

Final Report on the Safer Community Committee

October 19, 2023

PREPARED FOR SOUTH RIVERDALE COMMUNITY HEALTH CENTRE
BY BGM STRATEGY GROUP

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Executive Summary

This report details the process of and advice generated by participants of the Safer Community Committee (SCC), a multi-stakeholder group convened by the South Riverdale Community Health Centre (SRCHC). SRCHC convened the SCC with a mandate to 1) identify safety and security challenges in South Riverdale and the factors that contribute to those challenges, and 2) generate meaningful, attainable recommendations to improve community safety in South Riverdale.

The SCC process brought together individuals with diverse perspectives and experiences in relation to community safety issues. All participants were passionate about community safety, while holding divergent – and at times, mutually exclusive – views on what community safety means and what is required for all community members to feel safe.

These conversations demonstrated the complex and challenging nature of finding shared solutions from diverse perspectives and experiences, within a context of community trauma. The conversation was fraught: many participants resigned for a variety of reasons.

As a result of these membership changes, it is overly simplistic to present the advice generated as the cohesive recommendations generated by a single body. However, the process did produce concrete advice for the SRCHC Board to receive, action, and champion:

1. SUBSTANCE USE AND MENTAL HEALTH

- SRCHC: work with provincial Ministry of Health officials, federal Health Canada officials, and medical experts to review the most suitable delivery setting and delivery model for supervised consumption services. The location(s) and delivery model should be determined based on robust evidence and agreed upon metrics by residents and community, stakeholders, government decision-makers and take into account proximity to schools and daycares. In addition, any ideas should be piloted and reviewed against the goals of: fewer overdose deaths, less public disorder, service usage, community complaints – with results fed through Community Liaison Committee (CLC) to evaluate over time. Also, ensure any alternative considers pathways to support people who wish to pursue evidence-based treatment to reach stability.
- SRCHC: seek additional funding to expand counselling services on site for people struggling with substance use.
- Provincial government, TPH, City of Toronto and SRCHC: establish and disseminate resources, training and communication to businesses on how to navigate difficult

situations. This should be considered a necessary intervention at this moment, but insufficient in and of itself to solve issues.

- Relevant actors: seek partnerships and funding to expand safe consumption services including shelters, Toronto Community Housing buildings, community agencies and other settings.
- Province: create a strategy to address substance use crisis.

2. DISCARDED DRUG USE EQUIPMENT

- SRCHC and City of Toronto: identify and implement approaches that reduce the number of improperly discarded needles in public spaces, which are based on the best-available evidence and recommendations derived from the evidence, which include incentives to return used needles to SRCHC, offering options for additional biohazard containers for safe disposal and additional street cleaning efforts, and enhancing education to clients about impacts of improperly discarded needles on community safety.
- SRCHC: ask clients of the service what would help them discard equipment appropriately.
- TPH and Province: review and implement best practices in how needles are distributed and responsibility for distribution and collection.
- City of Toronto: review data and determine if there are other neighbourhood hotspots where biohazard containers can be installed.
- City of Toronto: explore partnerships with local agencies and other community groups to install biohazard containers on their sites as well (if not already)
- Leslieville Harm Reduction Coalition (and others): expand frequency and geographies of sweeps around locations that serve children or have frequent community use.
- All organizations/volunteer groups participating in sweeps of the neighbourhood: engage in coordination to improve coverage and communication.

3. CRIME AND VIOLENCE

- Toronto Police Service (TPS) and SRCHC: work on public education campaign to share knowledge of how to identify “crime,” who to contact for what types of concerns and what to expect.
- City of Toronto: address “hotspots” by looking at the contours of the alleyways, lighting, plantings, access control and create “placemaking” opportunities to animate areas, like alleys and parkette.
- Federal government: using evidence, including international research, identify the most effective gun control measures to address gun violence.
- Federal government: continue to explore public policy responses to address the epidemic of toxic drug deaths that are based on the best-available evidence.

4. SAFETY OF ACCESS

- SRCHC: explore strategies to communicate to the neighbours that the centre is a health facility, educating on appropriate behaviour in respecting community members receiving services.
- SRCHC: work with academic partners to conduct research and engage people using substances outside of the SRCHC to understand why they are “outside” instead of coming “inside” to access services.
- TPS and SRCHC: commit to continued open communication, collaboration and response, including continued collaboration at the front lines.
- TPH: share Canadian Paediatric Standards guidelines for sharps training in the community.

5. COMMUNITY BELONGING

- SRCHC: expand the presence of street outreach workers to provide assistance to those in need. We strongly encourage coverage outside of SRCHC operating hours. Expansion of community outreach could include the development of new metrics for measuring community safety.
- City of Toronto: create a drop-in centre in the east end to provide daytime access to amenities and a place to go during the day. Services are needed in the east of Toronto after a thoughtful conversation about an appropriate location.
- City of Toronto: expand access to public washrooms in our neighbourhood and all parts of the city, recognizing the shortage of public washrooms. An immediate action would be to consider appropriate available locations for port-o-potties in the vicinity.
- All levels of government to resolve homelessness crisis through expansion of supportive housing.

6. COMMUNITY ENGAGEMENT

All directed exclusively at SRCHC

- Adopt best practice for service users to be consulted extensively on any potential changes to services.
- Consider ways to strengthen the accountability of the CLC: requirements for more robust reporting-back from representatives on the CLC; publication of the members; dates and summaries of meetings; reporting to community on concerns that have been brought to the CLC and response.
- Increase efforts in public communication and engagement, across the catchment but with special focus on those geographically close to the site (emphasis on open learning), using a variety of approaches/ strategies including:

- Host, for a period, regular open houses (suggest every 6 months for 2 years), as well as a community meeting.
- Create a paper and online bulletin and disseminate quarterly for community members that contains relevant updates and information such as who to call with questions or concerns.
- Create a dedicated webpage and/or newsletter to provide information (harm reduction 101) and updates on any actions taken to increase community safety. This could include any media articles that talk about best practices in managing Consumption and Treatment Services (CTS) from other parts of Toronto, country and the world.
- Institute an annual event with food for the community.

These suggestions represent the best advice participants could agree on within the context of the meetings in which they were approved. By transparently sharing points of both agreement and contention, as well as the SCC process itself, this report is intended to inform SRCHC and relevant stakeholders and partners as they continue work to improve community safety for all.

Introduction

This report details the process of and advice generated by participants of the Safer Community Committee (SCC), a multi-stakeholder group convened by the South Riverdale Community Health Centre (SRCHC) and facilitated by BGM Strategy Group, the author of this report.

