



# ANNUAL REPORT

2021 – 2022

# About Us

## Who We Are

Inner City Health Associates is the largest homeless health organization in Canada, with around 200 physicians, nurses and administrative staff offering Toronto's homeless and precariously housed population with direct access to high-quality health services.

ICHA provides primarily transitional primary care, psychiatry, palliative care, population health, substance use care and pediatrics/adolescent medicine, reaching people on the street and at shelter-based clinics, drop-in sites, encampments, COVID-19 isolation centres, and shelter hotels. ICHA aims to set the standard of excellence in homeless health service delivery and is dedicated to addressing and confronting the social determinants of health and to ending homelessness through its services and advocacy.

Funded by the Ontario Ministry of Health, ICHA works with community health and social support organizations and the City of Toronto to bring integrated care and support to the homeless community to improve individual and population health.

## Our Vision

- A healthy end to homelessness

## Our Mission

- To set the standard of excellence in the delivery of homeless health services
- To address and confront the social determinants of health and homelessness
- To advocate for peaceful, secure and dignified housing for all.

## Our Board of Directors

Philip Berger, Chair  
Fareen Karachiwalla, Vice-Chair  
Brian Edmonds, Treasurer  
Janet Gasparelli  
Catherine Gaulton  
Angela Ho  
Nicole Nitti  
Vicky Stergiopoulos  
Jonathan Wong

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# Message from the Board Chair

Dear colleagues,

The 2021/22 year has been yet another time of explosive growth and public prominence for ICHA.

ICHA consolidated its multidimensional interdisciplinary COVID response through repeated waves, the last fueled by the Omicron variant. At the same time, ICHA's Alternative Payment Plan expansion funding kicked in and supported the escalation of services to more shelters and hotel programs.

ICHA continues to play a key role at the leadership table of three Ontario Health teams and deepen its partnerships with Ontario Health and the City of Toronto's Shelter, Support and Housing Administration (SSHA), for which it is co-lead of the Homelessness Health Services Framework in Toronto.

As Chair, I am particularly grateful to have been welcomed back to the vaccine clinic at Auduzhe Mino Nesewinong or Place of Healthy Breathing collaboratively led by Na-Me-Res, Seventh Generation Midwives, the Well-Living House at Unity Health and the Centre for Wise Practices in Indigenous Health at Women's College Hospital with support from ICHA.

Audhuze was a place of jubilation and safety for Indigenous communities in Toronto. The smudge ceremony which opened each clinic infused the entire vaccination team with calm and confidence. Even after the surge in COVID prevented the attendance of the team at the ceremony, the smudge continued over the vaccines and clinic rooms bringing health and positive energy to the team's work. No Board training or orientation could substitute for the teaching at Audhuze. It was for me a determinative element in my role as Board Chair as we worked through discussions as to how ICHA can best serve its Indigenous clients.

The Board of course is regularly updated on ICHA's strategies, programs, and services. Again, there is no substitute for seeing ICHA in action up close. As one of the remote call physicians for the COVID Isolation Site, my eyes were opened to the complexities and pressures of caring for destitute persons who are sick with COVID, many of whom use opioids and other drugs. I witnessed first-hand the fidelity of all ICHA staff to the Isolation Program clients, particularly the leadership of the nursing team and our partner colleagues on the harm reduction and peer teams. The creative ways of caring for ICHA's clients was so instructive for me as Chair and helped me understand how our operational strategies and plans are implemented in real life.

The past year brought an important transition in operational leadership for ICHA. A move to Michigan with her family led to Shivane Nadarajah's departure from ICHA as Director of Operations. After an extensive recruitment process, Payam Pakravan was selected to take up the Director of Operations role to join ICHA's Medical Director Andrew Bond as ICHA's co-leads along our path of growth and impact. It is clear to the Board that we could not have made a better choice as Payam dove into the many complex issues faced by ICHA with commitment, humility, and rigour.

While I detest platitudes, they often communicate eternal truths. In the case of ICHA, that means praising and thanking the many staff and leadership team for their professionalism and reverential loyalty to ICHA's clients. ICHA continues to be a paragon of steadfastness, goodwill, and kindness only because of the staff.

This will be my last report as Chair. I am relinquishing the role at the first meeting of the Board immediately after the Annual General Meeting. ICHA's new Chair will have an immense opportunity and the privilege to provide governance and oversight for ICHA's continued growth, impact, and sector leadership. I am more than confident in a smooth transition and continued organizational success. Having observed ICHA's development from its inception I am glad that this change comes at a time of great strength.

