South Riverdale Community Health Centre:
Consumption and Treatment Services

Supervisor Report

April 2024

Prepared by: Jill Campbell

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Acknowledgements

My expressed gratitude goes to the dedicated and hard-working staff at South Riverdale Community Health Centre (SRCHC) and especially the Consumption Treatment Services (CTS). I witnessed first-hand over the last six months, how the team intentionally put the needs of clients first, despite the challenges and intensity of the work, and the inadequacies of social supports for the marginalized population that receives services at SRCHC.

There was a tragic incident in front of the Centre a few months before I arrived, that forever changed the community. While this incident can never be forgotten, the community is gradually galvanizing to work together to improve the common interests of safety and security for the whole community and regain the vibrancy of the neighbourhood.

The clients of the South Riverdale Community Health Centre contributed immensely to my knowledge and understanding of how their care impacts their lives and why it is so important to continue these types of public health services in this community-based setting. I hope this current report does justice to what you shared with me. Toronto Police Services, Division 55 leadership and community officers exemplified meaningful collaboration and engagement throughout the term, and their support to the community was very much appreciated.

Thank you to the many community neighbours and partners, and community stakeholders that provided feedback on key areas of benefits and concern with having a Consumption Treatment Site in an urban neighbourhood. Many of you shared openly what you felt needed to be done to improve community safety from needles, theft, and other anti-social behaviours. Many also acknowledged improvements that were already made or were being made, and shared concerns about broader issues of poverty, mental illness, and homelessness that contribute to social conditions in the area. Your continued engagement as “one community” on how to collectively resolve these issues, improve safety and security for all, and sustain those efforts, will be vital indicators of success. I was honored to be a small part of the community building efforts but also recognize that there is still some work ahead.

Executive Summary

Background: In mid-June of 2023, a small group of Leslieville residents met with leadership at South Riverdale Community Health Centre (SRCHC, the Centre) to express concerns about what they perceived to be community safety related issues, that they attributed to the Consumption Treatment Service (CTS, the site) at SRCHC. These issues involved incidents of individuals and groups gathering outside and blocking the sidewalk for children and other pedestrians, fighting, or anti-social language, aggressive and public nuisance behaviours, trespassing on private property, and theft. There were also reports of witnessed drug trafficking near the Centre, along with visible substance use just outside of the Centre, inappropriate disposal of garbage, and discarded drug paraphernalia left in public spaces. Residents expressed frustration that these were ongoing concerns that had been raised with the Centre for the last few years that had largely gone unheeded and requested added security measures such as security personnel and strengthening of work with Toronto Police and Toronto Public Health to develop safety measures and improve needle pick-up and responsiveness.

A second meeting was held on June 26, for the Centre to provide an update on remedies that had been discussed at the previous meeting, however, the Centre reported that some of the solutions that required financial resources would take some time. Shortly after this second meeting, a tragic incident occurred on July 7, across the street from SRCHC, involving a mother of 2 young children. Although it was reported that those involved in the altercation were not service users of the Centre, two weeks later, a Centre staff was reported to have been charged with accessory after the fact and obstruction of justice in the incident, and public outcry against the Centre started to escalate. In the following weeks, and after a community town hall organized by residents, senior political leaders, the Ministry of Health of Ontario received letters of concern about the Centre, the behaviours that had been witnessed, safety concerns about the proximity of the CTS to local schools and daycares, and lack of trust in SRCHC's leadership to manage the service and service users effectively.

Simultaneously, letters of support for the Centre and its client population were also received. These letters of support outlined the need for the vital harm reduction work done by SRCHC, to not only continue, but for government to fund more consumption treatment sites, further prevent overdose deaths, and address the national opioid crisis. These letters indicated that over 2,000 individuals had given their support for the CTS services at SRCHC with over 46% of supporters living in the Leslieville neighbourhood. Polarity of opinions about the CTS was evident.

Purpose

In response to the concerns about community safety, the Ministry of Health of Ontario initiated a "critical incident review" of all CTS programs across the province. The critical incident review involved three distinct approaches. First, all CTS programs in the Province including SRCHC were asked to complete a Crime Prevention Through Environmental Design (CPTED) safety and

security review. The second and third strategies were specific to SRCHC and involved a third-party external review and the appointment of a CTS supervisor for a 6-month period. The third-party external review was conducted by research scientists and clinical and operational leadership at Unity Health, Toronto, and the appointed supervisor was a former executive of the Centre for Addiction and Mental Health. In addition, decisions were put on hold in the Province, for any applications to establish a new consumption treatment service, pending results of the review. The third-party review commenced in October 2023 and the supervisor term commenced shortly afterwards.

TERMS OF SUPERVISOR APPOINTMENT

The terms of the supervisor's appointment included the following:

Operational Performance and Oversight of Supervisor

1. Provide oversight to the staff, team and operations of the CTS at SRCHC ensuring:
    - Maintenance of appropriate pathways to addictions treatment services, mental health services, primary care services, and social services (e.g. housing, food, employment, other)
    - Ensuring provision of appropriate harm reduction services including education (on harm reduction, safe drug use practices, safe disposal of equipment), first aid/wound care, distribution and disposal of harm reduction supplies and provision of naloxone
    - Ensuring removal of inappropriately discarded harm reduction supplies (e.g. potentially contaminated needles and other drug use equipment surrounding the CTS Site are using appropriate equipment (i.e. needle-resistant safety gloves)

2. Implement a continuous quality improvement approach and identify and implement opportunities for improvement

3. Ensure safety and quality in the delivery of supervised consumption and overdose prevention services

4. Ensure that the CTS Site adheres to the Safety and Security requirements outlined in the *Consumption and Treatment Services Application Guideline*:
    - Control CTS access (only those intending to use the services will be allowed to enter the CTS Site)
    - Discourage loitering outside of the Centre
    - Ensure staff are trained on instances in which law enforcement should be contacted (e.g., substance left at a CTS Site)
    - Ensure staff are trained on Infection Prevention and Control (IPAC) procedures including needle handling and disposal policy and/or procedures

- Comply with Health Canada rules related to possession, production, trafficking/sharing, and administering of substances within the CTS Site

5. Provide appropriate community engagement and public education through a variety of consultation tools (email, information meetings, presenting at community associations, surveys, etc.) and with various stakeholders (health and community agencies, local agencies, local businesses, local citizens and community groups, police, persons with lived experience)
6. An immediate review of staffing in the CTS Site should be undertaken to ensure staff qualifications and client volumes align with accepted standards of practice

7. Oversight of the establishment and monitoring of quality and safety priorities must be enhanced

Supervisor's Role Regarding Community Engagement and Responding to Community Safety Concerns

8. A full community engagement should be undertaken involving early and meaningful engagement of internal and external stakeholders, and lead to the development of a renewed shared vision for the future of the CTS Site

9. An organizational plan for improving the morale and culture of the CTS Site must be developed

10. A robust communication plan should be developed to regularly update stakeholders on progress with the transition and development of a new direction to meet the needs of the community serviced by SRCHC's CTS Site.

Disclaimer

This report is based on observations, assessments and interviews and constitutes the opinion of the Supervisor and should be relied on as such. The Supervisor declares that there is no conflict of interest.

Methodology

1. *Review background material for SRCH's CTS program and relevant related literature*
2. *Meet with and interview (using open-ended questions), a wide group of stakeholders internal and external to SRCHC.*
3. *Prioritize an assessment of compliance to safety and security, client quality of care and adherence to standard guidelines and compliance parameters of the CTS program*
4. *Implement and support implementation of quality/process improvement initiatives*
5. *Establish a community engagement strategy and communication plan and ensure accountability for safety, quality improvement and sustainability*
6. *Assess staffing qualifications, recruitment, retention, training, and culture and implement process improvements*

7. *Provide a report to the Ministry of Health of Ontario*

The supervisor met with 27 CTS and non-CTS clients of SRCHC, 67 staff and leadership, and 135 external stakeholders during the term. Open-ended questions were asked in order to understand client, staff and community member experiences and to provide feedback on needed process/quality improvement initiatives.

Introduction

Toxic drug deaths continue to increase in Canada, despite implementation of measures such as drug legislation, consumption treatment services, safer opioid supply initiatives, and other harm reduction strategies. Harm reduction is a philosophical approach used to address addiction and other health crisis and is a concept adopted globally to frame public health issues. Instead of eliminating the behaviour, harm reduction aims to reduce the detrimental effects of drug use and other risky behaviours. Clean drug equipment distribution and collection, safer opioid supply, and consumption treatment servicess are just three examples of initiatives under the harm reduction framework.

In 2016, Health Canada (Public Health Agency of Canada, 2023) reported close to 3,000 opioid-toxicity deaths, defined as drug poisoning from drugs involving one or more opioids. Between January 2023 to June 2023, there were a total of 3,970 opioid-toxicity deaths and a total of 40,642 deaths between January 2016 and June 2023. Most of these deaths in early 2023, occurred in British Columbia, Alberta, and Ontario, and were primarily males (72%) in the age range of 20-59 years old (Ibid).

Several factors contribute to drug dependency including traumatic histories, physical pain, and pleasure, but what was overwhelmingly heard from clients at SRCHC, were stories of traumatic accounts of racism and colonialism, other psychological pain, mental health issues, homelessness or under-housing, physical pain, and under-employment or unemployment. Clients spoke about their struggles and "brokenness" and how these experiences increasingly led them to drug dependency.

The landscape of drug use patterns and drug poisoning has added to the drug toxicity crisis, with an increased number of deaths involving co-poisoning with opioids such as synthetic fentanyl and stimulants (Fischer, 2023). Sadly, opioid-related deaths in Canada most often occur in large urban areas and in private homes, with users dying alone (Public Health Agency of Canada, 2023). Equally devastating are the opioid-related deaths that occur in public spaces for the many individuals that are unhoused or under-housed, and this is largely the population that community health centres were established to serve.

South Riverdale Community Health Centre

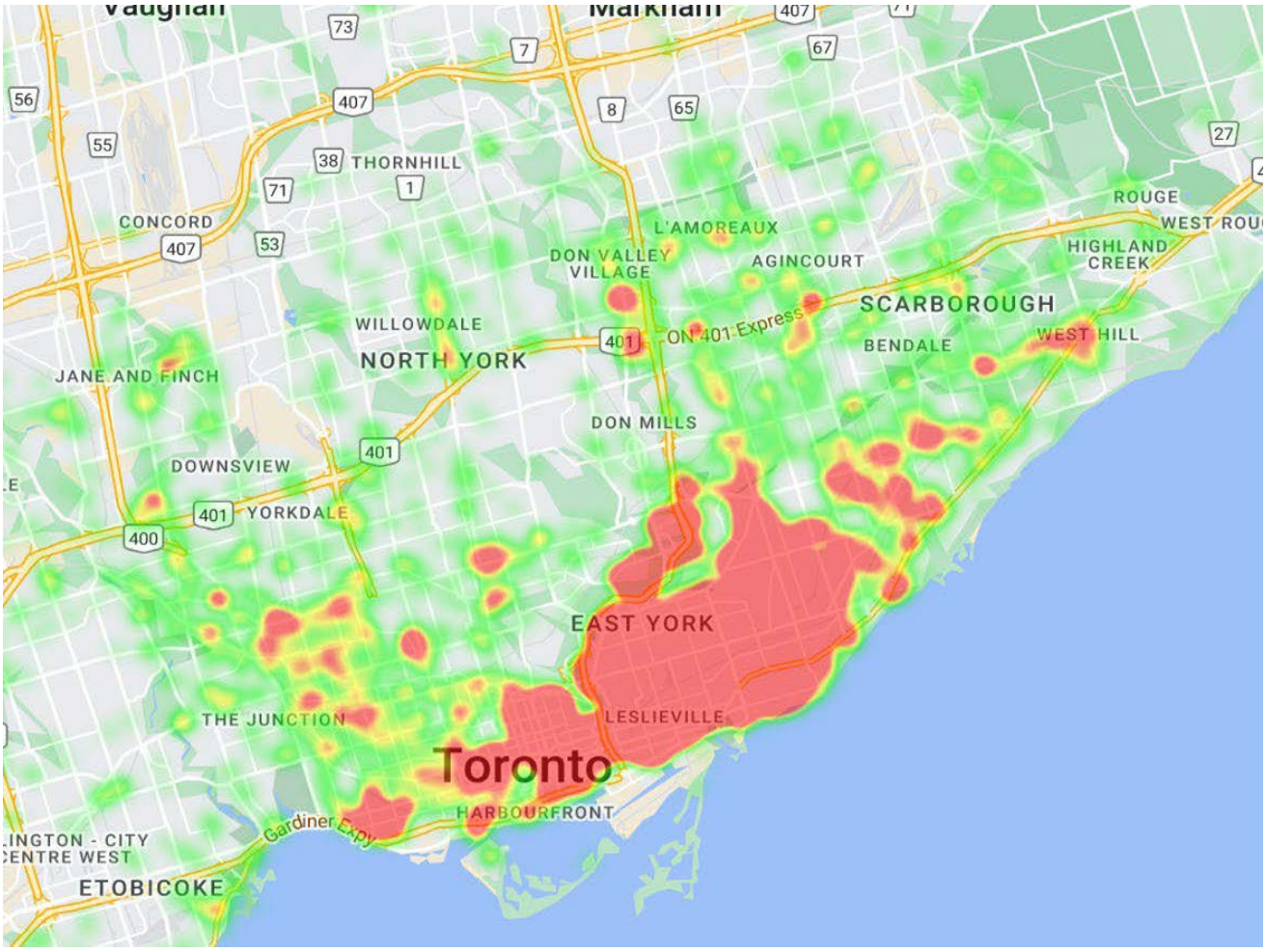
Community Health Centres (CHCs) are one component of an array of health services available to Ontarians and funded through various providers such as Health Canada, Ontario Ministry of Health, Ontario Health, not-for profit, and private funders. CHCs are incorporated, not-for profit, community-based agencies that focus on low-barrier access to healthcare for clients that are low

income, newcomers, people living with mental health illnesses, or the uninsured. These agencies provide primary care services that address the needs of people at high risk of health issues related to social determinants of health (Service Ontario, 2023).