The SCC was a group brought together by tragedy: On July 7, 2023, Karolina Huebner-Makurat, a 44-year-old wife and mother of two, was killed by a stray bullet in a daytime shooting across the street from SRCHC following a physical altercation related to a robbery between three men near the Centre.

As part of its response to this tragedy, SRCHC convened the SCC with a mandate to 1) identify safety and security challenges in South Riverdale and the factors that contribute to those challenges, and 2) generate meaningful, attainable recommendations to improve community safety in South Riverdale.

The SCC process brought together individuals with diverse perspectives and experiences in relation to community safety issues: neighbourhood residents, business owners, representatives of local community organizations, SRCHC volunteer Board members who live in the Centre's catchment area, and individuals with professional expertise in the areas of community safety, children and youth, community services, and harm reduction and health care. All community members who expressed interest in participating before the first meeting were invited to participate in the SCC. Most participants were not experts in public health, crime, or policy – but all had deep connections and ties to the Leslieville neighbourhood.

Over five meetings between July and October, participants worked to identify safety issues and concerns in the community, generate ideas to address them, and develop recommendations based on which ideas had majority support. The conversation focused on the part of the SRCHC catchment immediately surrounding the 955 Queen Street East site, referred to as Leslieville or South Riverdale throughout this report.

This deliberation was informed by the results of a survey executed by a group of community residents, a second survey conducted by Public Process and commissioned by SRCHC, and a petition of support for harm reduction services collected by the Leslieville Harm Reduction Coalition. Deliberation was further informed by other materials including reports to City Council, Consumption and Treatment Services (CTS) application guidelines, and research about issues and recommendations identified within meetings.

Each of these conversations demonstrated the complex and challenging nature of finding shared solutions from diverse perspectives and experiences, within a context of community trauma. At points throughout the process, some participants expressed coming to a new understanding through dialogue. All participants were passionate about community safety, while holding divergent – and at times, mutually exclusive – views on what community safety means and what is required for all community members to feel safe.

Ultimately, the Committee could not hold these divergent perspectives together. Membership changed throughout the process. Three members resigned prior to meeting three; six went from participating as voting members to non-voting advisors prior to meeting four; another eight resigned prior to meeting five. The reasons members gave for resignations included an antagonistic environment created by some members, bullying and intimidating behaviours exhibited by some, concern that others on the Committee were not abiding by the confidentiality and good faith articulated in the Terms of Reference, and disagreement with the recommendations approved by the majority.

As a result of these membership changes, it is overly simplistic to present the advice generated as the cohesive recommendations of a single body; many of the suggestions here were supported by a wider range of participants than would be reflected on the list of members at the end of the SCC process. Each decision made in each meeting carried the minimum support

required (60% of meeting participants). This report faithfully communicates the issues and solutions agreed upon within the context in which they were raised.

The remainder of this report is divided into six sections: the first five summarize the points of contention, agreement, and conclusions of each meeting, followed by a sixth sharing observations and reflections on a challenging and important community conversation. Appendices detail the total advice generated throughout the conversation; the participants in the process and Terms of Reference under which they met; attendance of each meeting; and the resignation letter explaining in their own words why a group of participants determined to leave the process.

In a fraught conversation, five statements went uncontested over five meetings:

- Everyone deserves to feel safe and welcome in their community. No one should be harassed, intimidated, or endangered simply by being present in public spaces.
- Children have unique vulnerabilities. They need and deserve for the adults around them to ensure they can be safe and free to be kids.
- Harm reduction services save lives. They are a vital resource to the community.
- The toxic drug supply is making things more dangerous – for people who use substances and for their neighbours.
- Many of the issues perceived to impact community safety in South Riverdale – substance use, homelessness, gun violence – are bigger than one health centre or neighbourhood and cannot be fully addressed at the neighbourhood level.

Meeting 1

The first SCC meeting focused on orienting participants to each other and their shared task, and validating the Terms of Reference that would guide the SCC process and decision making.

Participants introduced themselves and shared the roles and relationships they held in the South Riverdale community. As a large and diverse group, participants were advised that all community members who expressed interest in participating up to this point were invited to do so, and no further members would be added.

This conversation raised several themes and considerations that would inform participants' work, which together emphasized the importance of:

- Looking at the safety and security of the community, while attending to the unique needs and vulnerabilities of different community members – particularly children and those who are marginalized, such as people experiencing homelessness or mental health challenges.
- Ensuring recommendations offer tangible solutions that consider both the causes and symptoms of safety challenges in the community and recognize the full range of actors with a role to play in improving community safety.
- Improving community engagement and communication between SRCHC and other stakeholders.
- The relevant data and evidence required to make informed decisions, including how safety challenges differ throughout the South Riverdale area, the views and experiences of different community members, the experiences of other CTS sites, and work undertaken to-date by SRCHC to address safety concerns.
- The continuation of CTS to prevent deaths due to the drug toxicity overdose crisis and ensure that people who use drugs have access to comprehensive local services.

Participants reviewed in draft, provided feedback on, and agreed to the Terms of Reference, which outlined what participants would endeavour to accomplish together, the rules of engagement for participation, and how participants would treat each other through this process. The full Terms of Reference agreed to by participants is attached as Appendix 3.

Meeting 2

In their second meeting, participants focused on identifying and deepening understanding of the issues their recommendations would need to address. One participant shared the results of a resident-designed online survey with 396 respondents conducted in July 2023. The top three concerns witnessed by respondents were: "Individuals outside the Centre, blocking access to sidewalk" (79.1%), "Drug paraphernalia on the ground" (70.6%), and "Garbage left out" and "Substance use" (66.5%, respectively). The top three preferred solutions were: "Increased funding to support mental health, family programs, education and food access"; "Increased policing and security"; and "Increased funding to create space inside SRCHC for vulnerable

people and more SRCHC staff.” (No statistics on the percentage of respondents who supported these solutions were provided in the presentation.)

Participants were asked first to identify the full range of safety issues and concerns they observed in the community, then to offer their assessment of the frequency with which each issue occurred, and the severity of the danger each issue posed to community safety. Participants agreed that overdose had the highest frequency issue and the greatest threat. One participant noted that overdose not only presents mortal threat to one person, but also risks additional psychological trauma to witnesses and responders. Some observed the discrepancy between the perceived frequency of some types of crime such as assault and theft and reported crime in the neighbourhood. Others noted the increase in surveillance and harassment of SRCHC staff and clients by local residents in recent weeks – itself intimidating and risking further harm in potentially dissuading patients with a variety of health needs from coming to the Centre for care.

