

On Tuesday, November 21, 2023, the Living Space Relocation Review team hosted the first of two Community Working Sessions held during Part 2 of the Relocation Review. The purpose of the working session was to share the results from Part One of the Living Space Relocation Review and seek feedback on factors to consider when contemplating the relocation of the Living Space emergency shelter.

About 65 people participated, including representatives of the Youth Wellness Hub Youth Advisory Committee. Thank you to all participants.

The meeting was facilitated by Third Party Public Inc., the organization leading the Living Space Relocation Review, in collaboration with Eagle Cree Consulting. This summary was written by Nicole Swerhun, with notes from Ruth Belay and completed participant worksheets.

A draft of this summary was subject to participant review before being finalized. No suggested edits were received. If you have any questions about this summary, please contact Third Party Public at nicole@thirdpartypublic.ca. For more information about the Relocation Review see www.livingspacereview.ca.

Note that points are numbered in this summary for ease of reference only and are not intended to imply that some points are more important than others.

Community Working Session (1 of 2)

Living Space Relocation Review – Part 2 Tues, Nov 21, 2023 7 – 9 pm

SUMMARY OF FEEDBACK

The following points summarize the overall outcomes from the Community Working Session. A synthesis of all feedback is provided in the pages that follow, including the transcribed feedback received on all completed worksheets and the notes projected "live" onscreen during the working session.

Overall Working Session Outcomes

- 1. The overall discussion was constructive.
- 2. Many people saw a need to provide strong staffing and services at the emergency shelter. There were some participants who said that they do not support services being provided at the shelter.
- 3. Some people proposed one location for emergency shelter services, while others suggested the potential for two or more locations to better serve people with different needs.
- 4. Many supported one out-of-town full-service location with transportation services provided, while others raised concerns that this option would further marginalize and isolate people experiencing homelessness from the supports and services available in-town.
- 5. There were a few participants who said they would like to see Living Space closed and no emergency shelter in Timmins.
- 6. Other issues raised by participants focused on learning from others, the Relocation Review process, concerns about the challenges facing Timmins and society, and an appeal for empathy.

Note from the Third Party Public facilitation team (as presented during the Working Session):

The intent of this feedback summary is to capture the perspectives shared, not to assess the merit or accuracy of any of these perspectives. As process facilitators, our Third Party Public team acknowledges:

- Everyone has and brings different life experiences and perspectives.
- There are multiple public interests and tensions that exist between them for many reasons, including systemic factors that have historically and presently impact people differently.
- The Relocation Review process provides space for the full range of opinions and perspectives to be considered and opportunities to learn from each other.
- Our responsibility to support participants in discussing and addressing tensions and disagreeing (even vehemently) in a constructive way that builds trust in our ability to work together.
- People are complex and are at different places on their learning journeys. We will aim to hold each other accountable with grace.
- As a facilitation team, we are always learning, and we are open to feedback on how we can improve the process.

The summary is based on the points shared verbally during the working session, as well as the written feedback received on completed worksheets (see Attachments for feedback shared through 14 Individual worksheets, 9 Small Table worksheets, and the "raw notes" projected on screen during the plenary discussion).

What does an emergency shelter that's working well look like to you? What's happening to make it successful?

There was a wide range of different perspectives shared in response to these questions. In broad strokes, we have grouped responses into three general categories of responses, including:

- How the emergency shelter is defined and managed;
- What services are provided;
- Where the shelter(s) is located, the physical form of the shelter, and who it serves; and
- Other thoughts on an emergency shelter that's working well.

How the emergency shelter is defined and managed

There were participants who said that a successful emergency shelter:

1. **Defines what an "emergency" is.** Some participants said:

- An emergency shelter is different than a long-term facility and different than a treatment centre.
- An emergency (like a flood) happens for a set period of time until the emergency is rectified. Emergencies finish.
- A shelter should exist with wrap around supports for people who have fallen upon hard times. A shelter should not exist for criminal drug addicts as this supports a destructive lifestyle. Addicts need to be in rehab and criminals need incarceration. A shelter for criminal addicts cannot exist in residential or commercial areas.
- There are some clients of Living Space that are there for months and use it as their permanent address.
- 2. Is financially sustainable. There were participants that said this is necessary so that the shelter can provide what it claims to provide and meet the demand.
- 3. Is managed by a strong body of people with knowledge and skills in dealing with homelessness, drug addiction, mental illness, and organized crime.
- 4. **Has staff that are qualified to handle issues.** There were participants that said:

- Staff are competent and educated in services provided.
- All workers should be educated in different cultures.
- Staff should be trained and/or connected to services that have harm reduction, culturally based services, trauma-informed, mental health and substance use.
- 5. There's accountability for both clients and service providers. There were participants that said:

For clients of the shelter:

- If people are seeking help, they should have to commit and be held accountable.
- Accountability should include explaining what the healing journey looks like, and creating a development plan that outlines the journey.
- Accountability could include mandatory drug testing.

For service providers:

- Service providers need to show up and provide services to clients – housing, mental health, substance use, employment services, life skills, education.
- 6. Is safe. There were participants who said:
 - Patrons and the surrounding neighbours feel safe.
 - Open 24 hours.
 - People need to feel safe to be in the shelter.
 "If I felt that I would be injured going to a shelter, and I was homeless, I wouldn't go – I would stay on the streets".
 - It should be a non-judgemental space. Everyone deserves respect.
 - There's a sense of belonging. It's a place that feels like home an environment that feels safe.
 - There's a good listening/understanding process to understand what people need to get on their feet.