SRCHC was established in 1976 as a small community health centre and advocacy agency for improving the health of residents in its catchment area. In 1988, the Centre moved south from Pape Avenue to its current site at 955 Queen St. E., in what is now known as Leslieville. The Centre is a small-sized healthcare organization with approximately 200 staff members and physicians and is open Monday to Friday from 9am to 5pm. The Centre is governed by a Board of Directors and the CEO is the strategic leader.

Many individuals using the Centre's health services are living on low income, have complex mental health issues, are newly arrived in Canada, or do not have health care coverage. These vulnerable populations may reside/are sheltered in Leslieville or nearby areas in the wider catchment of SRCHC. For context, SRCHC provided the following map and demographic profile of its client population. Of the total population, data shows that over 65% of clients come from within the targeted area, 10% are underhoused/living in shelters, 28% are over age 65, 7% are under 18 years old and 63% are from racialized backgrounds. The Centre used postal code M4M 3P3 at the time of registration, as a proxy for clients who are unhoused.

South Riverdale CHC Client Profile



Neighborhoods	
M4M 3P3	1%
Birchcliffe-Cliffside	2%
Blake-Jones	3%
Broadview North	3%
Clairlea-Birchmount	5%
Danforth	3%
Danforth-East York	4%
East End-Danforth	5%
Flemingdon Park	3%
Greenwood-Coxwell	5%
North Riverdale	4%
O'Connor-Parkview	8%
Oakridge	5%
Old East York	2%
Playter Estates-Danforth	2%
South Riverdale	22%
Taylor-Massey	10%
The Beaches	3%
Thorncliffe Park	3%
Victoria Village	1%
Woodbine Corridor	4%
Woodbine-Lumsden	2%

Leslieville, and particularly the blocks directly east and west of the Centre, and close by neighbourhoods, has undergone major change since its early days of primarily being an industrial and manufacturing area with an older, working-class population. Signs of gentrification are evident with its cache of restaurants, coffee shops, affluent single and semi-detached homes, and a preponderance of townhomes and condominiums. The new schools and daycares speak to the gradual shift from a majority ageing population to younger singles and couples with children. Several of the businesses target a primarily wealthier clientele. Paradoxically, within this community, exists rooming houses, social services and programs for the marginalized population in the area.

An example of this change was on the first day at work, when the Supervisor walked a short distance from the Centre with a staff member to get a cup of coffee. The sidewalks and shops were full of young parents with strollers. Even more indicative of transformation, was that the café did not take cash, a shift implemented and continued since Covid-19 started in 2020. Fortunately, the staff member had brought a credit card, but the Supervisor reflected on the marginalized individuals that still lived in this community that would not have access to a banking card to purchase a cup of coffee.

Consumption Treatment Services Application

In response to the growing opioid death crisis, three agencies submitted proposals to Health Canada in 2016, to operate consumption treatment services (CTS). These sites provide a clean and safe place for drug users to inject their personally purchased drugs, using new equipment, while supervised by a nurse. Additional safety measures at these sites include medical equipment such as naloxone and oxygen to prevent death related to overdose, safe disposal of used drug equipment, and a safe private space to recover and be monitored, after drug use. The benefits of CTS are evidence-based and research has demonstrated the following: reduction in infectious disease transmission and increased referrals to drug treatment therapies (Kennedy et al., 2017), decrease in overdose mortality (Kral et al., 2020), no increase in drug-related activity and public nuisance in the neighbourhood (Levengood et al., 2021), no significant changes in measures of disorder and crime in the vicinity of the site (Chalfin et al., 2023) and reduction in opioid-related death in proximity to the service (Rammohan et al., 2024).

While studies about the benefits of CTSs exist, there is a dearth of research on the negative and unintended impacts. Only two Canadian studies were found that provided evidence to the unintentional consequences of consumption sites on surrounding neighbourhoods. In the first report, Kolla and colleagues (2017) reviewed perceptions of individuals living in cities with high drug use (Toronto and Ottawa), about consumption treatment sites. These investigators concluded that even though visible drug use was already a common occurrence in these communities, the implementation of a CTS "formalises" drug-related activity for the community in a way that simple awareness of drug-use in that same community would not.

(Pijl, 2020) sought to understand perceptions of business owners in the Lethbridge Alberta area about social disorder, prior to and after a CTS was implemented. Key findings from the Pijl study indicated that although there were inconsistencies in experiences and observations, that those living closest to an injection site experienced a greater impact of social disorder but that the differences in how people perceived social disorder made it difficult to measure. The author further concluded that with proper education, people can generally support harm reduction but not if it poses a real or perceived threat to their personal or material investments (Ibid).

SRCHC was one of the first three organizations in Toronto, (along with Toronto Public Health, The Works, and Queen West-Central CHC), that proposed adding a small-scale consumption treatment site (CTS) to the existing community health and harm reduction services. Why SRCHC decided to establish a CTS is important for context. A City of Toronto public health report (Toronto Overdose Information System) of opioid related deaths in 2016 showed over 300 deaths in Toronto and a clustering in the SRCHC catchment, making the area of notable concern for public health intervention. This evidence of high drug use and high overdose rates in the SRCHC catchment was a major driving factor for proposing a CTS in the Leslieville area.

Anecdotal reports from SRCHC employees who helped to write the CTS application indicate the occurrence of several incidents of drug-users overdosing in nearby open spaces, in the publicly accessible washroom of the CHC, and at local businesses.

Given its mandate to serve marginalized populations, and in the climate of a drug crisis with visible incidents of drug overdoses in its catchment, SRCHC planned to explore the application process for a CTS. This was intended to better serve marginalized drug users in the South Riverdale geography, and to prevent overdose deaths in public spaces. The Centre already housed other supportive services such as primary care, harm reduction supply distribution/collection, diabetes management, chiropody, mental health outreach, and various programs for people with addictions. Access to these wrap-around services would already be facilitated for clients receiving CTS at the Centre.

Federal Health Exemption and Provincial Compliance Requirements

To operate a CTS, Health Canada must first approve a federal exemption to allow the use of illegal substance within the specific site. For SRCHC, only the CTS space is exempt, and not the other areas inside and outside of the Centre. Although Health Canada approves the exemption, capital and day-to-day operational costs are borne by the Provincial government through Ontario's Ministry of Health and funding agencies. Health agencies such as SRCHC may also receive funding from private donors and other sources, to augment programming and other non-funded activity for clients and for pilot programs and research purposes.

The Health Canada exemption (*Controlled Drugs and Substances Act, subsection 56(1)*, permits the use of otherwise illegal substances inside a consumption treatment site. *The Consumption and Treatment Services: Application Guide (October 2018)*, issued by the Ministry of Health and Long-Term Care, has several conditions such as site description, local conditions and safety impact on target population and the general public in the local area, policies and procedures, staffing/personnel, community consultation reports and letters of opinion from relevant provincial/territorial minister, and a proposed financial plan. Sites must reapply based on the terms of their approval for exemption renewal, providing updates on any changes since the previous approval, community support/concerns, and ensuring that they remain in compliance with the Application Guide. SRCHC received a 3-year exemption renewal approval in 2021 and will need to reapply for Health Canada exemption renewal in November 2024. A federal inspection was done at SRCHC in September 2023 and the Centre was reported to be in compliance, but that policies and procedures and training records needed to be updated, and SRCHC was reminded of the need to notify the Office of Controlled Substances of any updates to site operations.

Under the *Health Protection and Promotions Act,* Section 7, public health organizations are required to allow boards of health to inspect their site for both routine, onsite inspections and for investigations or inspections generated by complaints. The Ministry of Health of Ontario outlines expectations of CTSs in its *Consumption and Treatment Services Compliance and Enforcement Protocol (2021)*. CTSs in Ontario must participate in annual routine inspections by the board of health, that assess for safety issues such as needle and other harm reduction supply disposal, types of drug use paraphernalia found within a 15m perimeter of the CTS, calls to police, security-related incidents, and other real or potential hazards related to site operations. If

additional risk is assessed, additional inspections may occur to ensure appropriate follow-up has occurred.

Complaint-based assessments are also done when the board of health receives a complaint about improper disposal of harm reduction supplies within a 15m perimeter of the site. Assessments of complaints may occur through an on-site visit or through review of compliance and mitigation measures undertaken by the CTS. Several strategies are used to gain compliance including education and inspection, but warnings may also apply based on the frequency or severity of non-compliance, and the Ministry of Health of Ontario is notified of sites that are not in compliance. SRCHC was inspected by Toronto Public Health (TPH) in 2023 and was assessed to be in compliance with the requirements of the Consumption and Treatment Services Compliance and Enforcement Protocol (2021). TPH performed a second assessment of SRCHC in 2023 based on a complaint about the 15m perimeter needle sweep requirement and education to staff was issued. Results of all TPH compliance inspections in the form of summary reports are publicly published on the TPH website.

Supervisor Oversight: Operational Performance, Compliance and Quality

Overview SRCHC Harm Reduction Services: Drug usage and drug-related activity existed in the Leslieville community long before SRCHC established the CTS. In the fall of 2023, the Centre reached a 25-year milestone of offering harm reduction services in South Riverdale, providing a quarter century of integrated care to a community with high drug use and drug-related activity. Many of the services focused on populations that had barriers to accessing healthcare and the Centre has strategically integrated programs onsite or close by, to ensure clients have low barrier or no barrier to care. Integrated care has several overarching principles; co-location, care continuity, team composition and functioning, client centredness, and comprehensive care for individuals and populations (Ion et al., 2017). These were primarily the parameters against which the care integration model and patient pathways for SRCHC was assessed, as they aligned with the Federal guidelines and Provincial compliance and enforcement protocol.

The first SRCHC harm reduction program focused on supports for drug users, started in the community in 1998 (Fixed Site) and provided a drug use equipment distribution and return program and referrals to health and social services within the Centre. In 2022/2023, the program fell under the canopy of several programs now referred to as Harm Reduction Services. Harm Reduction Services had close to 16,000 service user visits and referred 5,667lients to health care and other services in 2022. Other offerings include a Women's Program which comprises group programming activities for women who use drugs, a Primary Care Clinic, Hepatitis C(HCV)/HIV Treatment Program, a Safer Opioid Supply Program (SOS), Diabetes program, Indigenous Health program, Consumption and Treatment Services, Peer Harm Reduction Worker Training, the MATCH program for pre and post partum care, a Mobile Delivery and Mental Health Outreach. Requirement parameters of the *Consumption and Treatment Services: Application Guide (2018)* and the *Consumption and Treatment Services Compliance and Enforcement Protocol (2021)* were assessed during the supervisor's term as follows.

Client Pathway: The CTS at SRCHC is a closed service, accessible only to staff with a fob access and offers substance use support via injection, intranasal, or oral. In 2022, the Centre documented over 100 overdose reversals and had over 5,000 client encounters in the first half of 2023. SRCHC has a hub-and-spoke model of care for CTS clients with the hub of services concentrated at the Queen St. site. The other SRCH stand alone CTS at Moss Park, had over 14,000 client visits in 2022 and in the first six months of 2023, staff reversed close to 400 overdoses. A team of medical and allied health professionals from SRCHC attend the Moss Park site to support clients with wrap-around services but there is a noted lack of consistency in standards of care for these clients in terms of accessibility to the same wrap-around services that are readily available to clients attending the Queen St. site.

When clients come into the Centre, either through the back entrance escorted by security, or through the front doors, they can only access the exempted CTS space accompanied by staff. Both entrances are wheelchair accessible and public washrooms are available with a key access, and staff monitor for length of time and client safety when clients use the facilities**.** Contracted security alternative personnel, from *One Community Solutions (OCS)* were initially employed for 1 year starting in August 2023, to support Centre perimeter safety. Trained in de-escalation techniques and managing individuals with mental illness, these staff have responsibility for security of the SRCHC 15m perimeter from 0600-midnight, hourly needle sweeps, monitoring of smoking, ensuring clients enter and leave safely, no loitering, and incident management and reporting.

The CTS is open from 8am, however the Centre does not open to other clients until 9am. Prior to November 2023, non-CTS clients arriving before 9am opening hours would wait outside on the sidewalk, until the Centre opened. This gave false impressions to the community that these were CTS clients “loitering” outside the building, when in reality, these clients were using other services but had been dropped off early by family or TTC Wheel Trans services. An immediate change to client entry was recommended and implemented the first week in the supervisor role, to allow earlier access into the Centre for all clients. The change took effect within the week after all security personnel and reception staff were made aware of this new process. This change created improvements to community perceptions and client centredness by allowing clients inside the building to wait for their appointments. For clients with mobility needs, wheelchair parking spaces are available at the back entrance of the building, although the CTS clients primarily walk or take public transit to the site.