Finally, I am grateful to the Board members with whom I have served for the past 4 years. Whether on matters of good governance, maintaining the integrity of our finances or their commitment to our shared mission, your Board members have been diligent in ensuring that ICHA meets its mandate. The Board always has a sharp eye on the provision of the best health care to Toronto's unhoused residents while working to end homelessness through its advocacy and action on the social determinants of health and homelessness.



**Dr. Philip Berger**  
**Chair of the ICHA Board of Directors**

# Message from ICHA Leadership

2021-2022 marked the second full year of the COVID-19 pandemic and the immense disruption, complexity, ongoing risks and difficulty faced by our clients and teams across the city. It was a grueling year for all of ICHAs interdisciplinary providers and operational and program teams who so steadfastly held the line to ensure our clients continued to receive the highest quality of care possible where and when they need it most. Despite the hardships faced and vigilant dynamism required to maintain resilience throughout near constant change and uncertainty, there was also such steady displays of compassion, kindness, humility, and occasional levity with each other, our colleagues and clients, that are a testament to the character of everyone on our teams.

While the COVID hotel isolation program remained in high demand through multiple pandemic waves, particularly through those driven by the Omicron variant, we continued to iterate on the model with our partners to find the best balance of clinical, harm reduction and peer supports to care for clients during their isolation periods and beyond, and shifted progressively from intensive physician-involved interdisciplinary clinical models to one internally led and predominantly operated by the indefatigable nurse practitioner and nursing teams. Through changes in program leadership and structure, ICHA's clinical services remained particularly crucial in ensuring safe isolation periods and continuity of care for ongoing health concerns, as well as efficient triage processes both for those needing isolation and upon either transfer to hospital or discharge.

Navigating the unique challenge of widespread Omicron variant COVID outbreaks was a particularly daunting task for the Isolation Hotel team, with much public confusion and misunderstanding of the unavoidable need for in situ community isolation with a revised mandate of the hotel program for those requiring robust clinical, harm reduction and peer supports. With professionalism and clarity of purpose, ICHA was able to ensure our clinical care was available to those who needed it most while supporting ongoing access to care for clients across the shelter system.

ICHA's Interdisciplinary Encampment, Shelter Hotel and Population Health teams continued to bring field-leading models of outreach care to unhoused people wherever they were across the city. The teams also displayed a depth of collaboration within and across programs, particularly in the delivery of COVID immunizations, of which ICHA has given over 7,000 since the beginning of their availability. The Population Health team also continued to work with shelter partners across the city to develop the data infrastructure and skills to capture, understand and act upon the health challenges being faced by their clients, while also partnering on major initiatives such as the wastewater surveillance program to bring early signal detection to possible new outbreak sites. The Indigenous Health Programs at ICHA including Odei'min, Call Auntie and our collaborations with the Auduzhe Mino Nesewinong clinic among others brought leading practices to Indigenous Peoples and communities in direct confrontation with racialized and colonial discrimination in health and care. We likewise committed to deepening our commitments to reconciliation in our organization and health care services, an accountability that we have continued to take with the utmost seriousness and urgency.

One of the most challenging moments for our clients, ourselves and the community more widely was the devastating approach taken by the City of Toronto to encampment residents. While the criminalization of homelessness remains widespread, which we are confronting through our work leading the health services of Toronto's Community Justice Centre, the sustained and violent approach

taken to remove encampment residents pitted local bylaws based on right of way and public recreation against fundamental human rights to housing and health at the most dangerous and unnecessary of times. Against a municipal refrain that such moves were made in the name of ‘law, health and safety’, ICHA countered publicly at all levels in Canada that encampment evictions were in fact unlawful, unhealthy and unsafe. While standing physically by and with our clients in encampments, we worked closely with health partners and social rights advocates to develop another way to addressing the needs of encampment residents grounded in the inherent dignity of the rights to health and housing. The approach led to a fundamental, if tenuous, shift in the City’s approach to encampments including the direct housing of many residents. We will need to remain vigilant and committed to our stated principles as we can expect powerful public interests will seek to unsettle the balance achieved that puts the needs of people first within a practical results-oriented approach to encampments.

