



Supervised Consumption Services - Community Liaison Committee
Tuesday, February 13, 2024 Minutes

Present:

CTS Supervisor: Dr. Jill Campbell

Staff: Allison Alexiou (Program Manager keepSIX), Jason Altenberg (CEO and Co-Chair), Julie Grgar (Recorder), Sarah Grieg (Dir. SUMH),

Community Members and Organizations: Naureen Choudhry (WoodGreen), Anne Kennedy (Queen St E Presbyterian Church), Hailee Morrison (Fontbonne Ministries/Mustard Seed), Patricia Melville (Community Rep), Andrea Nickel (Community Resident), Kim O'Toole (Toronto Police Services), Cathy Quinton (Leslieville Business Improvement Area), Dorothy Quon (WoodGreen & Michael Garron Hospital), Anne Simard (Community Member), Christiane Tetrault (Leslieville Business Improvement Area), Ben Vozzolo (Co-Chair and Community Member), Jennifer Wilkie (Community Member), Christiane Tetrault (Leslieville BIA).

Regrets:

Smitri Bhattarai (New Hope Shelter/Salvation Army), Leslieville Harm Reduction Coalition, Kathleen Dinely (Michael Garron Hospital), Mike Hayles (Toronto Police Services), Anne Kennedy (Queen St E Presbyterian Church), Morse Street Public School, Toronto Public, Health, Jennifer Wilkie (Community Member).

1. Land Acknowledgement

The CEO presented the Land Acknowledgement

2. Welcome and Introductions

Attendees made brief introductions.

3. Conflict of Interest

No conflicts were declared.

4. Approval of New Agenda Items and the draft agenda

Approval of the January 16, 2024 minutes was added to the agenda. The draft agenda was approved by a show of hands and none were opposed.





**MOTION TO APPROVE THE AGENDA:
THE MOTION PASSED UNANIMOUSLY.**

5. Approval of the draft January 16, 2024 minutes

(1) H. MORRISON (2) A. SIMARD CARRIED

6. Draft Terms of Reference – Discussion/Approval/Next Steps

Attendees discussed Committee membership. SRCHC is the process of trying to recruit client representation from people with lived experience but there has been some hesitancy by clients SRCHC will continue to try and recruit for this representation.

The revised TOR based on feedback from members was screenshared for further discussion.

Confidentiality was clarified as it applies to information that may be shared about clients, or by persons with lived experience, or personal and sensitive information or experiences that may be disclosed by Committee Members. Discussions about the themes, issues, and work of the SCS-CLC are not confidential. Draft minutes will remain confidential until approved and published on the SRCHC website.

The potential for *in camera* discussions or *restricted records* was discussed as an option for ensuring privacy when personal items are discussed. Members and SRCHC staff can also request that the information they share be kept confidential.

The breadth and order of the work for the Committee were discussed, and a suggestion was made to include advocacy in the future, that pressing items be addressed first, and that the TOR should include quality of care for clients. The CEO reminded the Committee that it has the authority to amend the TOR in the future. An amendment was suggested in the chat *“The goals are to drive meaningful change about issues of safety and security and ensure the quality of the program.”* It was also suggested that the purpose could specify referral to the Consumption Treatment Services (CTS) program. Members agreed with the amendments to the Purpose in the TOR.

Voting was discussed and the types of topics that could potentially require a vote from SCS-CLC Members. There is some information that is mandated by funders or legislation or agreements that the CTS is required to track, and those items are not up for discussion. Decisions that are open to the Committee for collaborative decision-making would be the items that could move to a vote if required.

Operational decisions are made by SRCHC including the CEO. As stated earlier, SRCHC has one vote and the CEO does not have a veto on decisions that are in the scope of the SCS-CLC. If there is a conflict of interest, affected members are required to recuse themselves. If a decision is made by the SCS-CLC, it is up to SRCHC’s operations team to determine how and when and if that decision can be implemented, and report back to the SCS-CLC. The CTS supervisor clarified that the SRCHC’s operations team will work to implement the SCS-CLC decisions as long as the





Committee has made their decision; and the decision will not harm SRCHC clients; it doesn't create safety risks; there is money in the budget for implementation; and it doesn't oppose any legislation. Operational implementation of SCS-CLC decisions will be made by the CEO and his team; the CEO reports monthly to the Board on the outcomes of SCS-CLC meetings (excluding July and August when the Board doesn't typically meet); and SRCHC Board representation and local elected officials are invited to attend SCS-CLC meetings quarterly for updates. It was requested that the TOR include the reasons that a decision may not be feasible for implementation.

