to share and that's okay too. Some people may have a different opinion.
  - a. Can you share some examples?

8. In light of the concerns you've raised, what are your recommendations about a CTS in Leslieville? Please consider location, hours, types of services available, and any other features. You don't have to agree that there should be a CTS in Leslieville at all but some people may have a different opinion about this.
  
9. Is there anything else about SRCHC you want to share?

## Appendix B - Community Engagement Online Feedback Form

### CTS Review: Feedback Form

Thank you for taking the time to provide your feedback. We invite you to answer the questions below about the Consumption and Treatment Service (CTS) that is located at the South Riverdale Community Health Centre. The CTS is also sometimes called a supervised injection site or a supervised consumption site. All of these terms refer to the same thing. We will refer to the site as “The CTS.”

As you know, a critical incident occurred near the site in July of 2023. While we are sure that you have a lot of thoughts about the incident, our goal is to understand how the CTS operates generally. We will not be discussing the details of the incident in the questions below. We are interested in learning about your experiences, any concerns you may have, and any recommendations for the future.

We will make all of the information you share anonymous so that you will not be identified in the final report, which will be submitted to the Ministry of Health in the New Year. We do not yet know if the government will make the report public.

Once you have responded to the questions below, we will also ask you to complete a short survey.

*\*Please note the deadline to complete this form is January 17th, 2024*

\* Indicates required question

1. What do you know about the services at South Riverdale Community Health Centre? Do you know what services are offered at the CTS?
2. What benefits do you think the CTS brings to the local community? What benefits does it provide to its clients? Can you share some examples?
3. Do you have concerns about **your own safety, or those of neighbourhood residents**, related to the CTS operation (note that the next question asks about child safety)? If so, can you provide examples and details?

4. Do you have specific concerns about **the safety of your children (if applicable), or those of other neighbourhood children**, related to the CTS operation? If so, can you provide examples and details?
5. Do you have concerns about **the safety or security of local businesses** related to the CTS operation? If so, can you provide examples and details?
6. If you have safety concerns, how do you think they can be addressed? Please consider how the CTS could address these concerns as well as others (for example, government, police, etc.)
7. Have you voiced or shared concerns about the CTS at South Riverdale Community Health Centre with the Centre, government, or police?\*

  - Yes (skip to question 8)
  - No, I have concerns but I have not shared them (skip to question 10)
  - No, I do not have concerns (skip to question 11)

8. To whom have you voiced concerns about the CTS at South Riverdale Community Health Centre? (check all that apply)
  - South Riverdale Community Health Centre
  - Someone in the municipal (city) government
  - Someone in the provincial government
  - Someone in the federal government
  - The police
  - Other:
9. Was there any follow up after you shared your concerns? Who responded? How did they respond?
10. Can you tell us a bit about why you made the decision not to share your concerns?
11. What do you know about the opportunities for expressing concerns? Do you think the process for responding to community concerns or complaints is effective? What parts of the process works well? What parts could be improved?
12. Since the incident in July 2023, what do you think are the most important ways that the CTS has changed? What hasn't changed that you think should change?

13. In what ways does South Riverdale Community Health Centre engage and communicate with the community? How well does this work? How can engagement and communication be strengthened overall?
14. In your opinion, what are the most important aspects of the operation of the CTS that could be improved?
15. In your opinion, what would an ideal CTS in the South Riverdale neighbourhood look like? You may want to comment about location, hours, services/programs, or other features.
16. Which of the following best describes you?\*
  - I own a business in the neighbourhood
  - I work in the neighbourhood
  - I do not work or own a business in the neighbourhood
17. Since the incident in July 2023, has your business or workplace changed as a result of this event? How has it changed? You may want to think about security, communication, or other issues.
18. Is there anything else about the CTS at South Riverdale Community Health Centre that you want to share?

[Please use this link to complete a brief demographic survey](#)