What services are provided

There were participants who said that a successful emergency shelter:

- 1. **Is open 24 hours.** It also provides emergency services and a rehab program.
- 2. **Meets basic needs.** There were participants who said that this includes things like:
 - Access to clean water, access to food, access to employment, education (GED), getting ID (since without identification certain services are not accessible).
 - A few working showers that have privacy.
 - Breakfast offered.
 - Consultation for clients to help them get what they need.
 - As many beds as possible.
 - Gives purpose and empowers people.
- 3. **Provides other services.** There were participants that said:
 - Proper support for addiction services (recognizing that addiction isn't a choice, it's a medical condition).
 - A treatment facility is needed (with concern that the current shelter is an enabling facility).
 - A detox facility is needed along with other addictions treatment.
- 4. **Has services available all in one place.** There were participants who said:
 - All services need to be in one place, which is less costly due to transportation.
 - Success is having one coordinated building that provides services in an insular way – gathering the "perceived" problem in one place.
- 5. An emergency shelter should be a place for people to sleep, shower, get out. There were participants who that no additional services should be provided.

Where the shelter(s) is located, the physical form of the shelter, and who it serves

In terms of the location of the shelter, there were a range of perspectives shared.

- 1. There were participants who said that a shelter that's working well is out of town.
 - They suggested that this could be a building with private rooms, learning facilities, kitchen, medical treatment, loving care, security, trained people, rehab, and privacy. Three meals a day would be provided, snacks along with activities (like gardening), exercise, opportunities to help out, with bussing to/from town.
- 2. There were participants who said that a singular emergency shelter would be hard to be successful because of the vast population and diversity of homeless peoples. Some people are wanting to receive help and feel ready to get back to work and some are in active addiction or mental health crisis and need more support. There were participants who suggested that two shelters are needed, with one in-town and one out-of-town. There were different ideas on how this could work, including participants who said:
 - It's important to differentiate between people that are addicted and people who are not. This could involve one shelter for people who don't have drug or substance abuse or mental health issues (which would be out of town), and another shelter for people that need minimal supports (which could be downtown).
 - Two shelters are needed or two sections within one shelter, one for people with addictions issues and one for people leaving domestic violence.
 - Living Space could be made into a high barrier shelter where more/other rules apply and put the low barrier shelter out of town. Then people would need to make the choice to go there to get help.
- There were participants who said that multiple locations (or levels or separation) are needed to serve people with different needs. There were participants that suggested:

- One shelter/service area could be low barrier, another zero tolerance, another land-based, and one for women and gender diverse people. Two daytime drop-in locations supported by service providers would also be necessary.
- 4. There were participants who suggested multiple smaller, modular-type housing units that are in proximity to services and have transportation, infrastructure, and the capacity to support services. This could be mini-trailers.
- 5. There were participants who said that an emergency shelter is working well when it has permanent rooms that clients can access all day. It would look like an apartment building with secure rooms for each client thereby providing the security and dignity of a home of their own. The services that clients would need (counselling, medical, job searching, etc.) would be available on site, where possible. Security would be available so that clients and staff would be functioning in a safe space. The site should be in an area that is not overcrowded with traffic or businesses to provide a safe place for clients and the public. There is considerable funding to provide the myriad of staff and supports needed to provide the varied services clients need during this difficult time in their lives.

Other thoughts on an emergency shelter that's working well

In response to the questions: What does an emergency shelter that's working well look like to you? What's happening to make it successful? There were participants who said:

- 1. There is collaboration in the community.
- 2. Nobody would be living in the streets.
- 3. Timmins should look to the approaches in Peterborough, Thunder Bay, City of London, and Alberta.
- 4. **The role and functioning of the Good Samaritan Inn** should be considered as part of the Relocation Review.

What do you see as the advantages and disadvantages of in-town and out-of-town potential locations for the emergency shelter?

Feedback from participants is summarized in the chart below.

	In-town	Out-of-town
Advantages	 There were participants who said there are no advantages to an in-town location. Those participants that did identify advantages said that an in-town location is: A place where people can come and go easily Closer to services, including emergency services if needed (police, firefighters, paramedics, doctors, emergency department at the hospital) Closer to support/family Accessible place to go so there are fewer people experiencing homelessness on the streets Close to transportation options (public transportation) 	 Advantages of an out-of-town location identified by participants included: Safer communities, would lower crime rates, harder to break laws, behaviours don't affect public safety Homeless people may get their needs better met Patients would commit to treatment Can provide full service, secure facility Well run, helpful, beauty, nature, spirituality, easier to have pets Transportation services already exist between communities, and could have dedicated shuttle Away from temptation, less likely to do drugs Won't have vagrancy and people passing out in the streets
Disadvantages	 Concerns identified for those not experiencing homelessness Public safety concerns, people don't feel safe in town Community exposed to higher rates of crime, security issues (theft, stealing) Decrease in property values Concerns children are not safe (kids stepping on needles) Homelessness is more visible Affects business Destroys the town Using all services – fire, medical Concerns identified for those experiencing homelessness Access to drugs People easily victimized by drug traffickers, human traffickers, etc. 	 Some people saw no disadvantages to an out of town location. Disadvantages identified by some participants included: Some people may not go/lack of participation Location far from services, not as accessible to those in need Higher operating costs (federal government has lots of money, we just have to access it) Marginalizing people, will isolate them from the resources they need and from access to people who care for them – their friends and family they need to help them get better

There were participants who raised concerns about the locations suggested by participants during Part 1 of the Relocation Review, including Highway 655 by Gillies Lake (is not considered out of town), the Old Daily Press Building, Value Village or the Ramada Inn – they do not think any of these locations are appropriate.