The CEO discussed hiring a Community Liaison, and that individual could replace the CEO as a Co-Chair on the SCS-CLC and that could be a way to reduce any potential conflict between the Co-Chair role and the CEO position.

**MOTION TO APPROVE THE TERMS OF REFERENCE AS AMENDED:
THE MOTION CARRIED UNANIMOUSLY.**

7. Update – Newscast February 7, 2024.

Toronto Police Services Superintendent provided a recap of the [news conference](#) from Wednesday, February 7, 2024. The investigation is ongoing and no new information could be shared with the SCS-CLC at this time. The Committee requested that they be advised of news releases related to the committee early in the process.

8. Summary of 3 Safety Reports – Discussion Next Steps

The CEO advised of three reports that came out over the summer which were shared before the meeting with the Committee: the SCC report, the Resident Group - Community Safety Proposal, and the Public Progress Report. A Summary Report was prepared by the CTS Supervisor and shared with the Committee in advance of the meeting. That report discusses key areas of common interest amongst the three reports that involve six themes: substance use and mental health; discarded drug use equipment; crime and violence; safety of access; community belonging/formal protocols; and community engagement/vibrancy.

It was suggested that these reports and the areas of overlap may help guide the Committee in its discussions to prepare the work plan in March and determine priorities. Information could be provided on which items have been completed; which items are in the process of being developed or completed; and what still needs to be completed. Efforts that may not be working could also be reviewed and revised. This could also involve a priority-setting exercise when the group meets in person to help determine where the Committee should focus its energy.

The CTS Supervisor requested that Members who were previously active on various committees contribute their commentary on the progress of items in the reports before the March meeting.





Members commented on the significance of these reports in contributing to a concrete and actionable work plan that needs to be developed. The following suggestions were made:

1. One set of recommendations to address hotspots and issues within the proximity of the CTS, in addition to a potential tier of recommendations.
2. Further, recommendations should include a communication process of what has been done and what needs to be completed. SRCHC to provide this feedback in advance of the March meeting.
3. Highlight the synergies of the 3 reports.
4. Identify accountabilities for the various recommendations.
5. Map the future advocacy needs with broader stakeholders such as legislative bodies. The Committee discussed changes in the demographics of children and families in the local area of the consumption treatment services.

SRCHC has been discussing developing a balanced scorecard to share with the SCS CLC. The CTS Supervisor believed the scorecard would be a good way to identify what has been completed since the summer and where the Centre still has items outstanding from the reports. The scorecard will be publicly shared once it is available. The scorecard is specific to the CTS program.

The CTS Supervisor requested that two of the Committee Members help to support the prioritizing the work plan at the March meeting. Andrea Nickel agreed to facilitate, and Jennifer Wilkie will be asked to co-facilitate. Those members can meet with the Co-Chairs in advance of the March meeting to prepare for the prioritization exercises.

9. Standing Agenda Items:

a) Operational Updates

Updates were addressed in item b) below.

b) Updates on keepSIX

The Director of Substance Use and Mental Health (SUMH) presented updates and requested that the Committee request the types of updates they would like to hear about in the future.

In January 2024, keepSIX saw 86 unique individuals with 412 visits for consumption with a couple of overdoses. There is a new drug that is trending in the City of Toronto which is a veterinary tranquilizer. This results in different types of overdoses and different negative impacts of the drug, including a lowered heart rate and longer sedation. Several regular service users of keepSIX passed away in January, as well as some clients from other program services at SRCHC. This has been difficult for staff, especially since the deaths occurred in a short timeframe. It was unclear if the deaths were from overdose.





The Comprehensive Treatment Clinic (CTC) has been offering some services on-site at SRCHC. They provide addiction medicine and offer injectable opioid agonist treatment (iOAT), an effective option for substance users.

It was requested that potential wins or success stories be included in the reports and proactive community engagement activities and efforts.

Some recent success stories included finding permanent housing for some clients which was a big win. There is a community advisory board committee that meets regularly, and programming is done with service users in the community, there were a series of open houses in January that were open to the community. Some of the Committee Members were in attendance. Approximately 50 people came through the CTS area, which included a show and tell as well as a question-and-answer period with lengthy discussions.