Ultimately, participants identified 21 safety concerns, listed in Table 1 below:

TABLE 1: SCC PARTICIPANT SAFETY CONCERNS

1. Overdose	13. Limited access to public washrooms for people experiencing homelessness
2. Lack of space for people experiencing homelessness	14. Masturbation and sexual activity
3. Limited access to SRCHC for people needing services (including people with disabilities)	15. Trespassing
4. Drug selling	16. Garbage, defecation, urination
5. Discarded drug use equipment	17. Community concerns resolution and inefficacy of the Community Liaison Committee
6. Safety and privacy infringement of SRCHC clients by local residents	18. Guns and other weapons
7. Assault	19. Harassment and trauma of SRCHC staff by local residents
8. Theft	20. Damage to property (public and private)
9. Visible substance use	21. Public thoroughfares blocked
10. Aggressive language, screaming, fighting	
11. Visitors causing harm to SRCHC staff	
12. Lack of training and experience interacting with people using substances or exhibiting disordered behaviour	

While the meeting surfaced the safety issues facing the community, it also raised a number of frustrations and differing perspectives that posed challenges to the work. A few participants questioned the legitimacy of others' participation and spoke forcefully in a way that several others later shared made them hesitant to contribute fully. Several participants emphasized they had experienced a loss of trust in the SRCHC that was constraining their ability to work constructively in the process.

A number of participants alluded to experiences outside the meetings. One participant described feeling vilified by their neighbours for advocating for their children and wanting to ensure that special attention was paid to the needs of children. Several participants saw significant overlap in solutions that would improve safety for both children and CTS clients, while some participants expressed that they saw a direct tension between the safety of different community members.

Participants broadly shared the desire to prioritize immediately actionable, practical measures to improve community safety, but expressed differing ideas of what that entailed. Some participants argued recommendations needed to focus solely on the SRCHC and its responsibility for the area immediately surrounding the Centre. Others emphasized that solutions need to address the safety issues raised and ensure they do not simply migrate elsewhere. Most participants agreed that their recommendations should aim to do both.

Meeting 3

In their third meeting, participants heard the results of the Public Progress community canvas, which included one-on-one interviews with 30 local merchants, focus groups with parents at Morse Street Junior Public School, and a door-to-door canvas of surrounding streets for several blocks in every direction from the Centre, with particular focus on the streets closest to the Centre. Participants also received recommendations from the Leslieville Harm Reduction Coalition, including a statement of support for these recommendations with over 2,000 unique signatories, 41% of whom live in the SRCHC catchment area.

Participants then turned their attention to identifying potential solutions that would address the safety concerns identified in Meeting 2 and identifying specific actors with a role to play in implementing solutions. Participants were reminded that no solutions raised in this meeting would constitute a formal recommendation at that point. Rather, the purpose of this meeting was to generate potential solutions that would be refined into concrete recommendations in Meeting 4, where participants would have the opportunity to add, remove and revise potential recommendations through deliberation and voting.

Participants reviewed the issues identified at Meeting 2, while the Facilitator noted commonalities among some of these issues. After some discussion and refinement, participants agreed the issues could be grouped into six thematic areas for purposes of organizing the discussion (outlined below). Concerns related to SRCHC’s community engagement were recognized as being of a different nature from these safety concerns, and the Facilitator explained that participants would craft distinct recommendations for community engagement in Meeting 4.

Participants raised the following solutions in Meeting 3:

1. NOWHERE TO GO

(Lack of space for people experiencing homelessness; limited access to public washrooms for people experiencing homelessness; masturbation and sexual activity; garbage, defecation, urination; public thoroughfares blocked).

- *No solutions were raised in this area in Meeting 3.*

2. SAFETY OF STAFF AND COMMUNITY

(Visitors causing harm to SRCHC staff; harassment and trauma of SRCHC staff by local residents)

- Create training for schoolchildren on how to respond to potential situations in public, especially taking public transit and WalkSafe.
- Education and training for children and families on how to respond to discarded drug equipment, drugs, disordered behaviour.

3. ACCESS, SAFETY AND PRIVACY OF PATIENTS

(Limited access to SRCHC for people needing services (including people with disabilities); safety and privacy infringement of SRCHC clients by local residents)

- Conduct research and engage people using substances outside of the SRCHC to understand why they are not coming ‘inside’ to access services.
- Toronto Police Service (TPS) and SRCHC should commit to open communication to create an approach to building trust between SRCHC, clients, and TPS, with the goal of mitigating the “trade-off” between increased police presence and diminished service use.
- TPS to continue building trust with marginalized people at neighbourhood level, so that service users can be confident police are there to stop drug dealers, not to penalize drug users.

4. ADDICTION/MENTAL HEALTH

(Overdose; visible substance use; lack of training and experience interacting with people using substances or exhibiting disordered behaviour; aggressive language, screaming, fighting)

- Institute mobile units/alternate locations (such as in hospitals) to prevent concentration of need and minimize demand on the SRCHC.
- Relocate CTS further away from schools.
- Cease CTS operations at SRCHC, and all other bricks and mortar formats.
- Ensure any alternative considers pathways to support people who wish to pursue sobriety.
- Province to create strategy to address substance use crisis.
- SRCHC/Toronto Public Health (TPH)/City of Toronto to establish/amplify resources, training, and communication to businesses for how to “survive together” and navigate difficult situations.
- Decriminalize substances.
- Provide safe supply to undercut selling of drugs.

5. CRIME/VIOLENCE

(Drug selling; assault; theft; guns and other weapons inside and outside SRCHC; trespassing; damage to property (public and private))

- Create formal protocols between collaboration, ongoing monitoring, improvement, and enforcement involving SRCHC, TPS, TPH, Leslieville BIA.

6. DISCARDED DRUG USE EQUIPMENT

(Discarded drug use equipment in public places)

- Develop a plan for sweeps that involves the whole community so that private property can be included in sweeps (working with BIA, community organizations and others), and that involves volunteers safely.
- Institute incentive program for clients to return needles.
- SRCHC to review policy on needs distribution to minimize materials left around the neighbourhood.

OTHER

- Replace management of SRCHC’s CTS (and their direct report) to demonstrate accountability and rebuild trust with community.

Meeting 4

While Meetings 1-3 largely focused on generating ideas, in Meeting 4 participants were challenged to agree upon a concrete set of recommendations that carried the support of the majority (60%) of participants present.