Other feedback:

Related to having empathy, there was a participant who said:

 We are all one workplace injury away – one shitty life circumstance away – from all being "those people". These are our people and our children. And we are a community and we need to take care of each other. We need to be kind. I challenge you all to think about what that life experience could be – and how quickly you could get addicted because you're on opioids. This is not recent – we just didn't talk about it before.

Related to the challenges facing Timmins, there were participants who said:

- It's disappointing to see that our town has gone downhill so much. I remember Timmins as a happy town. Shopping mall killed downtown, no smoking downtown killed all the bars, we killed our own economic success.
- Racism is an issue. We live in a racist system. There is a lot of generational trauma that stems from residential schools, the Sixties Scoop, Missing and Murdered Indigenous Women and Girls, which contribute to why there's a high population of homeless that are Indigenous.
- 3. The main problems we are facing are deeply rooted structural issues, including: primary health care is over-run, there are disparities in educational opportunities, public health is understaffed, mental health services are overburdened, income inequality persists, and food insecurity continues to rise. These are societal issues, the root causes. The Inequities in people's fundamental conditions of living must be addressed to truly solve issues of homelessness, substance use, mental health problems, and the intersections of these complex experiences.
- 4. They have concern about a growing hateful rhetoric and anger from the community.

Related to the Relocation Review process, there were participants who said:

- 1. Having to register for this meeting was a barrier to participation.
- 2. There should be committees with citizens from every ward to inform decisions related to the shelter.
- 3. How will the final decision be made for the location of the shelter? Which group will make the final choice?
- 4. There is too much emphasis on Indigenous voices, and that First Nations leaders have an important role to play in addressing homelessness.
- 5. Hopefully we can come to some agreement and help with this situation.
- 6. Living Space should be closed and every northern community should be responsible for dealing with their own social issues.
- 7. As a youth in the community, I feel left in the dark about what is happening in the community in regard to the Living Space relocation.
- 8. It would be helpful to have more information about:
 - Why are services provided at an emergency shelter?
 - Define "emergency" what is considered "emergency"?
 - Why would culturally appropriate services be provided or needed?
 - What happened with the money that has gone to Living Space already (since 2018)?
 - Of the \$6M received by CDSSAB, how much of that is from the Province and how much of that is from the municipality?
 - How will the voices of residents be considered in the context of all the other voices listed in the presentation slide showing different voices?

Related to housing, there was a participant who shared concerns about:

 The many mini shelters in Timmins. People are thrown into apartments with no lifestyle skills and we expect people to live on their own with no support. No one is checking in on people. People are left to fend for themselves.

Related to concerns about crime, there were participants who said:

- Catch and release isn't helping the challenges faced by the shelter. Some people belong in jail but because of catch and release they're not.
- People must respect the rules of society it is not a free for all to do what you want – if you break the law, you lose your freedom.
- What happened to the laws like no solicitation and public intoxication. Should be more arrests with drugs. Trying to go after drug dealers is complicated – very detailed and very specific.

Related to the current operation of Living Space, there were participants who shared:

- 1. Concerns that the current approach is enabling people.
- 2. Concerns that Living Space is not safe, there are no rules, no regulations.
- Their understanding that Living Space was supposed to be drug and alcohol free, and there was supposed to be medical staff, food access, and retraining on site.
- 4. That respect is demanded, but it must be earned and given by both sides.

Next steps:

The Third Party Public team committed to sharing a draft summary of the feedback from participants for their review to confirm nothing major from the discussion was missing or off-base. The same process will be followed for all working sessions held, with final summaries posted on the Relocation Review website. That way people can review all summaries and see the same inputs as the Relocation Review team.

In addition to in-person working sessions, there is an online feedback form at <u>www.livingspacereview.ca</u> that asks the same questions. That gives an opportunity to people who are unable to attend working sessions to share their thoughts and/or those who have additional perspectives to share either before or after the working sessions.

Attachments

- ATTACHMENT 1. Transcribed feedback from <u>Small Table</u> Worksheets
- ATTACHMENT 2. Transcribed feedback from <u>Individual</u> Worksheets
- ATTACHMENT 3. "Raw Notes" projected on the large screen during the plenary discussion (as participants shared reports from their small table discussions and any additional comments)

ATTACHMENT 1. Transcribed Feedback from <u>Small Table</u> Worksheets

There were nine (9) small table worksheets completed at the meeting (the notes on these worksheets reflect points raised during group discussion among members sitting at the same table). Some small tables answered all of the questions, while others answered a subset of questions. The numbers included here are for ease of reference only and do not reflect any order of priority. They also do not align with the numbered responses to other questions (because not all worksheets had responses to all questions).