There clearly has been an immense amount of growth and development at ICHA, much of which rightly has been connected to the pervasiveness of pandemic conditions. Beyond our pandemic responsiveness, ICHA also secured formal Ministry approval of its APP expansion that had been negotiated over the previous 3 years, supporting our ability to scale our programs and services to the entire shelter system. Despite the challenges of the pandemic, our expansion has remained fit to schedule and has seen our physician team grow significantly throughout the year, supported by a physician leadership team reconfigured to ensure our success managing our general programmatic growth in addition to ICHA’s COVID programs. The 2021-2022 year also saw important senior leadership changes at ICHA, with Leigh Chapman transitioning from her role as Director of Clinical Services, now appointed as Canada’s Chief Nursing Officer, and Alex Caudarella’s departure to Ottawa on his appointment as the CEO of the Canadian Centre for Substance Use and Addiction. Shivane Nadarajah also departed ICHA with her family as they relocated to Michigan.

While we look to the next year, we are clearly building on a solid foundation through adversity, and it is a reflection of each and every member of the ICHA team that we are so well positioned to serve our community and clients with the best care, teaching, advocacy and confrontation of the social determinants of health and homelessness.

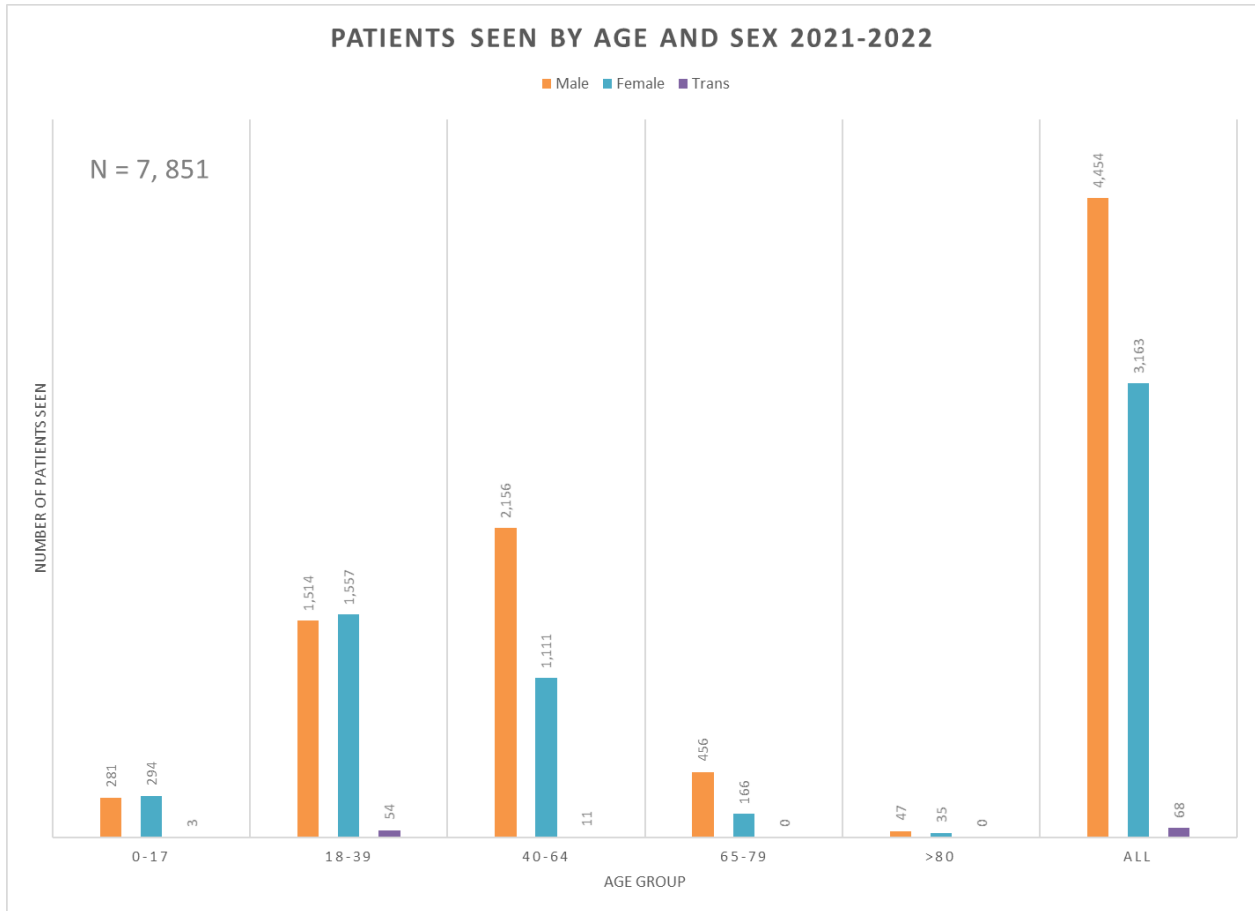


**Dr. Andrew Bond, Medical Director**

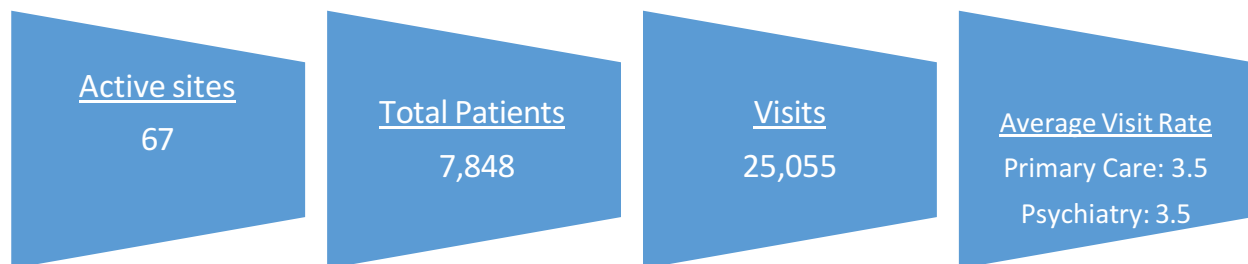


**Payam Pakravan, Director of Operations**

# By the Numbers



In 2021-22, ICHA served 7,848 clients (representing an increase of 28% from last year), with a total of 25,055 encounters at core shelter sites. Primary care represented approximately 70% of visits at these sites. 43% of clients were between 40-64 and 41% between 18-39 years of age. Patient gender was recorded as 41% female, 58% male and 1% transgendered.







# Shelter Health Services APP Expansion

## **Alena Ravestein, Senior Manager, System Design and Program Development**

On April 1 2021, ICHA was actively supporting 61 shelter and drop in sites. As of March 31, 2022, this number had risen to 67. New primary care clinics were established at Evangeline and the Afghan Refugee Hotel. In addition, new clinics offering both primary care and psychiatry were established at Maxwell Meighen, Ode’l Min Scarborough and Call Auntie (both including Pediatrics), Toronto Plaza Hotel, and the Substance Use Hub run in conjunction with ICHA’s Inner City Family Health Team partnership.