Before turning to that task, the Facilitator presented an updated Terms of Reference. Considering repeated debate over who should have a vote in the discussion, and some resignations, the “membership” of the SCC was simplified and minimized. The revised Terms of Reference distinguished between voting members and advisors, with the following stipulations:

- Voting members were revised to be comprised exclusively of people living, owning a business, or operating a community organization in the SRCHC catchment.
- People representing institutions maintained their participation as Advisors: non-voting contributors who participate to share relevant information to craft effective recommendations. Advisors were not to be credited among report authors, and their formal endorsement was not required to determine final recommendations.

Participants agreed to the updated Terms of Reference, and the Facilitator explained that with this agreement established, no further discussion of membership or voting rights would be had, and anyone who could not trust the process under these terms was invited to remove themselves from the SCC process at that point. No one resigned.

Turning to recommendations, participants reviewed all the potential solutions raised in Meeting 3, and discussed revisions, deletions and additions to these solutions, while advisors provided input on whether recommendations were actionable for voting participants’ consideration.

NOWHERE TO GO

Participants did not identify any solutions in this area in Meeting 3 but began the development of recommendations in Meeting 4 with wide-ranging and heated discussion in this area. By the end of this discussion, the following recommendations carried the support of the majority of voting participants:

- SRCHC: expand the presence of street outreach workers to provide assistance to those in need. We strongly encourage coverage outside of SRCHC operating hours. Expansion of community outreach could include the development of new metrics for measuring community safety.
- City of Toronto: create a drop-in centre in the east end to provide daytime access to amenities and a place to go during the day. Services are needed in the east of Toronto after a thoughtful conversation about an appropriate location.

- City of Toronto: expand access to public washrooms in our neighbourhood and all parts of the city, recognizing the shortage of public washrooms. An immediate action would be to consider appropriate available locations for port-o-potties in the vicinity.
- All levels of government to resolve homelessness crisis through expansion of supportive housing.

SUBSTANCE USE AND MENTAL HEALTH

Participants reviewed the solutions raised at Meeting 3 and discussed whether to remove, add, or revise this list of solutions. Participants debated the merits of decriminalization and safe supply, and the relevance of that discussion to the SCC's mandate; the preferred alternative to the current model and location of consumption and treatment services, and the capacity of the participants to make such a determination; the importance of centering the safety of children in the discussion; the need for ongoing evaluation and learning for any policy change; concerns over potentially closing services in the midst of an overdose crisis and the crucial roles these services play; and the limited availability of services in the South Riverdale neighbourhood for people experiencing homelessness.

Ultimately, the majority of voting participants supported the following recommendations:

- SRCHC: work with TPH, provincial Ministry of Health officials, federal Health Canada officials, and medical experts to review the most suitable delivery setting and delivery model for supervised consumption services. The location(s) and delivery model should be determined based on robust evidence and agreed upon metrics by residents and community, stakeholders, and government decision-makers, and take into account proximity to schools and daycares. In addition, any ideas should be piloted and reviewed against the goals of: fewer overdose deaths, less public disorder, service usage, community complaints – with results fed through Community Liaison Committee (CLC) to evaluate over time. Also, ensure any alternative considers pathways to support people who wish to pursue evidence-based treatment to reach stability.
- SRCHC: seek additional funding to expand counselling services on site for people struggling with substance use.
- Provincial government, TPH, City of Toronto and SRCHC: establish and disseminate resources, training and communication to businesses on how to navigate difficult situations. This should be considered a necessary intervention at this moment, but insufficient in and of itself to solve issues.
- Relevant actors: seek partnerships and funding to expand safe consumption services including shelters, Toronto Community Housing buildings, community agencies and other settings.
- Province: create a strategy to address substance use crisis.

Recommendations that the provincial government fund safe supply and that the federal government decriminalize illicit substances fell just shy of the required 60% support threshold.

Some participants opposed, expressing the belief that these recommendations would condone or encourage drug use. Others felt their level of knowledge was insufficient to form an opinion. Still others spoke strongly in favour and cited evidence that safer supply and decriminalization improve health and wellbeing and diminish overdose risk, high-risk consumption, and stigmatization.

With no time remaining to address outstanding areas, participants agreed to a fifth meeting where they would develop and vote on recommendations for these areas and for SRCHC's ongoing community engagement. The Facilitator noted that this final meeting would not revisit items that participants had already voted on: wording could be refined, but the substantive meaning of recommendations already established by participants would not be changed.

Meeting 5

Given the resignation of several participants between Meetings 4 and 5, remaining participants recognized that the SCC process could no longer represent any recommendations as having the endorsement of all participants. Remaining participants also recognized the ongoing value of offering solutions to issues identified and agreed to offer their best advice on the outstanding areas. Participants demonstrated a high degree of alignment in their perspectives on solutions to the issues identified in these areas, and raised the following advice:

CRIME/VIOLENCE

- TPS and SRCHC: work on public education campaign to share knowledge of how to identify "crime," who to contact for what types of concerns and what to expect.
- City of Toronto: address "hotspots" by looking at the contours of the alleyways, lighting, plantings, access control, and create "placemaking" opportunities to animate areas, like alleys and parkette.
- Federal government: using evidence, including international research, identify the most effective gun control measures to address gun violence.
- Federal government: continue to explore public policy responses to address the epidemic of toxic drug deaths that are based on the best-available evidence.

DISCARDED DRUG USE EQUIPMENT

- SRCHC and City of Toronto: identify and implement approaches that reduce the number of improperly discarded needles in public spaces, which are based on the best-available evidence and recommendations derived from the evidence, which include

incentives to return used needles to SRCHC, offering options for additional biohazard containers for safe disposal and additional street cleaning efforts, and enhancing education to clients about impacts of improperly discarded needles on community safety.

- SRCHC: ask clients of the service what would help them discard equipment appropriately.
- TPH and Province: review and implement best practices in how needles are distributed and responsibility for distribution and collection.
- City of Toronto: review data and determine if there are other neighbourhood hotspots where biohazard containers can be installed.
- City of Toronto: explore partnerships with local agencies and other community groups to install biohazard containers on their sites as well (if not already)
- Leslieville Harm Reduction Coalition (and others): expand frequency and geographies of sweeps around locations that serve children or have frequent community use.
- All organizations/volunteer groups participating in sweeps of the neighbourhood: engage in coordination to improve coverage and communication.