	you? What's happening to make it successful? # Transcription of hand-written feedback on the worksheet				
1	 An outline of accountability for the end user. A development plan that outlines their journey and holds them accountable. If they are seeking help they should have to commit and be held accountable. Mandatory drug testing in order to qualify for services. Not an enabling facility. A shelter located outside city limits that offers a shuttle to bring users to medical facilities. A facility equipped with verified qualified employees. 				
2	 Access to water, food, employment – basic needs Safety Non-judgemental More than one shelter – emergency / transitional / cultural More help Collaboration in community Job search / education (GED) Anti-racism/anti-white supremacy Accountability 				
3	 Services need to be in one place, less cost due to transportation Need proper support for addiction services Streets need to be clean Need to have a place to feel like home – an environment that feels safe A good listening/understanding process to understand what they need to get on their feet Need to listen to those who need the service and allow that support Need investment more to change trajectory and for after care Addiction isn't a choice, it's a medical condition Shelter needs to be located in an area where those who would use the service naturally congregate Financially sustainable to be able to provide what it claims to provide and meet the demand Building – private rooms, learning facilities, kitchen, medical treatment, loving care, security, trained people, rehab, privacy Meals 3 times a day Snack Activities, garden Exercise Helping out, tasks 				
5	 Bussing to town Catch and release isn't helping situations What is a low barrier shelter? Help to understand this Sense of belonging Multiple locations/levels/separation (low barrier, zero tolerance, land-based, women and gender diverse) with 2 daytime drop in locations that have service providers to support Shelter staff being qualified and trained and/or connected to services that have harm reduction, cultural based services, trauma-informed, mental health, substance use Nobody should be living in the streets Accountability – service providers showing up and providing services to clients – housing, mental health, substance use, employment services, life skills, education 				

	Giving purpose and empowering people	
	Shelter is different than a treatment centre	
6	 Homeless to be able to stay the day and night/sleep there – sufficient beds, showers 	
	Staff to be competent/educated in services	
	A full service operation (counselling, beds, etc.)	
	Education on life – cooking, cleaning, working skills	
	Mini trailers (Peterborough model)	
	A longer stay – to get rested, initiate change to help themselves	
	Low barrier vs high barrier – remove the barriers	
	Clear mandate that's being followed	
	Transparency going forward	
	Thunder Bay, Ontario – follow what they do/have	
7	High barrier	
	Needing treatment centre	
	Worker's need to be educated on the cultures	
	CDSSAB should have 2 different "sections" one for addicts and one they already have	
	Has all services they require, need/want	
	Emergency shelter open 24 hours	
8	Emergency shelter – needs to be defined and have supports including placement programming, housing,	
	"short term" fix.	
	• Having one coordinated building that provides those services in an insular way – gathering the "perceived"	
	problem in one place	
	• Multiple smaller, modular-type housing units that are in proximity to services and have transportation,	
	infrastructure and that have capacity to support these services	

2. Both in-town and out-of-town locations for the Living Space emergency shelter have been suggested. What do you see as the top 3 advantages and disadvantages of both these suggested locations?

#	Transcription of hand-written feedback on the worksheet			
	ADVANTAGES In-Town Locations	DISADVANTAGES In-Town Locations		
1	Closer to medical services	Community exposed to higher crime		
		Children not safe		
2	 No advantages – people who own businesses 	Destroy the town		
	 No advantages for homeless – scared, gangs 	Filth, no business		
		Crime, security		
		Fear – terrible signal		
		Drug access		
		Manipulated by drugs		
		Stealing		
		 Using all services – fires, medical 		
3	Have little hubs in town to transport out of town to			
	the shelter			
	 Not located in a residential or commercial area 			
	Transitional housing/bail beds			
4	 Less of them on streets as they have accessible 	Public safety		
	place to go	Decrease of property value		
	Closer to support/family	Safety of our kids – fears of stepping on needles		
5	Close to services	Easily victimized by drug traffickers/human		
		traffickers, etc.		
		Affects business		
		More visible		
	ADVANTAGES Out-of-Town Locations	DISADVANTAGES Out-of-Town Locations		
1	Patients would commit to treatment	Lack of participation		
	Safer communities	Higher operating costs		
2		Marginalized, isolation, no access to resources or		
		connections		
3	Treatment centre	None		
	Well run			

	٠	Helpful		
	٠	Beauty, nature		
	•	Spirituality		
4	•	Highway 655 – dedicated transportation to services	•	Location far from services
		(shuttle)		
	٠	Away from temptation		
	•	Highway 101 – youth centre, old Tembec		
5	•	Not in residential, our community is in danger	•	Not as accessible to those in need
	٠	Have all services there, bring services to them	٠	Overpopulate our streets again
	•	Less like to do drugs	•	Away from families
6			•	Marginalization
			•	Too far from services

3. I	Do y	ou have any other comments to share with the Relocation Review team?		
#	Transcription of hand-written feedback on the worksheet			
1	•	 Treatment centre – drug addict to stay and get better 		
	•	Respect demanded but it must be given by both sides		
	•	You say you cannot force people to do anything, but people have to respect the rules of society – it is not a		
		free for all to do what you want		
	•	If you break the law, you lose your freedom		
2	•	Please get information from the Alberta treatment/help center (see what they do to help people, learn from them)		
3	•	Addicts need to have a purpose, farming, etc.		
	•	What happened to the law like no solicitation and public intoxication		
4	Gillies Lake/Hwy 655 is not out-of-town			
	•	Growing hateful rhetoric / anger from community		
	• Systems barriers are the deeply rooted structural issues that are the main problems we are facing			
		- Health care (primary) is over-run		
		- Disparities in educational opportunities		
		- Public health is understaffed		
		 Mental health services are over-burdened 		
		- Income inequality persists		
		 Food insecurity continues to rise 		
	•	These are societal issues, the root causes, the inequities in people's fundamental conditions of living that		
		must be addressed to truly solve issues of homelessness, substance use, mental health problems (and the		
		intersections of these complex experiences)		
	•	Create a larger "we", sense of belonging – john a. powell		

ATTACHMENT 2. Transcribed Feedback from Individual Worksheets

There were fourteen (14) individual worksheets completed and one written submission received at the meeting. Some people answered all of the questions, while others answered a subset of questions. The numbers included here are for ease of reference only and do not reflect any order of priority. They also do not align with the numbered responses to other questions (because not all worksheets had responses to all questions).