The continued expansion of ICHA’s coverage of Toronto’s shelter system was supported through a number of key enablers:

1. Socializing ICHA’s Master Service Agreement with Shelter operators along with the corresponding Statements of Work;
2. Standardizing the review of ICHA clinic sites using the following tools:
  - Site Map and quarterly reviews
  - IT and Network Review Form
  - Occupational Health and Safety Interviews
3. Supporting the development of the Homelessness Health Services Framework to help ensure strong and increasingly standardized collaboration between Ontario Health, SSHA and community partners including ICHA.

Continued building and strengthening of ICHA’s Operations Team with additional positions, such as the Clinical Services Coordinator roles in May 2021, has increased ICHA’s capacity to support the expansion and systematization of ICHA’s work in the sector. We have seen improved communication with partners that ensures more consistent adherence to ICHA’s partnership framework (for example, administrative support, regular cleaning, IT provisioning and security) as detailed in the revised Master Service Agreement (MSA) being put in place throughout the system. Reviewing the MSA and program/project related Statements of Work through standing meetings and interviews with our partners has created space for ICHA staff and partners to discuss progress, concerns, and positive feedback – a formula for stronger partnerships.

ICHA’s role in the development of the Homelessness Health Services Framework has solidified ICHA’s position as a health services leader in the shelter space. It has also emphasized the continued importance of collaboration with like-minded organizations, mindful of healthy redundancy and equitable resource distribution. The tables supporting the Framework will continue to be a venue for advocacy and reinforce our vision for supplied, safe and supported clinic partnerships.

### ***Data, Privacy and IT***

ICHA welcomed an IT Systems Administrator role to its Operations Team in June 2021. This was a truly exciting addition as it allowed ICHA to enhance its IT infrastructure in ways that were normally delegated to third-party organizations and vendors (Unity Health, SUPRA ITS). Internalizing this responsibility has moved ICHA in the direction of digital maturity that makes available a variety of opportunities in the digitally driven realm of Ontario Health Teams.