No steps are required to enter the building and an elevator is available to access other services and programs on floors 2-4. Stairwells are available on both the east and west sides of the Centre and are monitored by CCTV. All stairwells except for one at the east side of the building require fob access, however, the open stairwell is in constant use by SRCHC staff and only one incident was reported by cleaning staff of a visitor, defecating in the area. CCTV cameras are located at the top of each stairwell and the reception staff on floors 1-3 can monitor the feed from the CCTV on their desktop. A third-party security review was actioned by the supervisor, to assess what improvements could be made to camera security, surveillance, and safety policies at the Centre.

A minimum of two CTS staff provide care assistance for clients and these include a designated health professional registered nurse, an overdose response worker and/or a community health worker. The overdose response worker and the community health worker may be peer workers with lived or living experience with substance-use and job postings at SRCHC list this as a "preferred" qualifier.

All staff are trained to provide client flow, intake, clients rights and responsibilities, assessments, documentation of visits, consumption supervision, client monitoring, and overdose/incident response and referral to treatment services. Staff complete an assessment of clients upon arrival for recent history, overdoses, other health concerns and service need requirements. A variety of consumption supplies are available, and staff provide education to clients on the safe use of supplies, vein care, and other care aspects.

Daily debriefs at the beginning and end of shift occur, to discuss client or staffing issues and staff agree on a plan of care to be executed for clients that are non-adherent to unit policies. At the start of each shift, staff review an equipment checklist to ensure all supplies are readily available, including naloxone, oxygen, first aid/wound care supplies, drug supplies and equipment, biohazard sharps containers, an oximeter, glucose monitor, and safety gloves. A checklist is also done at end of the shift to ensure that a stock of fresh supplies is available the next day and that oxygen is available.

When the supervisor started in October, the CTS team had recently undergone change in management and had not had staff meetings in six months. Regular meetings with management provide staff with an opportunity to air opinions/concerns, improve team culture and provides a venue for first-hand updates and education on plans and changes to program operations. Starting in November 2023, weekly staff meetings commenced and have continued as a permanent process for staff to meet regularly with management, discuss issues, and co-develop and implement solutions. The supervisor observed that all staff fully participate in the staff meetings and the staff culture in the unit has improved as a result of this weekly engagement.

Staff are provided with various communication tools such as a paging system, telephone, and walkie talkies should they need to communicate with staff outside of the exempted space, security, other agencies, and Toronto Police Services (TPS). Panic alarm buttons are placed strategically throughout the CTS rooms and staff are trained on their use and whereabouts. When panic buttons are activated, the alarms goes to the reception area. The receptionist then sends out communication about the security issue over the intercom.

A fire safety plan is located in the unit and a secondary fire exit door is in the recovery area (chill space), and an eye-wash station is present for any chemical spills. Various safety policies exist to guide staff through safe client care such as: CTS injection protocols, intoxicated individuals, pregnant service users, youth, splitting and sharing, infection control practices, equipment disposal, access and security, overdose response, seizure activity, chest pain management, confidentiality, needlestick injury, suspicion of children in need of protection, and incident reporting. CTS staff were questioned about these policies during the supervisor term and staff responses were accurate or staff knew where to find the required information.

SRCHC uses the *iLearn System* to document and track mandatory staff training and additional safety training specific to the CTS is logged on an Excel spreadsheet by management staff and kept in the Human Resources department. The Centre is currently looking at ways to electronically capture department-specific training, although a good system exists currently to manually track these educational offerings.

A washroom is located inside the CTS, along with another space for medical interventions such as wound care. Wounds are assessed, and care provided by nursing staff. The room used for wound care is sanitized before and after wound care treatments are done. The space for wound care, however, is not ideal as the location serves as a multi-purpose room for storage of clean supplies and for staff charting and drug checking. Work is being done to address this and find alternate means of storing clean/sterile supplies, to improve infection control practices and avoid cross-contamination of sterile supplies. There is a large foot-wash station situated in the CTS for client use and the Centre has a shower room that is currently closed for client use due to the inability to monitor the space because of staffing shortages.

Four stations are offered for consumption, one of which has special Federal exemption to allow for splitting/sharing of drugs, and thus, the unit accommodates a maximum of five clients at a time. Splitting/sharing of drugs is discussed with staff when clients enter the unit and is strictly prohibited in the other 3 booths. Staff ensure that clients remain in their assigned booth while in the CTS and wandering clients are redirected back to their assigned booth. Chairs and stations are cleaned after each service user vacates the space and before the next client is fobbed in.

A care station for staff is located in the same room which holds 2-3 staff. One computer is available at the care station and another in an adjacent room. New clients are oriented to the space, and all clients are educated on the client rights and responsibilities policy, safety policies, and procedures on safe use and disposal of supplies, behaviour expectations, educational materials as requested, and other services available to them both within and outside of the Centre. Based on feedback from community members about thefts and break-ins that involved individuals who also used the services of the Centre, staff started to communicate at client advisory boards about the importance of clients being “good neighbours” and the negative impacts of antisocial and illegal acts on the client population, the Centre, and the broader community. As part of process improvement, the CTS leadership is collaborating with the client advisory to develop standards for requirements of clients as “good neighbours.” These standards will be incorporated into the Client’s Rights and Responsibilities policy and also communicated more broadly through posters and Centre media platforms.

Small mirrors are located at each station to assist clients during consumption, but because the booths are positioned to face away from the care station, clients’ backs are turned towards staff. This orientation reduces the ability for staff to fully visualize the clients when they are injecting or consuming substance. There are large mirrors placed at the back of each station that staff utilize to better visualize clients, but this is best achieved when staff are actively walking around the room rather than sitting behind the care station. The configuration of the four stations has the clients facing away from staff and this was identified as a moderate, but potential client safety risk. Steps are being taken to address this so that clients will face toward staff or that staff can

appropriately visualize clients during consumption of substance. As an immediate interim solution, staff are expected to actively walk around each station when clients are present.

When all four stations are full, incoming clients wait in a dedicated wait area, managed by a receptionist, outside of the consumption room. Non-CTS staff and visitors are not permitted in the unit unless they have a specific need to enter or are accompanied by CTS staff. Visting while clients are in the site is discouraged to protect client privacy and is strictly enforced. An example of this was personnel that fobbed repeatedly into the site for "curiosity" reasons and a formal report and subsequent discipline was issued.

A meeting room on the first floor is made available in the mornings for refreshments for clients waiting to use CTS and other services in the Centre. Visitors must sign in and out of the unit and a visitor log is kept. Incident reports are initiated for any violation of the privacy policy in the CTS and there is documented follow up with either a verbal warning or other disciplinary measures.

After substance use, a recovery area, adjacent to the consumption room is available to clients where they remain monitored by staff, until they are assessed as ready to leave. This area is referred to as the "chill space." Staff are always present in the space or can readily visualize clients through a glass encasement. The door between the consumption area and the chill space is always left open for easy access in and out of the room. Staff reported that the use of the chill space has changed considerably as a result of the toxic drug supply. Reports of service users having extended periods of sedation, sometimes causing amnesia, were felt to be related to benzodiazepines and fentanyl use. These extended recovery periods lead to staff having to stay longer at end of shift to ensure clients could leave the site safely, and overtime hours have been increasing as a result. Opportunities to extend the operational hours of the CTS are being explored to enhance access to better meet client and community needs.

When clients are ready to leave the unit, they exit through the front of the health care centre and security alternative staff ensure that clients leave safely and there is no loitering in and around the Centre. Assessment by the supervisor of the outside of the building, showed opportunities for individuals to sleep on the attached concrete benches and subsequent improvements were made by ordering installation of seat dividers to prevent sleeping, but maintain seating for SRCHC staff, clients and community members to use. A second safety opportunity was the lack of sightlines in a walled area of the front of the building, which OCS personnel used as shelter from inclement weather. Mirrors were previously added to the outer walled area to improve visibility along the east and west sides of Queen St. and plans are underway to install mirrors on the two inner walls.

Sharps containers are provided to clients and community members/partners for external use and upon request. A large sharps container for Centre and community use, is bolted to the ground outside the Centre. The Centre also provided a large sharps container at the request of community members, in the Jimmy Simpson parkette, approximately 450m west on Queen St. E.

The Centre adheres to the *Smoke-Free Ontario Act (2017*), to ensure smoking is only permitted in a designated smoking area 9m away from the building. Staff and clients are educated on the

policy upon onboarding into the Centre/program. Smoking in the designated area for visitors, staff and clients is enforced by security personnel.

In the rare case where clients leave unknown substance behind in the CTS, items are logged and locked securely in a lock box accessible only by CTS staff with a fob or back-up key. Police are contacted and police officers must sign upon receipt of the substance. The lock box access is changed if a fob or key is reported lost, but this has not occurred since the CTS opened and staff report that it is an exception for clients to leave substance behind.

SRCHC established a Community Liaison Committee (CLC) following the opening of the CTS and meeting minutes from as early as 2019 and only 18 months from the inception of the service, suggests that the site had already reached its maximum planned capacity. Reports from subsequent meeting minutes in 2019 showed that the CTS was expected to exceed maximum desired volumes because of the ongoing opioid crisis. Expanding the hours of operation was identified as a potential resolution to this capacity issue, but continuous staffing recruitment and retention challenges have prevented this from happening. Service users also identified the hours of operation as "not holistic" and "not client centred."

Drug-users require harm reduction services that provides 24/7 access to safe practices and the limited operational hours of the CTS was recognized as a care gap. Changes to the staffing model, such as increased rotation of staff from the Moss Park site to the Queen St. E. site, assessing cross-training of some harm reduction staff, and creating a job description and adding Registered Practical Nurses to the staffing complement were introduced as a means of augmenting staffing. Recruitment efforts have been successful and on April 1, 2024, the CTS expanded its hours of operations to open from 8am- 8pm three days per week and maintained existing hours of 8am-5pm on the remaining two days. There are plans to further expand the hours of operations to open on Sundays, should the availability of staff remain consistent.

Renovations in early 2023 to the front entrance of the Centre, created a dedicated wait area for CTS clients and the use of first floor meeting rooms for refreshment drop-ins and has created benefits for the CTS and its clients but has also created cause for concern for some other areas of the Centre. Space is considered a premium in the growing organization, but programs cannot expand in finite spaces. Several non-CTS staff interviewees bespoke the inability to move forward with planned program change in other services due to the growth of the CTS program. Expanding hours of service may alleviate these issues and also provide much needed evening or weekend service for users, as well as provide supports for the community by further reducing overdose deaths and substance use in public spaces. However, long-term planning and program forecasting should be a requirement. Outside of Provincial guidelines for square footage requirements for client and care stations, the supervisor was unable to find guidelines around expected growth, volumes and spatial requirements based on volumes for CTS operations, and these requirements should be included in the guidelines for services with growing service demands such as a CTS.

SRCHC Perimeter Safety Review: In the summer of 2023, as part of the MoH's critical incident review, a Crime Prevention Through Environmental Design (CPTED) assessment was completed

for SRCHC by Toronto Police Services. These improvements included: 1) erecting a fence between the Centre and the Presbyterian church next door to prevent loitering and inappropriate disposal of drug equipment that was being witnessed in the alleyway, 2) additional security cameras for the closed-circuit television system, 3) additional mirrors attached to exterior walls, and 4) additional lighting for better visibility around the Centre and parking lot during the day and night. Prior to these changes, clients would leave the CTS chill space through the side fire exit door leading into the alleyway. Since the erection of the fence, clients can no longer exit through the side entrance which is now only used as a designated fire exit for staff and clients.

Security Personnel: As a result of community concerns in the summer of 2023, SRCHC temporarily contracted personnel, trained in de-escalation and experienced in working with vulnerable populations. This staff provides security for clients entering and exiting the building and discourage clients from loitering outside of the Centre. Additional duties involve performing hourly needled sweeps around a 15m perimeter of the Centre, 7 days per week. The Centre has also recently worked with a nearby business owner to provide proximal security block walks as a form of deterrent. Centre leadership are in the process of meeting with the business improvement area (BIA) to offer businesses with de-escalation and naloxone training as needed. For safety reasons, the block walks are only done when two security personnel are available, and managers of the CTS and Harm Reduction Services are made aware when one security is on the block walks.

One receptionist attends work in the early morning to prepare the clinics before clients enter the Centre and there has been concern for her safety coming in alone before the Centre opens. With the expanded CTS hours, staff will also be leaving the Centre after hours. A “Safe Walk” policy is being developed to ensure that staff arriving early or leaving late, have the option for security escort to their vehicles or bus stop, if needed. The Centre has worked with the MoH to obtain permanent funding for security personnel as an added measure of safety and to mitigate against concerns about proximity to schools and daycare facilities.

Education to business owners about the roles and responsibilities of security personnel and requirements to call police when crimes are committed, are supported by OCS leadership. The supervisor contracted an additional third-party security assessment to include a night visit assessment and to review opportunities to further enhance how the Centre utilizes security personnel to support Centre and community safety and security needs, enhance surveillance, and develop further safety and security policies. The security report was shared with the Centre leadership. Adding these security personnel has largely contributed to positive community perceptions of increased safety, as verbally acknowledged by community members during meetings with the supervisor.