ACCESS, SAFETY AND PRIVACY OF PATIENTS, STAFF AND COMMUNITY

Participants noted that there was overlap in the issues previously identified under the separate categories of “Safety of staff and community” and “Access, safety and privacy of patients” and agreed to synthesize these into one thematic area. They also clarified that many of the issues in this area were related to community surveillance and harassment of SRCHC clients, which impacts the access, safety and privacy of all SRCHC clients, not only CTS service users. Local residents had posted notices and photographs of people coming and going from the Centre, as well as people perceived to be CTS service users in other public spaces, without consent on social media and accompanying opinion pieces in a newspaper. Participants expressed dismay at the risks posed to all SRCHC patients when they cannot be assured privacy and freedom from harassment as they access health services.

With this framing, participants raised the following advice:

- SRCHC: explore strategies to communicate to the neighbours that the centre is a health facility, educating on appropriate behaviour in respecting community members receiving services.
- SRCHC: work with academic partners to conduct research and engage people using substances outside of the SRCHC to understand why they are “outside” instead of coming “inside” to access services.
- TPS and SRCHC: commit to continued open communication, collaboration and response, including continued collaboration at the front lines.
- TPH: share Canadian Paediatric Standards guidelines for sharps training in the community.

COMMUNITY ENGAGEMENT

All directed exclusively at SRCHC

- Adopt best practice for service users to be consulted extensively on any potential changes to services.
- Consider ways to strengthen the accountability of the CLC: requirements for more robust reporting-back from representatives on the CLC; publication of the members; dates and summaries of meetings; reporting to community on concerns that have been brought to the CLC and response.
- Increase efforts in public communication and engagement, across the catchment but with special focus on those geographically close to the site (emphasis on open learning), using a variety of approaches/strategies including:
 - Host, for a period, regular open houses (suggest every 6 months for 2 years), as well as a community meeting.
 - Create a paper and online bulletin and disseminate quarterly for community members that contains relevant updates and information such as who to call with questions or concerns.
 - Create a dedicated webpage and/or newsletter to provide information (harm reduction 101) and updates on any actions taken to increase community safety. This could include any media articles that talk about best practices in managing CTS from other parts of Toronto, country and the world.
 - Institute an annual event with food for the community.

Reflections on the process

The SCC process was challenging for all who participated. As SRCHC and partners with a role to play in community safety carry this work forward, other communities within and beyond the city of Toronto are grappling with many of the same challenges related to both community safety and community engagement.

In the interest of informing ongoing work around community safety and engagement, this section offers reflections on the challenges SRCHC and all participants grappled with throughout this process:

- **Remaining inclusive of difference while protecting all participants:** As the convener of the SCC, SRCHC was tasked with protecting and enabling the participation of all participants, without excluding – or being seen as excluding – those critical of SRCHC.

Encouraging the ongoing participation of those who not only held differing views, but contravened the Terms of Reference, diminished the SCC's opportunity for constructive conversation.

- **Lack of trust in the process:** Some members viewed the SCC as solely a public relations exercise, and entered into the process with the aim to demonstrate that. Significant time was spent addressing this lack of trust. In addition to divergent views on how to improve community safety, some members repeatedly expressed disagreement with basic premises of the SCC process and membership despite acceptance of the Terms of Reference at the outset. Efforts to compromise (such as adjusting the Terms of Reference) were unsatisfactory to those who raised these concerns.
- **Impact of external activities on internal process:** There were a number of instances where SCC members who supported harm reduction and who had expressed public support for the CTS brought forward complaints about hostile and bullying behaviours and conversations that were carried out by some members of the SCC outside of SCC meetings. While some participants reported that the bullying and hostility they experienced impacted their safety and constrained their willingness to continue to work together within the SCC process, it was challenging for SRCHC to hold people to account for things said or done outside of the process and not directly to the offended party. There were also accusations some participants did not adhere to the Terms of Reference's commitment to hold confidential draft recommendations prior to their finalization. These claims were strenuously denied, citing information shared in meetings and conversations outside of the SCC. It proved very difficult to validate any of these claims to justify action within the SCC.
- **Opportunity for learning:** Members came with different levels of understanding of the issues, best practices, and relevant systems and actors. While members undertook significant effort to educate themselves, the process did not allow for sufficient time to establish a baseline of relevant knowledge.
- **Seeking solutions versus seeking accountability:** Some members were focused on immediate actions to address safety concerns, others were looking to address the root causes of issues, and some were focused on actions they would understand as SRCHC's accountability to the community in the form of punitive action against staff. With widely differing ideas on what constituted success for the SCC, members experienced difficulty finding common ground on recommendations.

Appendix 1

Advice generated through the SCC process

1. SUBSTANCE USE AND MENTAL HEALTH

- SRCHC: work with provincial Ministry of Health officials, federal Health Canada officials, and medical experts to review the most suitable delivery setting and delivery model for supervised consumption services. The location(s) and delivery model should be determined based on robust evidence and agreed upon metrics by residents and community, stakeholders, government decision-makers and take into account proximity to schools and daycares. In addition, any ideas should be piloted and reviewed against the goals of: fewer overdose deaths, less public disorder, service usage, community complaints – with results fed through CLC to evaluate over time. Also, ensure any alternative considers pathways to support people who wish to pursue evidence-based treatment to reach stability.
- SRCHC: seek additional funding to expand counselling services on site for people struggling with substance use.
- Provincial government, TPH, City of Toronto and SRCHC: establish and disseminate resources, training and communication to businesses on how to navigate difficult situations. This should be considered a necessary intervention at this moment, but insufficient in and of itself to solve issues.
- Relevant actors: seek partnerships and funding to expand safe consumption services including shelters, Toronto Community Housing buildings, community agencies and other settings.
- Province: create a strategy to address substance use crisis.

2. DISCARDED DRUG USE EQUIPMENT

- SRCHC and City of Toronto: identify and implement approaches that reduce the number of improperly discarded needles in public spaces, which are based on the best-available evidence and recommendations derived from the evidence, which include incentives to return used needles to SRCHC, offering options for additional biohazard containers for safe disposal and additional street cleaning efforts, and enhancing education to clients about impacts of improperly discarded needles on community safety.
- SRCHC: ask clients of the service what would help them discard equipment appropriately.
- TPH and Province: review and implement best practices in how needles are distributed and responsibility for distribution and collection.

- City of Toronto: review data and determine if there are other neighbourhood hotspots where biohazard containers can be installed.
- City of Toronto: explore partnerships with local agencies and other community groups to install biohazard containers on their sites as well (if not already)
- Leslieville Harm Reduction Coalition (and others): expand frequency and geographies of sweeps around locations that serve children or have frequent community use.
- All organizations/volunteer groups participating in sweeps of the neighbourhood: engage in coordination to improve coverage and communication.