1. Timmins will have an emergency shelter. What does an emergency shelter that's working well look like to you? What's happening to make it successful?			
#	Transcription of hand-written feedback on the worksheet		
1	24/7 emergency services and rehab program		
2	Regional centre		
2	Services available for those who want and need them		
	Patrons and surrounding neighbours feel safe Desitive and pagetive senses for desisions (actions)		
3	Positive and negative consequences for decisions/actions		
3	As many beds as possible		
	A few working showers that have privacy Description of the second seco		
	Breakfast offered Consultation for elignte to help them not what they need		
	Consultation for clients to help them get what they need All of these are suggested to meet here a hybrid needs if these needs are met finding a job mey be mere		
	 All of these are suggested to meet basic physical needs – if these needs are met, finding a job may be more probably 		
4	 Have we received funding? Personally, I think there shouldn't only be a singular emergency shelter in order to be successful due to the 		
-	vast population and diversity of homeless peoples. Some people are wanting to receive help and feel ready		
	to get back to work and some are in active addiction or mental health crisis and need more support. We need		
	a shelter that is just for basic needs like an actual emergency shelter. Place where can get education and		
	another where people can get addiction help. Making sure to be mindful of culture and generational trauma.		
5	Educated workers		
6	Define "emergency shelter"? what constitutes an emergency?		
	• A shelter should exist with wrap around supports for people who have fallen upon hard times. A shelter		
	should <u>not</u> exist for criminal drug addicts as this supports a destructive lifestyle.		
	Addicts need to be in rehab and criminals need incarceration. A shelter for criminal addicts cannot exist in		
	residential or commercial areas.		
7	• An emergency shelter that is working well as permanent rooms that clients can access all day. It would look more like an apartment building with secure rooms for each client thereby providing the security and dignity of a home of their own. The services that clients need (counselling, medical, job searching, etc.) would be available on site where possible. Security would be available on site so that clients and staff would be functioning in a safe space. The site should be in an area that is not overcrowded with traffic or businesses to provide a safe place for clients and the general public. There is considerable funding to provide the myriad of staff and supports needed to provide the varied services clients are in need of during this difficult time in their lives.		
8	An emergency shelter that's working well in my point of view is a shelter where members of the community can		
	go to access resources (food, water, hygiene supplies, clothes). Also, it would be a safe haven where they have the freedom without being judged to get the help they need be that counselling in mental health and addiction services, representatives of contact north to help with composing resumes as well as job searches, representatives from school boards to assist in completing the learning necessary to receive their OSSD as well as representatives form service Ontario as well as the government to assist in getting the documentation necessary to get them back on their feet. If I knew what was happening in our community to make an emergency shelter successful, I would tell you but as a youth in the community, I feel left in the dark about what is happening in the community in regards to the living space relocation as well as the living space in general including the resources and help they offer to members of the community.		

	Both in-town and out-of-town locations for the Living Space emergency shelter have been suggested. What do you see as the top 3 advantages and disadvantages of both these suggested locations?				
#					
	ADVANTAGES In-Town Locations	DISADVANTAGES In-Town Locations			
1	Accessibility	Safety (break ins)			
	-	Garbage			
2	Close to other service providers	Close to drugs/drug dealers, too close to bad			
	Can come and go easily	behaviours or influences			
	Close to family	Decreased property values			
		Higher crime rates			
3	 Homeless have access to amenities, but they don't have any money. They break-in 				
	have any money. They break-in	Increased crime			
4	• N/A	Increased concern of public safety N/A			
5	None	Crime			
Ŭ	None	Violence			
	None	Drugs			
6	Zero advantages	Continued criminal crime wave			
	Zero advantages	Continued vagrancy, panhandling			
	Zero advantages	Continued public defecation			
7	Close to services	Close to residential neighbourhoods and			
	Easy to get around town and proximity to family	businesses more potential for theft and property			
	and friends	damage			
	Close to transportation options	 Increased access to drugs and alcohol for those atmention with addiction issues 			
		 struggling with addiction issues Finding an area with the balance between 			
		proximity while minimizing the impact on individual			
		property owners and business owners			
8	Proximity to necessary resources (food, water,	Effect on local businesses – ever since the			
	hygiene supplies, clothes)	relocation the living space at 316 Spruce Street			
	Proximity to public transportation	South in Timmins there has been a significant rise			
	Proximity to emergency services if needed (police,	in theft at local businesses in Downtown Timmins.			
	firefighters, paramedics, doctors, emergency	 Effect on our community members – theft or scared to walk alone outside and scared for their 			
	department at the hospital)	wellbeing and safety			
		 Effect on future generations – youth are being 			
		shown the reality of life at such a young age in			
		Timmins and as soon as they graduate high school			
		most youth are deciding to leave instead of staying			
		in Timmins due to how the city is too unsafe to			
		enjoy at such a young age. Community members			
		are finding syringes in city parks where a huge amount of youth go and have fun and should be			
		safe to enjoy doing so			
	ADVANTAGES Out-of-Town Locations	DISADVANTAGES Out-of-Town Locations			
1	Hard to get to drugs/dealers	Hard to come and go			
	Harder to break laws	 May not have appropriate services required 			
	Could provide a new start or outlook on life	High costs			
2	Homeless behaviours don't affect public safety	Homeless people more secluded			
	Homeless people may get their needs met better	Harder for homeless to get to services			
3	Keeping public safe, children*	• Travel back and forth, would need to be provided			
	Detox unit Animal program, unconditional lovo				
	 Animal program – unconditional love Find purpose and gain incentive 				
	 Take care of something 				
	 Keeping them away from drug sources, and 				
	alcohol				
	Farming				