Drug Checking: SRCHC has participated in several research studies, a recent one being a drug checking program in collaboration with the Toronto Drug Checking Service at Unity Health Toronto. Drug users receive free drug checking, where samples are sent to the lab at St. Michael’s Hospital, and results are provided back to verify the purity and composition of the sample. In addition to CTS service users, the drug checking service is utilized by drug dependent individuals and casual users including neighbours and residents across the SRCHC catchment

area and beyond. SRCHC has partnered with St. Michael's Hospital and other academic health organizations to study the drug testing program, validate the substances used, and the ability to get results back to clients in a timely manner.

Direct sightlines into the CTS by visitors and community members entering the space for drug checking services, was noted as a privacy risk, and this risk was brough to CTS leadership attention. It was later discovered that mitigation strategies had already been in place through the placement of a frosted-glass door between the drug checking room and the CTS suite, however, there had been low adherence to the expectations of closing the door and pulling down the frosted-glass barrier whenever drug checking clients were present. This has been rectified through reminders to staff at their weekly staff meetings.

HCV Program: A second major research study at the Centre, provided CTS clients with access to the first point of care testing (POCT) for Hepatitis C Virus (HCV), using new technology that requires one test rather than multiple tests. This barrier-free testing focuses on clients at SRCHC who have lower socio-economic status who were never previously tested for HCV. As a result of this offering, 43 CTS clients were referred for testing but only 32 participated in the 6–8-week HCV treatment study program. Staff provided feedback that treatment participants reported few side effects and there was a high success rate in curing the virus.

Drug Treatment: Clients wishing to use consumption and treatment services, or those who want to reduce or stop drug usage, also need ready access to drug treatment including withdrawal management. In the past, clients at SRCH requesting these services, would normally have been referred to external drug treatment services such as Rapid Access Addiction Medicine (RAAM) clinics and drug treatment services that offer Opioid Agonist Therapy (OAT). Directly across the street from the Centre is a drug treatment service offering methadone/suboxone therapy and clients from SRCHC are referred to these services regularly.

In December 2023, SRCHC partnered with Comprehensive Treatment Clinic (CTC) to include virtual and onsite drug treatment for clients wishing to reduce or stop drug use. This new and readily accessible service offers various forms of addiction management including therapy, counselling, and medication such as methadone and suboxone. There is evidence that clients are being referred to detoxification/drug treatment and rehabilitation programs and these are tracked and reported to the MoH monthly. Capacity for OAT options did not appear to be a problem, however, staff voiced how much clients disliked going to hospital settings for access to RAAM and their preference for the ease of programs such as Safer Opioid Supplies which supply ready access to end care and other services. Referrals made to rehabilitation and detoxification programs were seen by staff and clients as more challenging due to lack of space and accessibility.

Client Access & Data: Unlike many other healthcare services, clients accessing services of a CTS are not required to provide personal information. Most of the clients at SRCHC access the services anonymously and for identification purposes, the Centre only requires the first two initials of their first and last name and a postal code if available. Fear of arrest or police interaction is a major concern for service users (Bardwell et.al, 1999). The Centre collects client

volumes and referrals for the Ministry of Health of Ontario and submits this data on a monthly basis. Over the previous year (2023), the program recorded more than 9,000 client encounters with a daily average of 43 visits per day. Prior to December 2023, the data collection system was primarily manual but over the last few months, staff have started to enter data directly into the *PS Suite EMR* documentation system used by the Centre. CTS leadership were also instrumental in reviewing submitted data and correcting data entry errors to the beginning of fiscal 2023-2024 that were created as a result of manual data entry. A demonstration of the MoH supported *NEO Data Technology* was done in March 2024, and the Centre CTS and IT leadership will decide if *NEO Data Technology* better suits the purpose of client-level data management and utilization for the CTS.

Women's Program: Programs dedicated to women, operate weekly at the Centre, in the form of "Kit Circles", a program for women to find meaningful and paid work by assembling kits of clean supplies for distribution to substance users. The year after opening the CTS, a program to meet the specific needs of women was established, and the CTS dedicated specific hours twice per week, for women only. This was done to help reduce access issues that women using these services faced, such as shame, small/difficult veins, abusive relationships, and fear of the Children's Aid Society.

Kit Circles 1-3 are paid programs for women to assist with putting together harm reduction kits for distribution. In these employment opportunities, clients are expected to arrive on time on the day of the program to receive their stipend. The Co-ordinator who was once a client in the women's program, makes reminder calls to client workers the day prior to Kit Circle and clients are expected to notify the Co-ordinator if for whatever reason, they cannot attend the program. Late arrival for work results in deductions from the total stipend and the program prepares clients for these real-world employment expectations. These programs are also facilitated by a staff from the Harm Reduction Program who is available to support clients with health-related or social services concerns they may raise.

SRCHC also offers an entry-level women's program called Kit Circle Drop-In which is unpaid but is used to prepare participants for entry into one of the paid programs. Staff expressed concerns that clients in the paid program often stay for years because they are unable to find paid employment elsewhere. This creates a backlog for clients in the Drop-in program as they cannot advance into the paid program until space becomes available. Clients interviewed from the various classes all gave positive feedback about the program, wishing they had them more often and that there were more classes. One participant shared "This program is the best thing that ever happened to me, if they didn't have this program here, I would probably be at home smoking weed all day." Clients generally felt welcomed into the Centre and praised the staff for their positive, non-stigmatizing approaches to working with them. One aspect shared by all the interviewees was how much they enjoyed the relationship building with other women in the Kit Circles.

Peer Training & Employment: The Centre also offers a Peer Training Apprenticeship Program as a pre-employment training opportunity, to help support client graduates to find employment. Graduates have found employment with SRCHC and other community organizations such as

Street Health and Fontbonne Ministries and the supervisor was asked about other work opportunities that existed for clients. At the February meeting of the Community Liaison Committee (CLC), the chair of the Business Improvement Area (BIA) talked about her positive experience in hiring people with lived experience and inquired about the potential for business members to work with SRCHC to hire more people with lived experience. This opportunity is being actively explored through planned meetings with business owners and SRCHC leadership.

Client Advisory Board: CTS service users have a Client Advisory Board (CAB) made up of clients and facilitated by staff. Advisory members are either recruited via a call for members through a posted flyer, or self-selection. Membership is a maximum of 10 people and there is an election process if there are too many applicants. A term on the committee is two years and meetings are held monthly for 2 hours in length. Discussion topics include feedback and suggestions on how to improve the service, recent changes in the drug market, research and focus group opportunities, and CAB input on any policy changes and implementation of safety measures. Any updates from research initiatives are shared with the CAB and feedback expressed by advisory members are escalated to the management team. Members also participate in informal surveys conducted by the service. Two spaces on the Community Liaison Committee were made available to CAB members and a search continues to fill these two membership positions. CAB members have expressed some hesitancy to join the CLC at present.

Indigenous Health & Culture-Specific Programs: The Indigenous Health Promotion Program presents another example of how SRCHC provides integrated care and culturally focused programs to their service model. This best-practice program is Indigenous-led and leverages Indigenous teachings and approaches to achieve health equity within the health framework of the Centre. Wu and colleagues (2023), describes this approach as best practice to integrate Indigenous practices into health services that are based on primarily Westernized methods. SRCHC has also hired an Indigenous Health Promoter who supports Indigenous staff and clients of the Centre. In 2022, and under the leadership of the Indigenous Health Promoter, staff established a program for Indigenous women who use drugs. This program called Northern Feathers, supported Indigenous women to create regalia used in Indigenous ceremonies and was one of many cultural activities under the harm reduction framework that SRCHC supported. Staff of the Centre have also been trained in Cultural Safety methods to enhance their approach to care. Other cultural-specific programs at SRCHC include a Senior Active Living program that has supported programs for Tamil seniors for over 20 years, Bengali seniors for over 13 years and Chinese seniors since the 1990's. During Covid-19 when services were not available in-person, seniors were able to connect weekly over Zoom with care givers.

Social Services: SRCHC also assists clients to access food services and on-site snacks and take-away food is made available to clients on each visit. The Centre has partnered with Community Food Centres Canada (CFCC) to host a community food centre and run a summer gardening program on an external terrace on the 4th floor of the building. There is also a clean socks program and access to clothing needs such as shoes and other clothing items that clients can access.

Children's Programs: Pediatric health initiatives at the Centre focus on the life cycle from infancy to young adulthood and are co-designed in consultation with children and their parents or guardian(s). Examples of these include a Child Health Screening Clinic and examples of topics covered are flu vaccines, respiratory health/pediatric asthma clinics, and skin health screening. The SRCHC multidisciplinary team partners with various community partners including the school board, other CHCs, and faith institutions to offer these services. A second example is the Preventing and Addressing Childhood Obesity program, led by a community dietitian. Seasonal healthy eating camps for elementary school-age children are held and cooking sessions with children and their parent/guardian(s) teach participants healthy eating habits and food waste composting.

Community Outreach Program: The Centre's Community Outreach Program consists of a mobile team that focuses their efforts on East Toronto/West Scarborough neighbourhoods. The coordinated access team partners with sites such as Oakridge Hub, TCHCH buildings that are already experiencing high overdose rates (e.g., Lumsden Ave, Moss Park, Danforth Avenue, and Taylor-Massey East Toronto Health Partners Initiative. The Van Outreach targets more challenging areas such as encampments. Populations reached by this team include those that are at high risk of toxic drug harms, and individuals that experience access barriers to health and social services including: Black, Indigenous, people of colour (BIPOC), LGBTQ2S+, homeless/houseless, individuals with complex medical issues such as HCV, people with living experience working in the sector, and individuals who were recently incarcerated.

Although SRCHC has mental health outreach services, there are no on-site mental health treatment options for clients. Toronto Public Health reported that during the pandemic (2020-2022), 89% of opioid-related deaths included individuals who had a mental health-related hospital encounter. SRCHC has recently partnered with The Centre for Addiction and Mental Health to have onsite mental health expertise and support for clients and this practice should be a requirement for all CTS programs.

The Centre does not currently provide services for clients that inhale substance but has had discussion with the MoH to express a need for this service demand. Public Health Ontario (2023) reported on coroner's data that suggests increasing opioid-related deaths from smoking substance, and a rise in deaths by 33% from 2019-2020. During the supervisor's term there were incidents of individuals inhaling substance in alleyways and in front of businesses close to the Centre. Clients described how some current service users want to inhale as they have run out of areas to inject on their body, due to deteriorating veins, infections etc. Individuals who inhale substances cannot currently access a CTS program for these services and some are dying as a result. Greater advocacy and policy changes need to occur in order to mitigate this accessibility to care gap.

There is evidence that SRCHC is utilizing these wraparound services for CTS clients. In 2022, CTS staff made the following referrals to health and social services both within and external to the Centre:

- 123 referrals to primary care and hospital services

- 101 referrals to social services (Indigenous health promoter, shelter, group programs, Identification replacement, legal support, social assistance support, housing)
- 59 to substance use services (detox, treatment program, methadone, safer opioid supply)
- 11 referrals to mental health services (case management, treatment program)

The harm reduction team made 112 referrals to addictions services and 986 referrals to mental health services within the first six months of 2023 and post Covid-19.

Annual Client Engagement Survey: An annual Client Engagement Survey is undertaken at SRCHC in the summer (July-August) and the process for the 2023 survey started just prior to the tragic incident in July 2023. While not ideal in timing, the survey assisted the Centre to better understand how clients are impacted by community safety concerns. The survey was completed by 584 respondents, both on-line and in-person. Respondents were primarily 50+ year old (73%), English speaking (69%) and female (69%). The majority of clients (84%) believed that the programs and services of SRCHC improve their health and well-being, 71% felt a strong or somewhat strong sense of belonging to their community and 71% felt that SRCHC had a positive impact on them and/or their community. 4.5% of clients surveyed gave feedback that opportunities for improvement included improvements in the CTS clients loitering near the Centre, fear of needles on the property, and negative experiences interacting with service users.

Recruitment and Retention: The CTS currently has a total of 12 staff and one manager. The Director manages the Harm Reduction Services, the CTS at Moss Park and the CTS at Queen St. E. Of the 12 CTS staff, six are Registered Nurses (RN's), four are Community Health Workers, and two are Overdose Response Workers. Only one of the RN's is a permanent full-time staff and the others are casual staff. Three of the four Community Health Workers and one of the Overdose Response Workers are full-time. The remaining staff are casual contract or casual permanent staff.

To provide quality care to clients, daily staffing of the CTS at SRCH includes a nurse, an overdose response worker, and a community health worker or a combination of these various roles for a total of 3-4 staff members per day. Two different managers at SRCHC mentioned in separate interviews that a ratio of 1 staff to 10 clients (1:10) would be manageable and any volumes beyond that would be resource intense. With an average of 43 client visits per day, CTS staff were often caring for clients at a 1:14 ratio on days when the unit was staffed with 3 staff, and even higher ratios when staffing was short. An ongoing challenge is the shortage of staff, and inability to recruit and retain employees because of non-competitive salaries and the likelihood of stress and burnout working in an environment with frequent client or colleague deaths, and expected challenges of repetitive, and anti-social behavioural issues (Shuermeyer et al., (2017). The difficulties in recruiting staff were evident from the length of time job vacancies were posted to the time they were filled, and several job postings were unable to be filled for lack of suitable candidates. The CTS at SRCHC has several unfilled vacancies and during the supervisor's term, managers had to provide coverage for absent staff on a regular basis.