There is a meeting planned for next week between CTS staff and TPS.

The Committee requested further updates on; the composition of changes to the drug supply, the impact it has on clients and potentially their behaviour, how community members outside of the site may be able to help clients when they observe such behaviours and help manage a similar situation, and understanding how other CTS sites in other parts of the City or even globally who may be observing some successes in the services provided that may be applicable at keepSIX.

With the current trending drug supply, there is often a delayed sedation. An example of delayed sedation maybe when a person is walking down the street normally and then suddenly reacts to a substance and is unconscious. If you are unsure that you are witnessing an overdose and someone is not arousable, it is best to call 911. Across the City there have been more emergency medical service (EMS) transfers daily. SRCHC would get back to the Committee regarding any big wins across the City or globally.

For clients who are looking to rehabilitate and searching for jobs, the BIA may be of assistance in helping with pathways to employment, even for jobs that may be small or temporary. The CTS can post those types of jobs in the CTS if they are made available to keepSIX. The CTS works with clients to help them obtain building blocks in life depending on their needs – housing, obtaining identification, replacement of possessions that have been lost or stolen, employment, etc. There is a list that staff work through with clients and progress can feel slow, but there appears to be momentum to improvements in their lives once they have achieved a few of the building blocks.

Volunteer opportunities were also suggested as a meaningful way for clients to participate in the community and broaden their skill set. It would be beneficial for Members to understand what skill sets or strengths clients have so that appropriate opportunities are offered.





Pathways to employment for clients may be an item that the SCS-CLC would like to work toward.

c) Community Issues/concerns – updates from attendees/emails

A recent overdose in the community was described by a Member. The member had forgotten her cell phone at home and requested a local shop owner to call 911 for the person outside and initially the request was received with surprise before the call was made.

There were recently several break-ins at Culture Athletics, a store across the street from SRCHC. The owner advised one of the Members that a CTS client had identified another CTS service user as a person who had bragged about having robbed the store and he was identified to the shop owner. TPS is actively investigating that break-in. There was a question from a community member asking why TPS required a warrant to view videos recorded by SRCHC cameras. Warrants are required as a matter of law so that videos are obtained lawfully, and evidence is not thrown out of court. SRCHC has a history of cooperating appropriately in police investigations. The Superintendent requested that the shop owner of Culture Athletics be advised to contact the investigating officer for an update as it cannot be provided in this forum as it is still an investigation. The Superintendent also offered to reach out to the shop owner if provided with his contact information and his permission to contact him. 55 Division has a large area – from Eglinton Avenue to the lakeshore and the Don Valley Parkway to Warden Avenue. When break-ins occur a crime prevention officer attends the scene of the break-in and makes suggestions to reduce break-ins through environmental design and that occurred with this incident. The individual who provided information for the investigation was helpful and from a police perspective, this doesn't often happen.

A concern was reported regarding discarded drug paraphernalia at a local daycare in proximity of the CTS. The City services did not come to pick them up. The SRCHC team did go to pick up the discarded drug equipment. A dedicated line was requested to address discarded drug equipment, as 311 did not sweep the needles. The Superintendent advised that TPS officers were in touch with that daycare. For clarification, the needles and the paraphernalia were on private property on a driveway/laneway adjacent to the daycare that butts up against the garage close to the fence of the daycare. TPS officers responded quickly to the daycare and are in the process of contacting the homeowner/resident of the adjacent property to ensure that they are aware that this may occur again.

It was noted that the community policing officers have been very responsive to community requests and needs.

SRCHC is determining if it is feasible for it to improve its community sweeps in frequency, area and responsiveness.





d) Status of overdose crisis

There was no report at this meeting.

10. Presentations – To discuss what people might want to see/hear in future meetings

Topics for presentations were deferred to a subsequent meeting.

11. March meeting – propose in-person meeting

The date of **Tuesday, March 26** was proposed, and attendees agreed. A hold will be sent to the Committee and the meeting will be hosted at SRCHC.

12. Adjournment

The meeting was adjourned at 7:52 PM.

MOTION TO ADJOURN AT 7:52 PM

(1) C. QUINLAN

(2) A. NICKEL

CARRIED