	Working rehab because the biggest problem is the		
	drugs		
	• Where they can get well, feel sense of purpose		
4	None	• N/A	
	None	• N/A	
	None	• N/A	
		CLOSE LIVING SPACE	
		Every municipality, northern community must deal with	
		their own social issues. The true homeless (clean)	
		don't need barriers.	
5	Safeguards law-abiding citizens	Zero disadvantage	
	Reduces vandalism	Zero disadvantage	
	Restores sense of safety and security to residents	Zero disadvantage	
	of Timmins	g	
6	Deals with the concerns of residential and	Not as easy to access services although a	
	business owners about increased potential of theft	transportation component would likely be part of	
	and damage to property	the planning for an out-of-town shelter	
	 Less ready access to drugs and alcohol for those 	Not as close to family and friends	
	struggling with addiction issues	• Would not be able to drop in if the need were for a	
	Potentially more possibilities for a more secure	short term (night or 2) again a transportation option	
	area for people experiencing homelessness to	from the downtown core would need to be	
	have a stable place to live while they transition back to having a home of their own. More space	available	
	for creating a building that would function on		
	multiple levels to provide the services people need.		
7	 Safety in our community – it will relieve community 	Proximity to necessary resources (food, water,	
	members of their wellbeing and safety as well as	hygiene supplies, clothes)	
	theft in local businesses (but homeless people are	 Isolation and proximity to emergency services if 	
	still community members and they shouldn't be	needed (police, firefighters, paramedics, doctors,	
	marginalized). The police services will be able to	emergency department at the hospital)	
	concentrate their efforts and staff on more pressing	 For isolation, we are marginalizing a bunch of 	
	emergencies.	community members whose opinions, feelings, and	
	 Safety in the environment – has the possibility of being in a controlled environment where there will 	thoughts matter to make our community members	
	being in a controlled environment where there will be less access to harmful drugs and mental health	feel safer. We will be isolating them from friends	
	problems, and more access to safer services for	and family members which can be difficult to their	
	mental health and addiction, such as a safe	mental health and wellbeing.	
	injection site	5	
	 Services can be accessed efficiently – it will have 		
	to be created as a close-knit community where all		
	the services and resources needed an be		
	accessed in one building such as good, clothing,		
	mental health and addiction services and a safe		
0 5	injection site		
2. [#	Oo you have any other comments to share with the Re Transcription of hand-written feedback on the works		
# 1	 No in-town locations! Hide them 	11661	
2		work with City Hall, Cood Samaritan Inn	
3	 In town: Citizen committees, neighbourhood watch, v How will the final decision be made for the location of 		
		as – supply a shuttle service to and from the location	
	 In-town – business areas might be harmed, loss of b 		
	areas, residential areas – not in favour of such a she		
		Location must be accessible <u>but</u> away from residences and businesses	
4	 First – how does DSAB count the number of homele 		
	When you read stats provided the numbers don't reflect the people. There are people here that are form out		
	of area. This is first issue to correct.		
	 Second – there are four issues in the City: 		
	· · · · · · · · · · · · · · · · · · ·		

	 Homelessness – yes, this is serious and people do have hard times. Homeless people will stay close to shelter and are not looking to create trouble
	2. Drug addiction
	 Mental illness which can also be contributed to with homelessness and drug addiction Organized crime
	 A homeless shelter needs direction from a strong body of people with knowledge and skills in dealing with all the above. You would need to give the residents of shelter tasks and jobs to do to give them a purpose.
	 The Living Space was supposed to be <u>drug and alcohol</u> free. There was supposed to be medical staff, food access, and retraining on site at Living Space. Now – the people from and accessing Living Space are put on street when 8am rolls around. Drop in does not deal with issues. The old Living Space was to be transformed
	into a transition facility for people to move on with their life.
	 A facility should be built (the old Mental Health Institutions were all closed which would be something that should come back). These facilities would deal with homelessness (help could be given to retrain and put people to the transitional housing when ready. Drug addiction could be dealt with – if drug issues they could be referred to a rehab place (which is needed) and organized crime needs to be dealt with through police enforcement.
5	 The Chiefs kick their troubled people off the reserves and tell us that it's our problem now. The natives own
	 The Chiefs kick their troubled people on the reserves and ten us that it's our problem now. The natives own many buildings in town that have been remodeled extensively and these buildings are EMPTY! Whare are the chiefs not helping their people?
6	 An emergency shelter is not a 5-star hotel. Get in, get out – it's an emergency shelter! It's not a place to get in touch with your feelings and your culture.
7	 There is far too much emphasis on Indigenous voices. As stated by Third Party 4/5 of homeless identify as
-	Indigenous, therein lies the problem. Politically correct pandering has a minority of the population dictating to
	the majority. Third Party seems to have lost sight of the impetus behind this Review; residents and
	businesses told Mayor and Council that Living Space <u>must</u> be located outside of residential/business areas.
	For Third Party to suggest that the Daily Press Building, Value Village, or Ramada Inn are appropriate
	locations is <u>sublimely ridiculous</u> . To consider that there are "advantages" to having a shelter in a
	residential/commercial area ignores the voice of an exhausted citizenry and <u>contradicts</u> the City Council
	resolution that led to this Review.
8	 Enough people didn't know about this meeting. Even if it's on Facebook, there wasn't much description and people forget. People didn't know all of it.
	 It's like homeless have more rights than people who have a home. Victims are victimizing people who own a homethat's not right
	home – that's not right.
	Everyone that's homeless are not equal. Need to cut out the break-ins and assaults.
	Police is a big topic and they're understaffed.
	Likely multi-layered solution needed. Changing federal policy.
1	 People who live and work downtown need to feel safe – they shouldn't have to experience that. It's a
	complex problem and people need to say something for things to change.
9	 In the proposed areas for the shelter the Old Daily Press building is listed as one of the sites. We believe this
1	option does not address the concerns raised about the Living Space and its current location. This would
	result in the Living Space being moved a few blocks into an area with considerably more food and vehicular
	traffic. There are three major businesses: The Melissa Kelly Dance Academy, Imagine Cinemas Cinema 6,
	and The Porcupine Dante Club directly across the street from this proposed location. It is a very busy area all
1	day long and well into the night. It is also very close to residential areas so this in no way addresses the
	concerns of residential homeowners it simply shifts the shelter a couple blocks. The Dante Club also holds a
1	Festa every year in which we utilize the entire street for one weekend in July. The shelter being in the middle
1	of the block would make this very difficult to accomplish. It is a busy location and does not lend itself to being
	a successful location for the Living Space.
10	I know it's difficult to find employees at certain organizations/businesses due to staff shortage in Canada but
1	even if representatives are able to go once a month or once every two weeks to offer resources needed ot help
	members in our community, it can make a difference. Also, I have a question regarding living space funding. As a
1	youth, I don't hear what happens with the Living Space funding and I would like to know where is that funding
	going to? How is this funding helping our community?