3. CRIME AND VIOLENCE

- TPS and SRCHC: work on public education campaign to share knowledge of how to identify “crime,” who to contact for what types of concerns and what to expect.
- City of Toronto: address “hotspots” by looking at the contours of the alleyways, lighting, plantings, access control and create “placemaking” opportunities to animate areas, like alleys and parkette.
- Federal government: using evidence, including international research, identify the most effective gun control measures to address gun violence.
- Federal government: continue to explore public policy responses to address the epidemic of toxic drug deaths that are based on the best-available evidence.

4. SAFETY OF ACCESS¹

- SRCHC: explore strategies to communicate to the neighbours that the centre is a health facility, educating on appropriate behaviour in respecting community members receiving services.
- SRCHC: work with academic partners to conduct research and engage people using substances outside of the SRCHC to understand why they are “outside” instead of coming “inside” to access services.
- TPS and SRCHC: commit to continued open communication, collaboration and response, including continued collaboration at the front lines.
- TPH: share Canadian Paediatric Standards guidelines for sharps training in the community.

5. COMMUNITY BELONGING²

- SRCHC: expand the presence of street outreach workers to provide assistance to those in need. We strongly encourage coverage outside of SRCHC operating hours. Expansion

¹ Previously “Access, safety and privacy of patients, staff and community”

² Previously “Nowhere to go”

of community outreach could include the development of new metrics for measuring community safety.

- City of Toronto: create a drop-in centre in the east end to provide daytime access to amenities and a place to go during the day. Services are needed in the east of Toronto after a thoughtful conversation about an appropriate location.
- City of Toronto: expand access to public washrooms in our neighbourhood and all parts of the city, recognizing the shortage of public washrooms. An immediate action would be to consider appropriate available locations for port-o-potties in the vicinity.
- All levels of government to resolve homelessness crisis through expansion of supportive housing.

6. COMMUNITY ENGAGEMENT

All directed exclusively at SRCHC

- Adopt best practice for service users to be consulted extensively on any potential changes to services.
- Consider ways to strengthen the accountability of the CLC as an accountability body: requirements for more robust reporting-back from representatives on the CLC; publication of the members; dates and summaries of meetings; reporting to community on concerns that have been brought to the CLC and response.
- Increase efforts in public communication and engagement, across the catchment but with special focus on those geographically close to the site (emphasis on open learning), using a variety of approaches/ strategies including:
 - Host, for a period, regular open houses (suggest every 6 months for 2 years), as well as a community meeting.
 - Create a paper and online bulletin and disseminate quarterly for community members that contains relevant updates and information such as who to call with questions or concerns.
 - Create a dedicated webpage and/or newsletter to provide information (harm reduction 101) and updates on any actions taken to increase community safety. This could include any media articles that talk about best practices in managing CTS from other parts of Toronto, country and the world.
 - Institute an annual event with food for the community.

Appendix 2

SCC Participants & biographies

All biographies are included for those who submitted one, and presented as they were submitted by the individual committee member.

COMMUNITY MEMBERS

Meaghan Candy – resigned October 4, 2023

I've been an active community member in Leslieville for over 10 years and I have two children who attend a local school. Community safety for everyone in our neighbourhood is a priority for me and it's why I volunteered my time.

Leigh Chapman – resigned August 24, 2023

Derek Finkle – resigned October 4, 2023

Derek Finkle has lived on Heward Avenue across from the SRCHC with his wife and son for fourteen years. Derek is an award-winning journalist who has reported extensively on police issues, including in his book, *No Claim to Mercy*, which played a significant role in undoing the wrongful murder conviction of Robert Baltovich, who spent ten years in prison. Derek and numerous other residents on Heward Avenue have been expressing their very serious safety concerns related to the outdoor drug emporium that has been cultivated just outside of the SRCHC, less than 100 meters from approximately one thousand children who attend schools and daycares nearby, for many years. The SRCHC willfully ignored those concerns – until July 7, 2023, when an innocent mother of two was shot and killed as a result of violence within the drug den, involving a dealer known to local residents, including Derek, a tragic event the residents predicted would occur in a meeting with the SRCHC CEO three days earlier. Since July 7th, Derek has observed that the SRCHC has been involved in a very calculated and expensive damage control campaign, of which this Safer Community Committee is part, intended to rehabilitate the SRCHC's image above all else.

Emily Hill (SRCHC Board member)

Emily Hill has lived in Leslieville for 12 years and is starting her 4th year on the SRCHC Board of Directors. She is a Senior Staff Lawyer at Aboriginal Legal Services. From 2020 to 2022, she was Senior Commission Counsel for the Mass Casualty Commission, a national public inquiry which, among other aspects of its mandate, made recommendations to improve community safety following Canada's largest mass shooting in Nova Scotia in 2020.

Rebecca Ho (SRCHC Board member)

Rebecca (she/her) has been living in South Riverdale with her family for over 15 years and is proud to be a member of this community, serving as a Director of the South Riverdale CHC Board. This is Rebecca's third year on the SRCHC Board and she was recently appointed to the role of Vice-Chair. Rebecca holds a Masters of Applied Science from the University of Toronto and a Masters of Health Administration from the Dalla Lana School of Public Health.

Aparna Kajenthira (SRCHC Board member)

Aparna Kajenthira (pronouns she/her) is a racialized settler who arrived on this land as a child with her family. Currently, she is the Sr. Manager of Health Equity and Community Engagement at SickKids Centre for Community Mental Health and proudly serves as a Board member at South Riverdale Community Health Centre. Aparna has an educational background in business administration and social work and has spent the past 15 years working with and for youth in community health, mental health and philanthropic settings.

Gillian Kolla

Gillian Kolla lives a short walk from the South Riverdale Community Health Centre with her kids, who have received health services at the Centre since they were little. She is also a public health researcher who conducts research in both Ontario and BC on how to make health and social services more accessible to people who use drugs, and on drug policy responses to address the devastating loss of life from the North American overdose crisis. She holds Postdoctoral Research Fellowships at the Canadian Institute for Substance Use Research at the University of Victoria and at the Centre for Drug Policy Evaluation at St. Michael's Hospital in Toronto. She has previously also partnered with South Riverdale Community Health Centre on research and evaluations of their harm reduction programs.

Ashley McPherson – resigned October 4, 2023

No biography provided

Elana Nayvelt – resigned August 1, 2023

No biography provided

Andrea Nickel – resigned October 4, 2023

No biography provided

Ola Skudlarska – resigned August 3, 2023

No biography provided

Edward Speicher

Edward Speicher was born and raised in South Riverdale before moving away for work. During his time spent living in Ottawa, he became closely involved with the Sandy Hill Community Health Centre, including support for a wide array of harm reduction services. A former Canadian Army mechanical engineering officer turned data scientist, Edward spent time living all over the

country before finally returning home to Toronto in 2018. Since that time he has been proud to once more call South Riverdale home, living there with his wife and their two young daughters.