The CTS was also closed on four occasions between October 30th and January 1st due to staffing shortages. Each time service is disrupted for clients, a Service Disruption Report must be completed *in accordance with the Accessibility For Ontarians with Disabilities Act.* The form outlines requirements for the Centre to provide uninterrupted health services for clients with

physical, mental, intellectual, and

learning needs. The form outlines steps to be taken should an interruption in service occur and the CTS was assessed to follow required procedures such as communicating to staff and clients, providing TTC passes to service users, putting up signage about the closure, ensuring that reception staff notified any incoming clients, reporting to senior leadership and the MoH, describing follow-up to avoid further disruptions, and providing documentation to the Joint Occupational Health and Safety Committee. Compliance with this requirement was noted to have been met.

The primary reason for difficulty in recruiting staff, stems from the vast difference in pay scales for community health staff, compared to equivalent positions in other community-based settings and in acute care settings. For example, in discussion with a senior manager at an academic teaching hospital, the pay range for a registered nurse was $82,000 - $108,00 based on years of experience. The comparable experiential range for a registered nurse in the CTS was $15,000-$20,000 lower, representing an 18% difference in salary between a hospital nurse and a health centre nurse.

For this reason, there was a tendency to hire newly graduated nurses, which made the CTS setting challenging when medical complexities were added onto an overdose response, and the nurse lacked the experience to adequately manage the situation without other health professional supports. In addition, retention of nursing staff was described as difficult given the salary level and the demand for experienced nurses in acute care settings. Nurses and other support staff have been hired into the CTS at SRCHC, only to be recruited by other health care organizations because they had now gained experience, working in a health setting. Non-nursing staff are also being recruited by other health care settings that are also experiencing health care staffing shortages. One Community Health Worker recanted how she and another colleague came to SRCHC from a community organization they both worked at before and within 6 months her colleague took a job offer at a hospital, earning her $10,000 more per annum.

Staff Training: All staff receive training for overdose responses and a regulated health care nurse is required to support medically complex overdoses, wound/abscess care management, HCV integrated care, glucose monitoring, and health education to clients. These skills fall within the practice of standards for a registered nurse or a registered practical nurse and at SRCHC, additional regulated nurse practitioners and physicians are available to assist with more complex client presentations. Toronto Emergency Medical Services are contacted when clients overdose and become non-responsive and SRCHC has not experienced an overdose death since its inception. SRCHC had never explored the option to onboard registered practical nurses (RPN) even though their skillsets would be appropriate in the CTS setting and they are regulated by the same College (College of Nurses of Ontario) as registered nurses. This was seen and pursued as an opportunity to enhance the nursing pool in the CTS and a new job posting for RPNs for the CTS was created and posted.

Safety policies and procedures are introduced to staff when they onboard into the organization and refresher training and annual mandatory training exists for ongoing staff education. Compliance measures include annual performance appraisals and annual mandatory training monitored through Human Resources. Onboarding orientation includes an understanding of the

mission, vision and values of the organization, organizational culture and expectations of conduct, staff and clients' rights and responsibilities, organizational and program policy and procedures, workplace health and safety, security, and general job roles and responsibilities.

Community Needle Sweeps: Community needle sweeps within a 15m perimeter of the CTS is a mandatory requirement for a CTS and SRCHC has exceeded this requirement by assigning Harm Reduction staff to perform daily needle sweeps around a broader perimeter to include schools and alleyways beyond the building perimeter. Needle sweeps are completed before school starts in the mornings. Extended perimeter needle sweeps are particularly important when a CTS is in close proximity to a school or daycare and the 15m perimeter guideline should be assessed especially in these occurrences. Since February 2024, CTS staff have commenced a second daily needle sweep jut before school lets out in the afternoon and for a distance that exceeds the 15m perimeter set out in the CTS guidelines. SRCHC staff also respond to community requests for needle pick-ups if drug use wastes are found in nearby community spaces during the day. Some local members of the Harm Reduction Coalition also shared with the supervisor that they had formalized needle sweeps in the neighbourhood as well, for weekends and after work hours. Very few needles had been found and those needles and drug equipment that were found, occurred mostly on the weekends.

Policies & Procedures: All staff have computer access and an online Policy and Procedures Manual for the organization and a manual specific to the operations of the CTS are available for ongoing reference. Mandatory training includes: Workplace Hazardous Materials Information System, AODA, Integrated Accessibility Standards Regulations, hand hygiene, occupational health and safety, preventing workplace violence, mental wellness in the workplace, safety begins with you, resolving conflict, de-escalating challenging behaviours, naloxone training, transportation of dangerous goods for the Van Outreach staff, Indigenous harm reduction, foot care, wound care, safe needle handling, overdose response, applied suicide intervention skills training, anti-black racism, privacy training, and equity diversity and inclusion.

During the supervisor's term, staff and managers were working through completion of mandatory training and annual staff performance reviews which were required by February 1st. The organization was also compliant with identifying and having a policy on the roles and responsibilities of the Responsible Person in Charge (RPIC) of the CTS, and who the Alternate Responsible Person in Charge A/RPIC was, as designates of the CEO for his role in oversight of the CTS. Staff must complete a Vulnerable Sector Check (VSC) through the Ontario Provincial Police (OPP) and records are kept on their human resource files. SRCHC has made some exceptions to this policy by not requiring a VSC for certain staff (e.g. peer positions, BIPOC) and has recently changed the policy to require all newly hired staff to have a VSC upon hiring or within 6 months prior to being hired.

People with Lived Experience (PWLE): The Centre has a history of hiring individuals with lived experience of substance use, as part of the staffing complement. About 50 (including part-time/casual) staff of the Harm Reduction Program are peer workers and people with lived experience. This represents almost ¼ of the entire staffing complement in the organization and has created some challenges for managers, colleagues, and for continuity of client care. Some

difficulties such as employees repeatedly not showing up for work and not advising the manager in advance were observed, and managers were supported to work through these challenges with the help of senior leadership and Human Resource staff. The *Consumption and Treatment Services: Application Guide (2018)* refers to the need for the service delivery model to include peers/persons with lived experience but there are no specific guidelines around how many and what specific qualifications/skillsets they should have. During the supervisor term, several staff with lived experience had left the organization for various reasons and the Centre has started to review which areas of the organization would best match the skills of PWLE. During the supervisor's term, several successful PWLE were working in the Centre in the Harm Reduction program and provide good examples of the skills/background required to perform well in their roles.

Job Satisfaction/ Morale: Some staff voiced concerns to the supervisor about the stresses of working in the CTS, job burn-out, grief over loss of clients, and the low level of benefits available for mental health support. One staff stated "We get about $300 per year in total benefits for physio/chiro/mental health…but mental health sessions can be upwards of $20 pers session. What can you do with that?" A review of the benefits plan showed that staff were able to use up to $400 per calendar year for combined Physio/Occupational Therapy/Speech Therapy, but only $300 per calendar year and up to $20/visit for Psychologist services. Other non-medical services were up to $400 per calendar year with a $10 co-payment that was applied to the first 15 visits per calendar year. The Centre also has an Employee Assistance Program (EAP) that employees can access confidentially.

Other staff talked about wanting more practical benefits such as 4-day work weeks to make work-life balance better. "When you work in a place like this, you can't just shut off when you leave. It takes a few days." Morale boosters that staff identified included having a staff appreciation lunch or a staff breakfast in-person, on the quarterly All-Staff Day, that would be better than the take-home meal offers they currently received. Staff also voiced wanting to have more face-to-face time with senior leadership and others wanted anonymized ways to submit concerns above their direct managers to the senior leadership team. These staff recommendations were discussed with senior leadership at SRCHC, and plans are in place to address the staff appreciation activities that had not fully resumed post-Covid-19. There is evidence that the Centre had previously engaged in several staff wellness and staff appreciation activities and during the supervisor term, there were two events that provided staff with complimentary take-home meals and an appreciation lunch to boost morale of the CTS staff when criticism of the program was published in the media.

Centre management and the Supervisor did regular check-ins on the CTS staff and clients, whenever negative media was published about SRCHC. While some minor concerns were raised about the level of negative feedback and behaviours of some community members towards the Centre's staff and client's, none of the staff or clients voiced concerns for their personal safety. Some staff voiced worries that clients had been exiting the CTS program because of the controversy, however, client volume data showed evidence of only slight decreases due to client death, finding housing, or moving out of the area.

Staff Engagement/Wellness and Compensation Surveys: Staff discussed with the supervisor, a need to speak with or provide confidential feedback to senior leadership. In discussion with Centre leadership, this concern had been raised on occasion over the years, and a staff suggestion box was place on the second floor near the reception desk as a way for staff to anonymously provide feedback. Staff were either not aware of the presence of the suggestion box or have not used it as there has not been any feedback/suggestions forwarded. Leadership has committed to better communicating the location and purpose of the suggestion box at quarterly All Staff meetings.

The most current staff engagement survey was done in October 2020 during the Covid-19 pandemic. CTS staff primarily talked about their compensation package, wanting increased vacations and higher pay. Part-time staff commented on the lack of benefits for part-time/casual staff. Much of the feedback was about staffing shortages, staff training, the need for increased collaboration and understanding about the various services offered at SRCHC, wanting more interaction with senior management, and improving the sense of belonging for the remote Moss Park site. The 2024 staff engagement survey is planned for later this current year.

A Staff Wellness survey was completed internally in 2023 to review the impact of Covid-19 on staff and to understand what steps the organization could take to improve staff wellness. In addition, a compensation review was completed in November 2023, by Eckler Ltd. (*Ontario Community Health Compensation Market Salary Review)*.The study concludes that community health compensation is "below grid rates" and is not competitive to attract and retain employees. The previous Provincial grid for community health compensation has not been updated since 2017 and the Centre is unable to move forward with compensation changes without funding supports.

Incident Management and Reporting

Critical Incident Defined: On August 16, 2023, the Minister of Health of Ontario announced that a "critical incident review" was being launched, of consumption and treatment services in the province, starting with South Riverdale CHC. The term "critical incident" in Canadian healthcare is defined by the *Quality of Care Information Protection Act, 2016, (2.1)* as "any unintended event that occurs when a patient receives care from a health facility that,

(a) results in death or serious disability, injury, or harm to the patient, and
(b) does not result primarily from the patient's underlying medical condition or from a known risk in providing the health care"

Some community members, staff, and community stakeholders questioned the use of the term "critical incident" in the situation of the CTS review, as the incident of July 7th did not involve a client under the care of SRCHC. Concerns were raised that defining the review as a "critical incident review, would lay misplaced accountability on SRCHC.

Emergency Codes: Health settings have developed a "code system" as a way of identifying patient and staff safety issues, for incident reporting, and for developing process improvement

strategies to avoid reoccurrence. SRCHC also has a code system with the following codes to designate specific types of emergencies:

Code White: Violent/aggressive individual

Code Blue: Medical Emergency

Code Yellow: Lockdown because of danger in the building or community

Code Assist (Green): Urgent help is needed for staff or clients.

SRCHC staff carry a laminated code card, attached to a lanyard they wear, that provides easy access to understanding what each code means. In addition, the organization's Joint Occupational Health and Safety (JOHS) Committee report from June 2023 indicates that "staff are trained on required *Occupational Health and Safety Act* requirements and regular fire drills and evacuations are conducted per the Act". The JOHS also conducts monthly occupational health and safety checks in all areas of the Centre and outside of the building and this was verified by CTS management. The Centre does not have a dedicated Occupational Health and Safety Officer and funding would be required to hire into this position.

SRCHC has developed a Critical Incident Framework and threats of imminent danger to staff and visitors such as someone with a firearm is defined as an "Unforeseen Circumstance" in the *Organizational Policies (2.3) Workplace Violence* (SRCHC Organizational Policies). In such an event, where staff and visitors cannot safely exit the premises, SRCHC proceeds to an "emergency lockdown" and is guided by its "Emergency Lockdown Procedure" policy.

There is evidence that these internal policies were utilized on July 7, 2023, as a weapon threat was identified, and the Centre went under lockdown immediately afterwards. A log of the event and actions taken exists in the incident reporting system at SRCHC. Staff physicians and other regulated health professionals that attended during the July 7th incident although covered for liability under the *Good Samaritan Act, 2001*, do not have a policy in place that guides how they should attend to emergencies external to the workplace. The Centre is currently working on a procedural guide for staff to ensure a safe process during external emergencies.

Codes in local areas are typically communicated by walkie-talkie and codes that affect the entire organization such as a flood the Centre had in 2018, are communicated over the public announcement system. Staff are oriented to code responses when they onboard in the organization and there was no consensus when asked, about the frequency of refreshers. A review of safety policies shows evidence of some specific emergency events, but further work should be done in this area to expand the code policy and establish whole-Centre communications so that even in situations where the code is local, others in the organization understand to avoid entering the area during the code. Senior leadership and management staff at SRCHC have struck a committee to review all code policies, training and retraining, and the communication process when codes occur. The Centre has also engaged a former hospital executive, to support the leadership and staff through a "serious events table-top exercise" and communications framework workshop.

Community Engagement 2018-2023

In its 2016 application, SRCHC mentions a focus on information exchange and frequent communication with stakeholders as part of the requirement for community consultation. The Centre held 7 open house events and had focus groups with local stakeholders including businesses, staff, and potential clients. Meetings and presentations with other clients from the Centre, staff, business community, local schools, residents, police, fire fighters, politicians, and other community agencies were held. Over 600 individuals attended the engagement forums and SRCH reports overwhelmingly positive responses. Concerns and questions to better understand or clarify unease about the CTS were discussed, which led to the development of the CLC. The application process for the SRCHC, CTS showed letters of support from the local school, politicians, other community health partners in the area, and public health, and approval to operate the CTS was received in 2017.