ATTACHMENT 3.

"Raw Notes" projected on the large screen during the plenary discussion (as participants shared reports from their small table discussions and any additional comments)

Information that would be helpful to share as part of the Relocation Review

- Why are services provided at an emergency shelter?
- Define "emergency" what is considered "emergency"?
- Why would culturally appropriate services be provided or needed?
- What happened with the money that has gone to Living Space already (since 2018)?
- Of the \$6M received by CDSSAB, how much of that is from the Province and how much of that is from the municipality?
- People want to help people I'm wondering with the graphic of voices, the Residents and Businesses are listed once and there are many of us, and there's a longer list of other voices and it seems like they have more influence. How will the voices of residents be considered in the context of all the other voices listed in that graphic?

Notes from small table discussions

Timmins will have an emergency shelter. What does an emergency shelter that's working well look like to you? What's happening to make it successful?

- Having to register for this meeting was a barrier to participation
- ------
- One for people who don't have drug or substance abuse or psychological disturbance. Minimal support, could be downtown.
- Place out of town, private facilities, emergency treatment, security, trained people, rehab privacy, 3 meals per day, snacks, activities, exercise, helping out, to build self esteem. Shelter in Sudbury, people doing work on the streets.
 \$20/hr. Bussing out of town. Place that has treatment.
- This is about treatment of people in town
- -----
- one specifically focusing on basic needs, access to clean water, access to food, access to education for employment

 because for certain things, like open a bank account, need an ID, to get an ID need an address, not accessible to
 people are homeless
- SAFETY making sure shelters are safe, and that people feel safe to be in them. If I felt that I would be injured going to a shelter, and I was homeless, I wouldn't go I would stay on the streets. It should be a non judgemental space.
- Anti-racism racism is a systemic issue, we live in a racist system. This issue, there is a lot of generational trauma that stems from residential schools, sixties scoop, MMIWG, that's why high population homeless that are indigenous.
- -----
- · Verified, qualified employees, actually qualified to handle issues
- End user need an actual treatment facility, not an enabling facility.
- Outline accountability and consequences of journey see what healing journey looks like, no incentive for them to get better. Hold them accountable and do mandatory drug testing.
- -----
- Differentiate between high and low barrier shelter. Right now, not safe, no rules, no regulations. Turn it into high barrier shelter where other rules would apply.
- Differentiate between people addicted and people that are not.
- High barrier in LS, put the low barrier shelter out of town. Would need to make the choice to go there to get help.
- 12 hour shelter (not 24 hrs per day). People have no where to go.
- Differentiate those that are criminals no consequences. Some of them belong in jail, and because of catch and release they're not put there. We're enabling people. And we cannot help people who don't want help.
- 2 shelters
- We don't have a detox and we need one, plus all other addictions treatment we need.
- All the workers should be educated in different cultures. Everyone deserves respect some are addicts, some homeless. They're living breathing people who deserve respect. And know how to provide.
- CDSSAB should have 2 sections. Wait time already long enough to get into housing, 1 for addicts (in different location), and one leaving domestic violence – people leaving domestic violence have separate place to go because LS too dangerous.
- Need to define what an emergency is. Flood it's an emergency, and for set period of time till emergency rectified. That's an emergency. Emergencies finish.

• Emergency is different than long-term facility.

In-town location(s)

- Advantages? Disadvantages?
- DIS destroying our town, it's not the shelter, it's empty half the time, filthy, no business, crime security. Fear of staff, terrible activities, abandoned buildings, access to drugs, no treatment on streets here, no workers on streets. No advantage to homeless shelter downtown. Treated like dirt by anyone else.
- DIS Don't feel safe in Timmins, when we finish high school we don't want to stay. Can't feel safe in parks, can't feel safe outside.