Mike Wilson (SRCHC Board member)

Mike has lived near SRCHC since 2010, has two children that attend Morse St. Public School, was elected to the SRCHC board in June 2018 and was board chair from June 2021-23. Mike received his PhD from the Health Research Methodology Program at McMaster in 2010, and continues to work at McMaster as Scientific Director of the McMaster Health Forum and as an Associate Professor in the Department of Health Evidence and Impact. In these roles his work focuses on synthesizing evidence and leading deliberative processes to support government policymakers, system and organizational leaders and citizens who are involved in making decisions about health and social systems.

LOCAL ORGANIZATIONS

Kathryn Adams, Leslieville BIA

No biography provided

Naureen Choudhry, Director Public Engagement, WoodGreen Community Services

Naureen is the Director of Community Engagement at WoodGreen Community Services. She comes with an extensive background as stakeholder engagement practitioner in different settings. Prior to joining WoodGreen, she is proud of her stakeholder engagement work on social justice reforms at the Commission for Children and Young People followed by her contributions at the Department of Justice and Community Safety for the State Government of Victoria (in Australia). From simple to complex projects, Naureen specializes in designing tailored and responsive engagement strategies using IAP2 engagement principles. She also brings into the mix her skills in public speaking, networking and facilitating meetings to produce desired outcomes in engagement projects.

Laurence DeWolfe, Queen Street East Presbyterian Church – resigned September 21, 2023 (Rev. Dr.) Laurence DeWolfe, Interim Moderator (part-time) for Queen Street East Presbyterian Church. Retired pastor and seminary professor. My mandate at QSEPC is to ensure that worship, pastoral care, and governance continue while the congregation is without a minister. Also to assess present needs and assist in planning for the future, with focus on the future of the church property.

Nigel Fick, local business – resigned October 4, 2023

No biography provided

Jen Orenstein, local business – resigned October 4, 2023

I am a Chartered Professional Accountant who works in a family business that has been in Leslieville for over 40 years. Joel Orenstein MBA CPA provides small business and individuals

with accounting needs. I currently am the treasurer for Leslieville Business Improvement Association and a director at Toronto Association of Business Improvement Area.

Christiane Tetreault, local business – resigned October 4, 2023

No biography provided

ADVISORS

Sara Ehrhardt, TDSB School Trustee

No biography provided

Mike Hayles, Inspector, Toronto Police

No biography provided

Scott McKean, SafeTO

No biography provided

Kim O'Toole, Superintendent 55 Division, Toronto Police

No biography provided

Angela Robertson, Executive Director, Parkdale Queen West CHC

No biography provided

Appendix 3

SCC Terms of Reference

TOR July 27	TOR September 19
<p><u>Composition</u></p> <p>The Committee is comprised of individuals from across South Riverdale and Toronto, including:</p> <ul style="list-style-type: none"> • SRCHC Board members - 4 • Neighbours - 9 • Local community organizations - 5 • Individuals with professional expertise - 8 <ul style="list-style-type: none"> ○ Community safety ○ Children and youth ○ Community services ○ Harm reduction and health care <p>All community members who expressed an interest in participating prior to booking the first meeting were invited to do so. Local community representatives and individuals with professional expertise were identified and invited based on their ability to speak to issues that have been raised by community members or Community Liaison Committee members.</p> <p><u>Quorum</u></p> <p>A minimum of 50% of Committee members of each composition typology (SRCHC Board, Neighbours, Local Community Representatives, Individuals with professional expertise) will be required in order for the Committee decisions to stand.</p>	<p><u>Composition</u></p> <p>The Committee is comprised of 16 people from across South Riverdale and Toronto, including:</p> <ul style="list-style-type: none"> • Community members – 10 • Local business owners and service organizations – 6 <p>All community members who expressed an interest in participating prior to booking the first meeting were invited to do so.</p> <p>Individuals representing institutions participate as Advisors based on their ability to speak to issues that have been raised by community members or Community Liaison Committee members. They are not members of the Committee, but participate in meetings to offer suggestions and insight to the SCC.</p> <p><u>Quorum</u></p> <p>A minimum of 50% of Committee members will be required in order for the Committee decisions to stand.</p>
<i>Unchanged</i>	
<u>Mandate</u>	

- Identify safety and security challenges in South Riverdale and the factors that contribute to those challenges.
- Generate recommendations to improve community safety in South Riverdale that are meaningful and attainable to ensure community members feel safe.

Timeline

- The Committee will meet four (4) times between July and September 2023.

SRCHC responsibilities

- Operate transparently by posting Committee TOR, members biographies, meeting materials and final recommendations to the SRCHC website
- Disseminate the report and recommendations widely and champion efforts to implement the recommendations.

Committee member responsibilities

- Work constructively and respectfully to fulfill the mandate of the Committee.
- Express any concerns, questions, or need for accommodation to the facilitator, so that they can be addressed.
- Attend meetings as scheduled, or provide regrets. Should a member miss two consecutive meetings without advance notice, they will be considered to have resigned their position on the Committee.

Facilitator responsibilities

- Provide leadership for effective governance and administration of the Committee, and for achieving the mandate of the Committee.
- Receive input and requests from Committee members, and liaise with organizers to ensure all Committee members are supported in the fulfilment of their responsibility towards achieving the mandate of the committee.
- Lead the Committee in a way that is open and responsive to the views, experiences, values and preferences of Committee members to ensure the Committee fulfils its mandate.
- Prepare a final report that provides the Committee's recommendations.

Committee Conduct

- Treat all Committee members as neighbours and colleagues with the good of the community at heart
- Be considerate of privacy and trust by honouring the work of all participants and creating an environment where everyone feels able to and has the opportunity to test ideas and speak their mind.
- Do not take or share images or recordings of any part of meetings without the permission of participants.
- Be fully engaged and present during the meeting times.

Summaries/Recording

- Committee meetings may be recorded exclusively to assist in the production of meeting summaries.
- Summaries will be reviewed and approved by Committee members at the next meeting, or by email.
- After each meeting summary is approved, any meeting recording will be destroyed.