A review of the 2016 application showed that the Centre had met Health Canada's requirements to have robust community engagement and community support, and to also identify how safety and proximity to the local public school (153m away) would be mitigated. The original application does document that some members of the community, particularly business owners, had expressed concerns that the CTS would increase crime in the neighbourhood, and devalue properties and that the Centre took steps to mitigate apprehensions.

Community Liaison Committee: To alleviate community concerns, the Board of Directors (BoD) established a Community Liaison Committee (CLC) as an ongoing forum to meet with the community, hear concerns, and co-develop solutions to ensure that the presence of the CTS would not contribute to increased community security and safety issues. The CLC was struck in January 2018, 3 months after the CTS opened. Initial members of the CLC included the Centre's BoD, leadership and staff, clients, and partnering organizations. The Committee chair was a member of the BoD and meetings were held every other month for a total of 6 meetings in the initial year. The Terms of Reference (TOR) was revised the following year, to have meetings 4 times per year and expanded membership to include individuals living in the community. Because the BoD did not meet over the summer months, meetings occurred 3 times per year instead of 4 times per year, however, the TOR allowed for ad hoc meetings as needed. The first CLC resulted in having a community engagement strategy that was governance focused and a strong lens on the opioid crisis and organizational mission to help marginalized populations. There is little evidence in the CLC minutes that community concerns, raised several times by a nearby community member living on a street adjacent to the Centre, were evaluated and actioned other than the documentation that the Centre assigned staff presence to the courtyard where clients gathered outside of the building.

Three Major Events at SRCHC: Three pivotal events occurred at SRCHC shortly after the Centre applied for the CTS exemption. These events affected how the Centre engaged with both the internal and external community and effects of the third major event still remains today. The first major incident was the passing of Raffi Balian in 2017. Raffi was known as a champion for harm reduction and worked in the field for over 2 decades, on local, national, and international

platforms. He was described by SRCHC staff as the "lynchpin" for the organization in the harm reduction space. Raffi largely influenced the campaign for SRCHC to add a consumption treatment program to its array of harm reduction services and staff reported that he was the one that "kept clients and staff with lived experience in-line" when they demonstrated anti-social or unprofessional behaviour. A substance-user himself, Raffi died tragically from an overdose, while attending a harm reduction conference in Vancouver. The CTS at SRCHC is named "keepSix" meaning "got your back" which is in homage to Raffi and his tireless work for people who use drugs.

The second major event was the retirement of Lynne Raskin, CEO for SRCHC in 2019. Lynne Raskin had been in a leadership role in the organization for over 18 years and steered the Centre through major changes including the introduction of the CTS. Minutes of the CLC dating back to 2018, showed the CEO playing a key leadership role in the meetings and offering community engagement opportunities. Over the next year, senior management staff shared the CEO responsibilities while the BoD initiated a search for a permanent CEO. In the space of 18 months, SRCHC had lost two of its inaugural champions and well-respected leaders at the Centre and within the South Riverdale community.

In January 2020, after a national search, Jason Altenberg was promoted to the CEO position after having worked in the organization over 15 years, initially as a manager and then as Director of Programs and Services. Two months after the new CEO appointment, the third and most critical incident, the Covid-19 pandemic was declared, and the Centre and the world went under lock-down for two years. Centre staff and leadership recanted the constant "change and uncertainty" they and clients underwent during the pandemic. The Centre also played a key role in the larger community pandemic efforts to reduce the spread of Covid-19 and to assist community members with social determinant of health needs. SRCHC partnered with other CHCs and Michael Garron Hospital to host educational sessions for staff working in shelters and congregate living homes, provided Covid-19 testing for community residents, ran vaccine clinics at shelters, group homes and other congregate settings, worked with food and grocery delivery programs, and helped clients access government benefits such as the Canadian Recovery Sickness Benefit (CRSB). As a result of the intensive attention on Covid-19, much of the engagement work done by the Centre, had to be refocused on getting staff, community, and clients, safely through the pandemic.

Documented in CLC minutes, were the open house offerings to the community, for weekly Wednesday morning tours of the CTS prior to the pandemic. The logbook in CTS showed very little uptake of visitors for these tours. The Centre also had regular open houses to showcase all program offerings and records of the open houses showed good engagement and community interest. There were also regular memorials for community members who passed away from overdose or other health related illness and a memorial erected between the church and the Centre demonstrates how much the community valued these efforts. SRCHC was also engaged at large in many other community activities and in various cultural events in the area.

During the pandemic from 2020-2022, only a few programs, including the CTS, remained open for on-site client visits but clients had to endure long line-ups outside of the Centre as they had to

go through Covid-19 screening and safety protocols before they could enter the building. Programming for clients was halted along with community social and educational events, and the CLC meetings were held less frequently. Records of CLC minutes showed that shortly after the CTS was established, CLC meetings were held bi-monthly but only three virtual meetings were held in 2021 and 2022 during the pandemic. After the pandemic was declared over, the Centre held three virtual CLC meetings in 2023, and because SRCHC was just recovering from the tremendous toll of the pandemic, community engagement about the CTS had decreased markedly.

By all parameters assessed by the current supervisor, from both the *Federal Consumption and Treatment Services: Application Guide (2018*), and the *Provincial Consumption and Treatment Services Compliance and Enforcement Protocol (2021)*, the CTS (Queen St. E.) operations at South Riverdale CHC was assessed to be within compliance parameters, and in some cases such as perimeter sweeps, exceeds expectations. *The one exception is how SRCHC engages and communicates with the external community.* While the Centre has focused on ensuring safety and security for the internal SRCHC community, less focus has occurred on the safety and security beyond the Centre perimeter, other than the extended needle sweeps. This mandate appears to have diminished during the Covid-19 pandemic (2020-2022) and during the supervisor's term, there was evidence that SRCHC has taken measures to improve its processes, in meeting this requirement and continues to further enhance its community engagement and communications initiatives.

Quality and Safety Improvements

The months prior to, and throughout the term, approximately 30 process/quality improvement initiatives were explored/implemented at SRCHC covering areas such as quality of care, community safety and security, staffing, and communications and community engagement. The improvements are outlined in further detail in Appendix A and are listed as follows:

1. Contracted security personnel to provide perimeter security from 0600-2400 seven-days per week
2. Hourly needle sweeps around 15m perimeter by security personnel and twice daily extended perimeter needle sweeps by Centre staff
3. Monitoring of smoking in designated smoking space 9m from building
4. Block walks and block business check-ins by security personnel
5. External review of security personnel and security surveillance system
6. Training of local business personnel on de-escalation and naloxone use
7. Erecting a fence between the Centre and the Presbyterian Church next door to prevent loitering and drug use in the shared alleyway
8. Additional lighting around the SRCHC building
9. Additional security cameras
10. Addition of community sharps containers
11. Bench dividers to prevent sleeping on exterior benches
12. Additional mirrors on external walls

13. Initiation of SRCHC/TPS Liaison Committee
14. Trespass authorization with Toronto Police Services
15. Increased client accessibility into the building vestibule before opening hours
16. Improved surveillance of security cameras
17. Introduction of additional security policies
18. Enhancement of the Critical Incident Framework and leadership training
19. Improved IPAC for wound care
20. Improved client sightlines during care
21. Improved client access to substance-use treatment and management
22. Improved client access to mental health supports
23. Improved client-level data capture and reporting
24. Establishment of the Men's Group
25. Expansion of CTS operational hours
26. Staffing enhancements to CTS
27. Staff wellness/compensation Review
28. Reframing of CLC
29. Enhanced CLC communications strategies
30. Posting of Director, Community Engagement and Communications position

Community Engagement 2024

Meetings with Neighbours That Had Concerns About SRCHC: A priority at the beginning of the Supervisor term, was to meet either in-person or virtually with as many community members as possible. These included residents, those that worked in the community but may or may not live there and those that interacted within the community. Individuals and groups who had previously communicated concerns about the CTS program were contacted and offered either virtual or in-person opportunity to meet with the supervisor. A subsequent message of introduction from the supervisor along with contact information was posted on the SRCHC website.

Others were introduced by neighbours or individuals who wished to provide feedback. Some individuals did not live in the area but wanted to echo concerns voiced by friends or family members who lived in Leslieville. General open-ended questions about experiences with safety and security in the area as they related to the CTS were asked. Meetings lasted on average between 30-60 minutes but often went on longer if individuals or groups wanted to continue sharing their experiences.

Major themes heard through these interactions included safety of children from needles and drug paraphernalia found in open spaces, community member's experiences with individuals being loud, antisocial and/or disrespectful behaviours from clients and staff of SRCHC (identified as staff because they wore lanyards), loitering on the public sidewalk and preventing access by community members, defecating on private and public property, and theft of property on porches of private homes and in business establishments, and threats being made to community members or their families.

Some individuals, particularly those that lived in close proximity to the Centre, met with the Supervisor on numerous occasions as the issues of concern were more visible to them. Neighbours could not always verify that the individuals who caused them concern were clients of the Centre, and there were sometimes assumptions that anyone near or directly outside of the Centre was a service user, and that needles or inappropriately discarded drug supplies were from clients of the Centre. An example of this was an incident involving used drug supplies near a day care several metres outside the perimeter of SRCHC. A Leslieville social media account reported that the waste was found in the playground of the daycare and not as police reported, in a private driveway next door to the daycare. Blame was also laid on the Centre for the number of calls it took for someone to come and collect the waste, even though Centre staff had gone well outside of the mandated perimeter, to collect and dispose of the used supplies.

The Leslieville Neighbours Group for Community Safety was established in early August 2023, by a small group of neighbours living close to the SRCHC. Reports provided to the supervisor indicate that some members of this group had been meeting with leadership of the Centre just prior to and after the tragic incident in July. It is unclear when the meetings with SRCHC stopped, but shortly after a staff at the Centre was charged with accessory after the fact and obstructing justice, some community members started to communicate a lack of trust in SRCHC leadership, and the Leslieville Neighbours Group for Community Safety was formed.

The committee met every two weeks for a 1-hour evening meeting until attendance was communicated by the co-ordinator to be declining, and about the same time that the reframing of the CLC at SRCHC was communicated. Membership of the community group included community members, local political figures or their representatives, BIA leadership, Toronto Police Services, Toronto Public Health, and leadership of SRCHC. The supervisor attended two meetings where questions were posed or suggestions made to the SRCHC leadership, TPS and TPH. The group had not developed a formalized terms of reference for the committee structure, purpose, membership, or decision-making process. Several good suggestions and requests to enhance community safety were recommended such as advocating for permanent security personnel, expanding needle sweeps to better coincide with when school started in the morning, adding biohazard disposal boxes, and developing a contact sheet for the community to know who to contact depending on the need and urgency.

Incident Tracking: At the start of the supervisor's term, an incident report tracking method was developed to track types of safety incidents brought to the Supervisor's attention, and the response/resolution to those incidents. In total, there were 5 incidents reported directly to the supervisor from October 2023 to February 2024. The first, was a report of a needle found in the schoolyard of Morse Public school, about 153 meters from the Centre. This report was eventually corrected as the communication from the principal to the school was about being vigilant about needles and sharp objects and not that a needle had actually been found. Another reported incident of a needle in an alleyway was verified and harm reduction staff went and safely collected and disposed of the refuse.

The third incident was the reporting of a witnessed drug deal occurring adjacent to the Centre while security personnel were in the sheltered space at the front of the building. After being

contacted, security found the individual as described, who turned out to be a known homeless person who carries clean harm reduction supplies in her suitcase, and hands them out to individuals on the street. The fourth incident was a report of someone "getting high" across the street from SRCHC at the same time school was being dismissed. The individual was reported to be witnessed smoking a pipe. Security staff were asked to perform a wellness check on the individual and found him to be quite disorganized in thinking and was making several attempts to organize his belongings in his bag. The individual eventually moved on without incident. The fifth documented incident was reported as discarded drug paraphernalia in the playground of a local daycare. SRCHC was contacted and staff who were already out on needle sweep patrol were asked to safely collect the discarded supplies. A further report indicated that the discarded supplies had not been on the daycare property, but on a private property, next door to the daycare. These 5 incidents were reported by 3 individuals and feedback on the closure of each incident was provided to the reporter. From these reports and other voiced concerns from the community, the Supervisor observed that several of the issues (homelessness, poverty, lack of public washrooms) were outside of the control of SRCHC and these issues needed a broader public response. A second observation was the perception that the Centre plays a "guardianship" role for its clients and their behaviour outside of the Centre, and this perception should be further explored when engaging in community consultations for establishing new CTSs.

In the instances where the individual was seen across the street smoking a pipe, security was only asked to provide a wellness check and use persuasion to try and get the individual to move on. Community members expressed expectations that security should be able to tell individuals in public spaces to move, although security have limited ability to protect spaces other than the property they were hired to protect. It was evident that the limited role of security personnel to intervene in instances that did not involve the immediate property of SRCHC and where no illegal activity occurred, was not clearly understood.

Toronto Police Services: The Centre is working with Toronto Police Services to provide community safety education and 55 Division has agreed to provide education sessions and also participate in the Centre's open house in March 2024. Toronto Police Services, Division 55 leadership and community officers continue to play a major role in responding to community issues of safety and security by adding additional community officers and working with the Centre to form a SRCHC/TPS liaison committee that meets monthly to discuss safety and security concerns. Senior 55 Division leadership are also members of the Centre's Community Liaison Committee and plays a key role in providing accuracy when inaccurate reports occur, of antisocial or criminal behaviours in the community.