Out-of-town location(s)

- Advantages? Disadvantages?
- ADV Alberta is doing good job with out of town issues.
- ADV When have issues, need to be with community, need to be supervised.
- DIS Some people may not go.
- ADV People willing to volunteer when located out of town.
- ADV Funds to help people, doesn't have to be CDSSAB.
- DIS Marginalizing people, will isolate them from resources they need, access to people who care for them, to family and friends to help them get better
- ADV People who want help will go to outside facilities (outside City limits)
- Full service facility out of town a secure facility. Let's call them clients, services can be brought in. Mental health, ODSP, food, teach people, lots of services that provide support.
- Drug dealers that provide narcotics across from locations drug dealer will buy a house next door. Wherever you put it. If outside and secure, the drug dealers won't have opportunity.
- Alberta model modular housing, taught how to live in a group society. How to maintain homes, transition plans to integrate people back into community.
- Transportation services e.g. already exists between communities
- What's out of town?
- 5 km up 655? Like youth facility in Cochrane. Better than internal facility.
- Services scattered around city, how to people find services?
- PRO would lower crime rates because people doing crimes are doing it to get the drugs.
- Won't have vagrancy, people passed out in streets.
- Inclusive cultural appropriateness Mushkegowuk
- Local property values no impact on property values (likely diminished on Spruce street)
- CON feeling of segregation, people feel segregated, those things can be mitigated
- Costs feds have lots of money. Just have to access it. CDSSAB \$ can use the funds to support this type of facility.
- CON mobility of clients, how to get people in and out.

INTOWN

- Doesn't think it makes any sense
- Resources scattered all over place much more difficult
- Clients can't control where getting services
- Doesn't address access to narcotics, criminality less ability to move around, won't have anything

• -----

OUT OF TOWN – would be great

- States when have organizations on outskirts, also implement animal program, people integrate with pets, farming is a good advantage too that would help communities
- Not all of us were integrated when brought this into the community, no one was told where it was going until ended up on Spruce St north
- Committees with citizens from every ward to inform decisions related to the shelter
- Neighbourhood committees used to be in place and helped prevent crime from happening
- Hard with catch and release
- Disappointing to see that our town has gone down hill so much
- We have to have empathy and have a background and in that situation for a reason working with City and CDSSAB
 and others named (lot haven't heard of), should have more a voice in community for us to be able to input and come
 up with solutions
- My grandkids aren't safe in area where we live, so go to my daughters
- Cartels should be more arrests with drugs, don't have detox centre
- Used to have big facility in South Porcupine and shut it down. Hopefully we can come to agreement and help with this situation.
- -----

- Effective needs to be place where people feel safe, services needed in one location. Addiction is not a choice but a medical condition and need proper supports
- Need to listen to those that access the services
- Financially sustainable
- I remember Timmins as a happy town, City of Timmins shot their own foot shopping mall killed downtown, no smoking downtown killed all the bars, killed own economic success
- Mental health and drug addictions is not a policing issue
- Trying to go after a drug dealer very detailed, very specific, not easy, it's complicated
- Shelter needs to be located in an area where those that use a service naturally come
- -----
- Manager women's shelter problem with vagrancy has been problem for many years. Lot of crime in neighbourhood has nothing to do with people living in the LS
- I don't share same views as friends which are high barrier, where no drugs no illegal activity
- Should not be in town, not near residential or commercial areas
- Army cot, food, shower, the basics shouldn't be 5 star hotel or place for people to get in touch with their feelings, should be sleep, shower, get out
- -----
- Clear mandate of what's being followed (apparently shelter was being run differently)
- Transparency going forward
- Not in residential or commercial area period.
- -----
- The need to define an "emergency" shelter. Some people I work with have LS as their permanent address and stay there for months.
- We see emergency shelter as having a limit, but within timeframe would get services to help them find housing, mental health and addictions services.
- This won't be easy task.
- Large number of people at homeless shelter. 60+ people in one facility, not good for them or for the community lose lose.
- City of London has gone through this, come up with novel ideas using smaller residences to assist people getting access to housing. Avoid a lot of people in one place.
- -----
- Need a treatment centre
- Separate criminals from drug addicts and those that want help
- Respect being demanded respect is earned
- Those people being impacted are not being respected either
- People need to respect the rules of society can't just do what you want, where you want. Break the law, lose your freedom.
- -----
- Shelter staff being qualified, trained, accountability having service providers come in.
- Shelter, mental health, substance use are all different issues.
- Multiple locations are needed low barrier, zero tolerance, land based shelter, and women and gender diverse shelter separates 60 people in one place
- Day services being provided employment, life skills
- Giving purpose and empowering people, include them in the work being done in and around the shelter (been successful in past)
- Sense of belonging really key we are all one workplace injury, one shitty life circumstance away from all being
 "those" people. So don't "they" them. These are our people and our children. And we are a community and we need to
 take care of each other.
- We need to take care of each other. We need to be kind. Challenge you all to think about what that life experience could be. And how quickly you could get addicted because you're on opioids. We need to be kind. This is not recent – we just didn't talk about it before.
- We had facilities, before Mike Harris days, that were all taken away.
- -----
- 143 Fifth Avenue is a mini shelter, there are many mini shelters. People are thrown into apartments, hiding people in apartments, mini shelters with no lifestyle skills, most addicts, expect people to live on their own with no support. No one checking in on people. Left to fend for themselves.
- Talk to people from Good Samaritan too. Why isn't the Good Samaritan identified in the presentation as a shelter?