Public reporting

- Members are asked to direct media inquiries about the Committee and its work to Julie Grgar, Executive Assistant, South Riverdale CHC (scc@srchc.com) and to make organizers aware of any relevant media requests which they intend to respond to in their private or professional capacity.
- Respect the Committee's work as in-progress until Committee members validate their final recommendations and the final report is prepared.
- Committee members will not represent themselves as having any authority beyond that delegated in the Terms of Reference.
- Members of the Committee are not to present themselves to the media as representatives of the Committee without the express agreement of fellow members.

Decision-making

- A majority of 60% of Committee members will be required for recommendations
- A Minority Report may be included for recommendations or findings that do not garner the support of the majority of Committee members.

Appendix 4

Meeting attendance

Meeting 1 - July 27, 2023

Members in attendance:

Kathryn Adams, Meaghan Candy, Leigh Chapman, Naureen Choudhry, Laurence DeWolfe, Sara Ehrhardt, Nigel Fick, Derek Finkle, Emily Hill, Rebecca Ho, Aparna Kajenthira, Ashley McPherson, Elana Nayvelt, Andrea Nickel, Jennifer Orenstein, Kim O'Toole, Angela Robertson, Ola Skudlarska, Edward Speicher, Christiane Tetreault, Mike Wilson.

Meeting support attendees:

Jason Altenberg (Convener - SRCHC CEO), Dana Granofsky (Facilitator of SCC), Julie Grgar (SCC Administrative Support)

Regrets:

Mike Hayles, Gillian Kolla, Scott McKean.

Meeting 2 - August 3, 2023

Members in attendance:

Kathryn Adams, Sara Ehrhardt, Derek Finkle, Mike Hayles, Emily Hill, Rebecca Ho, Aparna Kajenthira, Gillian Kolla, Ashley McPherson, Andrea Nickel, Edward Speicher, Christiane Tetreault, Mike Wilson.

Meeting support attendees:

Dana Granofsky (Facilitator), Julie Grgar (SCC Administrative Support), Shannon Wiens (Convener – SRCHC VP Strategy and Systems)

Regrets:

Meaghan Candy, Leigh Chapman, Naureen Choudhry, Laurence DeWolfe, Nigel Fick, Jennifer Orenstein, Kim O'Toole, Angela Robertson, Scott McKean

Meeting 3 - September 7, 2023

Members in attendance:

Kathryn Adams, Meaghan Candy, Naureen Choudhry, Laurence DeWolfe, Sara Ehrhardt, Nigel Fick, Derek Finkle, Mike Hayles, Emily Hill, Rebecca Ho, Aparna Kajenthira, Gillian Kolla, Ashley McPherson, Andrea Nickel, Jennifer Orenstein, Edward Speicher, Christiane Tetreault.

Meeting support attendees:

Bruce Davis (Public Progress), Yasmin Yusuf (Public Progress), Dana Granofsky (Facilitator), Julie Grgar (SCC Administrative Support), Amber Krogel (BGM Strategy Group), Shannon Wiens (Convener – SRCHC VP Strategy and Systems).

Regrets:

Gillian Kolla, Scott McKean, Angela Robertson, Kim O'Toole, Mike Wilson.

Meeting 4 - September 19, 2023

Members in attendance:

Meaghan Candy, Naureen Choudhry, Laurence DeWolfe, Nigel Fick, Derek Finkle, Emily Hill, Rebecca Ho, Aparna Kajenthira, Gillian Kolla, Ashley McPherson, Andrea Nickel, Jen Orenstein, Edward Speicher, Christiane Tetrault, Mike Wilson.

Advisors in attendance:

Sara Ehrhardt, Angela Robertson.

Meeting support attendees:

Dana Granofsky (Facilitator), Julie Grgar (SCC Administrative Support), Amber Krogel (SCC Administrative Support), Shannon Wiens (Convener – SRCHC VP Strategy and Systems).

Regrets:

Kathryn Adams (Member), Scott McKean (Advisor), Kim O'Toole (Advisor), Mike Hayles (Advisor).

Meeting 5 - October 4, 2023

In attendance:

Naureen Choudhry, Sara Ehrhardt, Mike Hayles, Emily Hill, Rebecca Ho, Gillian Kolla, Aparna Kajenthira, Kimberly O'Toole, Angela Robertson, Edward Speicher, Mike Wilson.

Meeting support attendees:

Dana Granofsky (Facilitator), Julie Grgar (SCC Administrative Support), Amber Krogel (SCC Administrative Support), Shannon Wiens (Convener – SRCHC VP Strategy and Systems).

Regrets:

Kathryn Adams (Member), Scott McKean (Advisor).

Appendix 5

Letter of resignation

October 4, 2023

To Whom It May Concern:

The Safer Community Committee was created by the South Riverdale Community Health Centre's board of directors as a result of the tragic shooting of a mother of two, by drug dealers, just outside its Consumption and Treatment Services (CTS) site. We were hopeful the formation of this committee signaled that community stakeholders were coming together, with the South Riverdale Community Health Centre, to immediately address neighbours' concerns and drive for meaningful change to improve the safety of the community. This was, after all, the committee's own stated mandate.

Unfortunately, as the meetings progressed, we realized that this board-controlled committee was not set up to deliver its mandate because it refused to acknowledge the main source of community safety issues: the location of the CTS site (including the proximity to schools and daycares) and the mismanagement of the site by the South Riverdale Community Health Centre.

Instead, the committee engaged in prolonged discussions about issues not related to local safety and regularly diminished concerns related to the CTS site located at South Riverdale Community Health Centre.

The committee has shown a lack of interest and ability to resolve the ongoing concerns raised by local residents and business owners about drug dealing, violent behaviour, theft, vandalism, visible drug use and unsafe drug paraphernalia. The centre itself admitted that they have no obligation to implement any of the recommendations that the committee puts forward. This is why we no longer believe in the validity of this committee.

It has become clear that the intent of the South Riverdale Community Health Centre was to co-opt our names by attaching them to recommendations that we do not fully agree with because they do not properly address community safety issues. We will not allow the committee to falsely represent our involvement as "community buy-in" and do not want, at any time, our names associated with the recommendations.

As a result, we are submitting our resignations from the Safer Community Committee. By continuing as members of this committee, our voices would be ignored and diminished further as neighbouring residents and business owners.

Sincerely,

Leslieville Neighbours for Community Safety

Meaghan Candy (Neighbour Resident + Parent)

Nigel Fick (Neighbour Business Owner)

Derek Finkle (Neighbour Resident + Parent)

Ashley Kea (Neighbour Resident + Parent)

Andrea Nickel (Neighbour Resident + Parent)

Jen Orenstein (Neighbour Business Owner)

Christiane Tetreault (Neighbour Resident + Business Owner)