Use of Private Property Security Cameras: Some private and commercial building owners close by the Centre, had installed security cameras as a deterrent for criminal activity and trespassing on their property, but in some instances, cameras were pointed towards the Centre to capture activity of service users. Several community members shared pictures with the supervisor, that they had taken of individuals in front of the Centre, on the benches or standing beside the memorial statue beside the Centre. The City of Toronto provides By-Laws around the use of cameras on private properties, and this may present an educational opportunity for community

members in terms of how security cameras are used and privacy issues concerning the use of private security cameras.

Child Safety: In the first month of the supervisor term, most of the community concerns surrounded safety for children at a school closest to the Centre. In subsequent months, the concerns for children as it related to the SRCHC, CTS spread further into the community, to other schools and daycares. Concerns were voiced around the potential for children to harm themselves with needles/drug wastes or seeing or hearing nuisance or illegal behaviours. Some community members voiced wanting the CTS to close while others voiced that it was an important service, but it should be moved away from schools and daycares. An additional voiced opinion was that the CTS should stay at SRCHC but under new leadership. To better understand the concerns about child safety, the supervisor attended a meeting with the local school principal and vice principal, along with the CEO and VP, Strategy at the Centre.

The Centre leadership reported that they met regularly with the principal and vice-principal of the local public school. In one of these meetings that the supervisor attended, the school leadership spoke about the positive relationship they had with SRCHC, the training on naloxone provided by Centre staff, the sharps containers provided, and appreciation that staff from the Centre did daily needle sweeps in an alleyway north of the school while the school custodian took responsibility for needle sweeps on the school grounds. The local Presbyterian church leadership also voiced having a positive working relationship with SRCHC and at the time of this current report, they were working with SRCHC to finalize the contractual agreement for the joint fencing that was erected between their respective buildings. Opinions varied about the CTS and its purpose in the community, but it was apparent that further public education and communication about the Centre and the CTS are needed.

Meetings with Neighbours That Support SRCHC: Meetings were held with members of the Harm Reduction Coalition and neighbours who voiced support or sent in letters of support for the Centre and its harm reduction services and service user groups. These meetings were also held either in-person or virtually with individuals and small groups. Over 120 letters of support were received by the supervisor, from individuals living in South Riverdale and in the Greater Toronto Area. Individual and group meetings were held with several of these supporters to share their feedback. Support was primarily given for the CTS and supporters quoted the wide array of evidence that keeping a safe and supervised space for substance users would save lives by preventing overdose death and provide other benefits such as reduction in transmissible diseases.

These individuals voiced their fears about the numbers of drug users that would die if this service was shut down. Others expressed concerns that human rights of people that lived in the community and used drugs were being violated and that the supervisor should take this into consideration in making decisions about the future of the CTS. Several wanted to provide the history of Leslieville and the high incidence of drug use and drug-related activity that was in the area prior to the establishment of the CTS and wanted to remind the supervisor that these would not simply go away if the CTS was closed. One mother expressed how sad she was that the CTS had not been implemented soon enough to save her own child from overdose death and part of the reason she supported the Centre and volunteered there, was because of the important services

they provided for the community. Younger individuals, some who used substance, wanted to share how important it was for the supervisor to hear perspectives from "people who don't have a nice home to use substance, that substance users don't want to die and die alone", and that a "humane and respectful" approach is needed to resolve the community issues. The supervisor understood the main goals of these individuals to be the maintenance of the CTS in Leslieville and for the supervisor to in fact, advocate for more CTSs and harm reduction services, rather than "shut down" the CTS, as some of them understood to be the mandate of the supervisor.

Meetings with Broader Community: Engagement meetings were held with the local school leadership at Morse Public School, the Presbyterian Church next door, businesses in the community, Toronto Public Health, Toronto Police Services 55 Division leadership, and individuals in the political realm including the City Councillor, MP and MPP. These meetings were held to receive feedback on the relationship the Centre had with various key community stakeholders and what they saw as areas of strength and areas for improvement. The noticeable increase in individuals that were underhoused, increased public drug use, and loitering on the sidewalk in front of the Centre and in the courtyard beside the church immediately post Covid-19 were common themes expressed by these individuals/groups. Strategies involving broad stakeholders including other community members and leaders, TPH, TPS, city officials, and political leaders were also common themes raised by the broader community, as a means to address the varied social issues that were seen in the community. These meetings also demonstrated wide polarity of opinions about the Centre, changes in the community post Covid-19, and substance use in Leslieville.

Client Engagement: Women from all Kit Circles at SRCHC were interviewed for their feedback on the services. The social aspects of meeting and getting to know other women, the friendly staff, a warm and welcoming environment at the Centre, and the ability to earn income were all seen as positive aspects of the program. Keeping busy and the ability to earn income were important aspects of these programs that they also identified. Each Kit Circle hires up to 10 women, providing an opportunity for work and income for 40 individuals.

Noticeably missing from SRCHC service offerings was programming specific to men. More recently however, staff in the CTS have established a monthly men's group. The group is attended by CTS service users and nonservice users who also expressed gratitude to the Centre for an opportunity to meet regularly with other peers. The men's group expressed the need however, for more structure in the meetings, opportunities to make money, and planned activities such as music and art. Centre leadership articulated the challenges of starting a paid programming group with the continuous decrease in funding for social programs.

The men's group participants were most vocal about the local conditions in the community, the changes they had experienced, and the negative attitudes and stigmatization they experienced from some community members, towards themselves and the Centre. One group member stated that clients felt "penalized because of the shooting" and that "everything has changed…the budget is noticeably slashed, they shut down programs, fired staff, and now police are watching and arresting people all the time outside." Another participant who did not use the CTS but accessed the Centre for other services talked about his long-standing residency in the broader

Leslieville community and how much it had changed. “There is so much racism here now that wasn’t here before. No more open spaces, the NIMBYs are always complaining about noise and people taking drugs. They put up fences so there is no more access. They have started to discard people. Instead of security, why not have welcome ambassadors.” Another client expressed similar concerns. “They have turned this place into a prison by hiring security. Do they really want us here? I thought this was a place where drug users and the homeless were welcome. This place should be a person-affirming service.” Thus, client perceptions of the measures the Centre had put in place to enhance community safety and security, seemed to be in stark contrast from sentiments expressed by non-service user community members, about what these safety measures were intended to do.

A few clients at the Centre who used services other than the CTS were interviewed and asked about their experiences at the Centre. All gave positive feedback about their care and the service providers. Non-CTS clients did notice some behavioural issues from other clients in the lobby but assumed they had “personality” or “developmental” or other illnesses that caused these behaviours and did not see it as a concern. Major concerns heard from these clients were not focused on the Centre but about the length of time waiting to get transit after their scheduled appointments.

Reframed Community Liaison Committee: In December 2023, the Terms of Reference (TOR) for the CLC was initially reframed by the supervisor to have the committee less governance-driven and more operationally focused. These revisions were shared with CLC membership and additions were suggested by community members during discussions at the CLC, to include other client quality metrics besides safety and security performance indicators. Communications about these changes were posted on the SRCHC public facing website.

The reframed CLC is co-chaired by SRCHC’s CEO and a community member who lives nearby the Centre. All members are individuals living in the community or working in the community. The TOR also included revisions for the CLC to meet monthly and provide quarterly updates to the BoD, political leaders, and senior members of community organizations. Changes to the TOR also include accountability for members to declare conflict of interest, ensure member confidentiality, and hold SRCHC leadership to timely delivery on agreed upon priorities. All members were asked to sign off on the TOR through *DocuSign.*

Once approved, minutes of the CLC are posted on the SRCHC website as during community member meetings, several concerns were raised about lack of transparency from SRCHC. In addition, CLC members wanted early notification of news or events about SRCHC, and messages are forwarded to the CLC when events are planned/confirmed and when media coverage about the Centre is known or when research about CTSs or with SRCHC are published.

The first meeting in January, and subsequent meeting in February were well attended and the TOR was unanimously approved. A major goal of the CLC is to develop an annual work plan to identify priority and outstanding safety and quality issues to be addressed and then move on to broader advocacy needs for the community. Recommendations from three previously commissioned reports, (two of which were commissioned by SRCHC, and one done locally by

community neighbours) will form the initial basis for the work plan, with plans to include any new priorities identified by the Unity Health Toronto review team or the supervisor's report. The new CLC membership, TOR (see Appendix B) and CLC work plan, forms the improvement initiative for SRCHC to meet its obligations to continuously engage community in a new shared vision and an action and sustainability plan that is co-developed between community and SRCHC. The CLC has started to develop the annual work plan and at the March meeting, two committee members led the group through the first of two priority-setting exercises to prepare the committee in developing the work plan. It is important moving forward, for SRCHC leadership to remain committed to ongoing development of the CLC, and communicate results, as part of its community engagement strategy and communication plan.

Director of Communications and Community Engagement: The CEO dedicated a tremendous amount of time to personally engage in the quality improvement processes throughout the supervisor's term, but it was recognized that this was not sustainable over a longer period, given his many other competing priorities. In addition, the already sparse communications department of two individuals, was losing the management lead. A decision was made to replace the communications manager with a director-level position and combine the role to have both community engagement and communications responsibilities. After posting the position, 57 applications were received, and recruitment is currently underway to onboard the new director. Key responsibilities for the new director, will be co-leadership of the Community Liaison Committee and assurance that the workplan and continuous quality improvements are realized and sustained. The new director will also lead the Centre's communication strategy and ensure that communications and community engagement remain a priority.

Open Houses: Three open houses were held in January 2024, to welcome community members back into the Centre after the long pause of Covid-19. Over 100 community members visited the Centre and approximately 50 visitors attended the tour in the CTS. Several visitors despite having lived in the community for several years, expressed not knowing that the CTS existed. In attendance and running some of the booths were members of the seniors' groups supported by SRCHC. Several children were also in attendance. A fourth open house was held in March, and involved a table supported by members of the TPS community officers for the neighbourhood. At the suggestion of open house attendees, the Centre plans to host an outdoor community event in late spring/early summer.

Recommendations to the Ministry of Health of Ontario

Evidence shows that consumption treatment services are a necessary public health service, implemented to save lives and prevent accidental overdose death related to substance use. It is now 20 years since Canada opened its first sanctioned consumption and treatment service in Vancouver and much has been learned since then, but the opioid crisis continues at a rate of 22 deaths per day in 2023. Major strategies including The Federal Drugs and Substances Strategy and most recently, the City of Toronto's Mental Health, Substance Use, Harm Reduction, and Treatment Strategy have recommended that more consumption and treatment services be established in areas of high drug-use. Recent evidence demonstrates that these health services

make a difference in opioid-related death rates based on proximity to the CTS (Rammohan et al, 2024). Based on observations, reviews and assessments carried out during the supervisor's term, the following recommendations are made to the Ministry of Health of Ontario as discussions persist, on how to best move forward with implementing Consumption and Treatment Services as part of harm reduction services in Ontario:

1. **Expand harm reduction services including CTS, SOS and inhalation options to prevent further accidental substance-use death and provide additional safer treatment options for substance users across the spectrum of substance illness**

2. **Provide funding for security personnel at sites situated close (e.g. ≤ 200m) to schools and daycares and enhance funding for competitive recruitment of regulated health professionals at Community Health Centres**

3. **Expand services for mental health supports for clients and make access to mental health services a requirement for harm reduction services/programs**

4. **Expand availability of treatment beds and substance treatment programs including rehabilitation in the Province**

5. **Develop a formalized Community of Practice (CoP) for CTSs throughout the Province to share best practices and develop service requirements, standards of care, client referral pathways for required services, staffing models, safety and security requirements, and requirements for all-community engagement and communications strategies**

6. **Consider a hub-and-spoke model for Harm Reduction Services, creating standards for stand-alone services versus integrated services to ensure that clients have accessible and equitable care regardless of where they receive care**

7. **Include annual evaluation of client volumes and spatial requirements as part of the accountability agreement with the service provider and funder, and ensure that CTSs are accountable for planning and forecasting spatial needs to meet client demands as based on evidence**

8. **Review and consider extending the 15m perimeter requirement for needle sweeps, set out in the CTS Guide and especially in areas where CTSs are in close proximity to schools and daycares. Work with local authorities to establish guidelines around accountabilities and responsiveness**

9. **Establish guidelines around the employment of individuals with lived experience, required skillsets, support requirements, fitness assessments, etc.**

10. **Invest in client navigators to support clients in accessing other health care, recovery and treatment programs and social services**

11. **Establish an annual third-party, on-site, assessment of all CTSs for compliance with Federal and Provincial guidelines, prioritizing those services requiring Federal exemption renewal within the year**

Conclusion and Lessons Learned

Several lessons were derived from this current supervisor role at SRCHC. First, the impact of the Covid-19 pandemic, and how health organizations have recovered should not be undermined. It was evident that SRCHC has not fully recovered from the effects of being under lockdown for 2 years and while they have strived to recover internal operations, there has not been as focused an effort on external community efforts. Conversations with staff, clients, and community stakeholders belied this observation. Several of the activities that the Centre offered pre-Covid had stopped during the pandemic and had not resumed, either due to capacity issues, or because new activity that had been established during the pandemic, had now become normal organizational operations.

Second, health care providers, especially when introducing controversial public health solutions such as a CTS, need to engage in immediate and ongoing consultation with the community surrounding the care site. While 100% approval may never be achieved, it is essential that the site develops supportive and trusting relationships and gains acceptance from community members, businesses, and other key stakeholders to ensure ongoing support for these services. There was observance of a tendency for health service providers to focus inward on the care requirements of the client community and less so on the broader community. This was observed primarily through staff interviews when the word “community” was frequently repeated. When the supervisor asked how the respondent defined community, the answer was often “drug users” or “clients”, thus demonstrating that the primary focus was on the service-user needs, but not on the neighbours as community and how services may impact them.

Third, health services must be vigilant with an awareness of how demographics within the community are changing and what impacts this will have on the health services or how the health services may affect this new demographic. The Leslieville community has been gradually changing with an increase in younger families with children buying into the neighbourhood, and as a result, more daycares opening. This vigilance and awareness building could be achieved through regular meetings with resident’s associations, schools, businesses, and other community associations, and discussions with experts at the CLC and open house education sessions. Integrated community health centres like SRCHC should consider revising operational plans to include programs that are relevant to the changing demographics of the community they serve. An example of this, specific to SRCHC would be to offer after school programs or weekend programming for children and mental health and wellness programs for the community.

Fourth, despite evidence on how CTSs provide benefits to communities experiencing high drug use and drug-related activity, some individuals tended to focus on the perceived harms rather

than on the benefits. Several members of the community who had voiced concerns about the CTS, admitted that they knew very little about the service and wanted to better understand it. They wanted to know how it would benefit the community, not just the clients. SRCHC invests in education for staff in the Centre and in the CTS about the opioid crisis and ongoing measures to prevent harm and these educational offerings should be extended to the community and especially those living in closest proximity to the Centre. Organizations considering the establishment of a CTS should also be keenly aware that an important part of community engagement is the "what's in it for me" (WIFM) benefits for the community, not just the benefits for the drug using clientele. Regular and intentional meetings with members of the community and especially those in close proximity, should be part of the annual work plan for a CTS.

Finally, although facts don't always change feelings, the increase in visibility of poverty, drug usage, homelessness, and mental illness since the pandemic, has played a major factor in the experiences of the South Riverdale community, and likely other neighbourhoods in Toronto. Mahatma Gandhi said, "A nation's greatness is measured by how it treats its weakest members." South Riverdale CHC was established to serve the weak and underserved, and should continue to do so, not in isolation, but in collaboration and engagement with its partners and surrounding community. This is the measure by which the Centre and the community will be evaluated.

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Appendix A: Quality Improvement Plan (QIP): SRCHC Consumption Treatment Services

Initiative	
Security and Safety	***Update***
1. Review the security program at SRCHC including contract, staff licensing, training and proof of training, and security needs at SRCHC and immediate community 2. Ensure standard operating procedures in place 3. Develop plan for security cameras including surveillance, signage, and maintenance 4. Explore "Safe Walk" policy 5. Develop regular forum for SRCHC/TPS collaboration, communication, and escalation process 6. Assess external facility for further safety improvements ie. Benches/planters/signage 7. Completion of all Crime Prevention Through Environmental Design (CPTED)recommendations 8. Completion of all aspects of fence installment and maintenance contract	Completed with minor issues outstanding: • 2 OCS Staff from 0600-2400 • Safe entry and exit of clients • Escort clients through back entrance for early arrival before SRCHC opens • Prevent loitering outside Centre and on adjacent sidewalks • Alert SRCH/TPS of any witnessed nuisance/illegal activity • Hourly needle sweeps around 15m perimeter and behind church fence • Ensure church fence is secure at end of shift • Allow all early clients into the Centre • Ensure smoking in designated area • Provide "block walks" and check-ins to local businesses • Establish clear process for ongoing education to new security staff about the services/clarity on exemptions/expectations of needle sweeps/engagement with clients. Maintain records of all safety and security training • Assess the need for a hybrid (security with security alternative) model • TPS Assessment of site for enhancements in security and safety completed with installation of added lighting, security cameras, mirrors on external perimeter, removal of planters and all but two benches at front of building • Install seat dividers on remaining external benches • Monthly TPS/SRCHC Liaison meetings established, minutes documented and agenda co-developed • Add additional mirrors to exterior walls • Safe Walk and TPS escalation policy and maintenance plan for security camera's currently under development

Service Provision	***Update***
9. Increase staffing through recruitment of RPNs, cross training of staff and staff nurse rotation from Moss Park 10. Expand hours of operations for CTS	• Assessment of support staff presence completed and assessed to be feasible for expanded hours of operations at the Centre • Expansion pans communicated to and supported by the MoH • Nursing rotation from Moss Park and recruitment of new staff have commenced and as of April 1, the CTS expanded hours three days per week to 8pm at night. Longer term plans are for expanded hours M-F and weekend operations, starting with Sundays
Community Engagement	***Update***
11. Recruit director-level communication and engagement position to monitor, report and address/assign all community concerns 12. Reframe CLC for meaningful community engagement and Centre operational leadership accountability 13. Establish an annual Work Plan to share with community related to safety and quality improvement initiatives and timelines/accountability 14. Establish the CLC as a forum for changing needs of community of drug users and how to best handle situations as a community forum to build trust with Centre leaders 15. Establish a specific point of contact for community outreach 16. Establish a dedicated email address that is regularly monitored, to provide the community with additional communication access to the Centre 17. Provide leadership with direct access to community concerns	• Director of Communications and Community Engagement position posted and recruitment process underway • Interim plan to share role with another health partner e.g. CHCs/hospitals • New director to assume point of contact duties and leadership on redesigning the Centre's communication strategy • CLC reframed with new membership, accountability, co-leads, and approved TOR • Co-chaired by CEO and member of Community • More community representation and monthly meetings • Minutes made public and posted on website once approved • Dedicated email posted on website and manned daily • Concerns/feedback directed to appropriate individuals and monthly summaries provided to the BoD and CEO for discussion at monthly CLC • Dedicated time allocated at each CLC for community feedback • Annual Work plan and priority setting discussion started and minutes posted on public-facing website for broader community sharing

18. Explore opportunities to collaborate on communications with other CHCs with CTSs 19. Provide updates on relevant indicators to community members 20. Develop a formal crisis communication framework, and identify two spokespersons with media training for crisis communication 21. Establish clear roles within the organization for addressing community concerns	• Issued RFP for consultant expertise in communications to assist with the development and training of a crisis communication framework • Balanced Scorecard report in progress and to be posted on Centre's website • Confirmed media training for CEO and SRCHC BoD chair as key organizational spokespersons • Centre currently codifying roles within the organization for addressing community concerns and accountabilities to reporting managers
Human Resources	***Update***
22. Hire expertise in Occupational Health with accountability for health and safety in the workplace 23. Review staff wellness including staff trauma/stress, anonymized reporting of concerns 24. Undertake a formal review of staff compensation 25. Enhance Police Check policy and remove current exclusions/deletions 26. Develop a policy for staff to attend to emergencies outside of the physical building 27. Develop clear guidelines around the hiring of PWLLE including updating job descriptions and role/skill requirements	• Funding required to recruit either a full-time Occ. health role or share a role with a partner organization as current capacity does not exist for this role • Internal wellness strategy and external compensation review completed in late 2023 with recommendations to be implemented wherever possible, in 2024 • Centre reviewing with *iLearn* the potential to incorporate all staff emergency training into online forum • Police Check policy revised to reflect a need for all staff to have a recent (6 months) police check upon employment, and clarification/notification of changes • Policy under development to outline staff safety requirements when attending to an emergency outside of the physical building including the Good Samaritan Act to protect staff from liability • Postings with "Worker" designating PWLLE currently under review with updates to job descriptions and further clarity on role/skill requirements currently under development

Critical Incidents/Serious Events	***Update***
28. Identify a centre-wide manager of risk mitigation 29. Enhance code protocols to clearly identify critical/serious events including a Code Silver (Weapons/Active Attacker), lock down procedures, and establish annual refreshers and simulation exercises for emergency code responses and post code debriefs 30. Develop a notification of serious incident guideline with clear roles and accountabilities for timelines	• Formal development of Code Silver initiated • All security codes reviewed and revised • Code lockdown debrief occurred in 2023 and all emergency codes are part of the annual staff training • The VP Strategy is the Centre's designated manager of risk mitigation with current roles and responsibilities as part of the job description • An escalation policy with timelines exists at SRCHC and was used appropriately after the incident in July 2023. Further clarification to the policy was added to designate which roles were responsible for communication escalation

APPENDIX B: CLC Terms of Reference

Community Liaison Commitee for keepSIX Supervised Consumption Service at SRCHC Terms of Reference

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Background

South Riverdale Community Health Centre (SRCHC) operates a Consumption and Treatment Service (CTS) and is required by the Ontario Ministry of Health, to support ongoing community engagement and liaison initiatives to address local and neighbourhood concerns.

Purpose

The Community Liaison Committee (CLC) is a standing committee that provides a safe space for SRCHC to have trusting and transparent engagement with community members, businesses, partners, and other stakeholders. The goal is to drive meaningful change about issues of safety and security.

Recognizing the changing environment in the Leslieville area, the purpose of the CLC is to:

1. Continuously monitor and address community safety and security concerns related to the Consumption Treatment Services.
2. Ensure the ongoing quality of the CTS Program
3. Work collaboratively with our neighbours for a strong, safe, and vibrant community.

Goals and Objec◆ves

1. Develop an annual work plan to identify safety and security priorities.
    - Include recommendations of past safety reports and reviews
    - Prioritize issues
    - Develop key performance indicators as measures of success
    - Ensure timely progress towards implementation of recommendations
    - Assign accountability for work completion
    - Provide updates at each CLC and post updates via shared link

2. Understand changing trends (e.g., demographics, drug use, housing, policy), based on reports from experts, community feedback) that CLC members need to be aware of, in order to make decisions about the impact of the CTS.

3. Identify if further changes to the functions of the CTS need to be made, based on the findings of ongoing reviews (e.g. Unity Health Review).

- Agree on how and when changes would be made

4. Provide an opportunity at each meeting to discuss any ongoing community concerns

The CLC is not a decision-making body with respect to the daily operations of the CTS

Membership

- Members are required to attend at least 70% of meetings
- All active CLC members (or alternate) will have one vote
- Only one (1) SRCHC manager or staff will have a vote

Who	Number
SRCHC representatives • Senior management • CTS manager and/or staff	4 2 senior management 2 CTS managers/staff
Community members may include the following categories: • Resident(s) from across the catchment area but with a focus on the areas that are in close proximity to the CTS • Business owner(s) • Business Improvement Association/Area representatives • Parent Council (Morse Public School) • Queen Street East Presbyterian Church	9
Community and partner organizations that may be involved in or affected by the operation of the CTS • Hospitals • Community services • Shelter services	3
keepSIX Advisory Committee members (clients)	2
Toronto Police Service	1
Toronto Public Health	1
TOTAL	**20**

Term of Membership

- The membership of the commitee is reviewed every two years.
- Members are required to sign and adhere to Terms of Reference
- Institutions who are members are required to identify an individual (and, if they wish, an alternate) to represent them at each meeting

Quarterly Reporting

The CLC will provide a progress report to the SRCHC Board of Directors local politicians, and senior leadership of partnering organizations, on a quarterly basis.

Accountability

The CEO will be accountable to provide CLC updates to the SRCHC Board of Directors on a monthly basis.

Frequency of Meeting and Time Commitment

The CLC will meet monthly or as needed for 1.5 hours

Decision-making[1]

The Commitee strives for consensus among all members and where this is not possible, it will comply with the majority rule of votes by CLC members when quorum (60%) is achieved. The majority vote is 50% plus one.

Minutes

Minutes of the Commitee will be maintained, reviewed, and approved by commitee members (based on majority vote) and posted on the SRCHC website within one week of CLC approval.

Atendance will be recorded in the minutes.

Rules of Conduct:

Members of the CLC agree to:

- Act in accordance with the Terms of Reference
- Preserve confidentiality regarding members and client maters and other confidential information they may be privy to
- Be respectful of the expression of diverse opinions which may be different than those of other CLC members
- Be prepared to work constructively and collaboratively with members of the CLC
- Refrain from using language or acting in a way that is threatening, abusive, racist, or otherwise disrespectful
- Bring any **immediate** concerns regarding the operations of the CTS to the attention of the management of SRCHC; the concerns may then be brought to the attention of the CLC
- Not act as a spokesperson for the CLC

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[1] **Consensus decision-making** is a *group decision making* process that not only seeks the agreement of all participants, but also the resolution or mitigation of minority objections. *Consensus* is usually defined as meaning both general agreements, and the process of getting to

such agreement.

In the event that a member is unwilling to abide by the Terms of Reference of the CLC, the South Riverdale Community Health Centre reserves the right to rescind the membership of that person (based on majority vote) and seek a new member to replace the role.

Review

Terms of Reference will be reviewed annually by CLC members with any revisions agreed on through a consensus process and where this is not possible, through majority vote of CLC members. The decision whether to adopt any recommendations for change to the Terms of Reference will be made by the Board of Directors of SRCHC.

I have read, understood, and agree to abide by these Terms of Reference:

Name:_____

Signature:_____

Date:_____

Approved by the SRCHC Board of Directors: Dec. 2017
Revised Jan. 2018
Revised December 2019
Revised December 2020
Revised December 2021
Revised March 2024