In November 2021, INQ Consulting completed a Threat Risk Assessment (TRA) of ICHA's OSCAR EMR along with attached digital assets and policies. An updated TRA is a requirement and supportive of ICHA's position as a Health Information Network Provider (HINP). The TRA unveiled a number of security concerns related to ICHA's version of OSCAR EMR at around the same time that WELL Health Technologies acquired ICHA's service provider and required all clients, including ICHA, to migrate to OSCAR Pro. Members of ICHA's Operations Team, especially Lindsay Miles in her role as Virtual Office Coordinator, led this urgent migration at a quick pace and were able to update support resources such as the EMR Guide and eLearning Modules, thereby ensuring a relatively smooth transition to OSCAR Pro notwithstanding the truncated timelines.

# Primary Care

## **Dr. Priya Vasa, MSc MD CCFP, Director of Primary Care and Medical Specialties**

ICHA's numerous primary care programs include shelter, drop-in, street and clinical hub programs with specialized services for Indigenous Peoples (SGMT, NaMeRes, Ode'l Min and Auduzhe mino nesewinong), Newcomers (Christie and FCJ Refugee Centres and Afghan Hotel), Transitional Age Youth (Covenant House, Jessie's Place, Eva's), criminal justice system involvement (Community Justice Centre/Sound Times) and women (Sistering, Women's Residence) as well as ICHA's physician services as a partner in the Inner City Family Health Team.

Primary care services were provided at 59 individual sites, 33 (56%) of which were co-located with ICHA psychiatry services. Outside of the Interdisciplinary Shelter Hotel Program, which is reported on elsewhere, there were a total of 17,587 primary care visits by 5,071 patients. The average number of visits per patient was 3.5, though sites with the ability to provide more continuity of care had visit rates of up to 9 per patient in the last fiscal year. The number of visits and number of patients seen this past fiscal year was slightly lower (by 3%) compared to the previous fiscal year of 2020-2021. The majority of patients (76%) were only seen at one ICHA site, with 1% of our patients seeking care at 5 or more different ICHA clinics.

ICHA's primary care physicians continue to provide care across the spectrum of needs, with the highest percentage of billing codes being for substance use and mental health concerns. Other chronic care conditions such as diabetes and hypertension, as well as acute care for assessment of cellulitis and abdominal pain were also within the top 10 diagnostic codes billed this past fiscal year.

# Mental Health and Substance Use Care

## Mental Health

**Dr. Michaela Beder, MD FRCPC, Director of Mental Health and Substance Use Care**

ICHA continues to provide high quality mental healthcare, including through a robust psychiatric services program. ICHA psychiatrists work in a wide range of settings including in shelters, drop-ins, and through mobile street outreach. Models of care include individual psychiatrists based in shelter settings, shared care collaborative psychiatry alongside primary care and palliative care physicians, both virtual and in-person support to the Enhanced Shelter Support Program, and collaborative interdisciplinary programs such as CATCH, MDOT, and MATCH in partnership with LOFT.

Psychiatry services were provided at 44 sites (33 (75%) of which have co-located collaborative care primary care services) by 41 psychiatrists. At our core sites, 6,660 visits were completed with 1,827 unique clients served, with an average of 3.6 visits per client. We hired 9 new psychiatrists, including subspecialists in addiction psychiatry and child and adolescent psychiatry, and expanded psychiatric services to 3 new sites.

In the general psychiatry program, notable new developments include the addition of an addictions psychiatrist at the Substance Use Hub, allowing for the provision of integrated mental health and substance use care, as well as the expansion of psychiatric supports for the MATCH program, which provides collaborative psychiatric and case management care for people transitioning out of homelessness, and the hiring of two child and adolescent psychiatrists providing care to the Indigenous Health program.

ICHA's psychiatry and case management programs, in partnership with LOFT, have continued to provide care to complex clients experiencing intersecting mental health challenges along with homelessness. In 2021-2022, the MATCH program served 200 clients, with 28 new referrals, while CATCH, located at the Good Shepherd, provided case management care to 229 unique individuals alongside primary care and psychiatry.

The Multi-disciplinary Outreach Team (MDOT) continues to provide transitional care to clients requiring community-based street outreach, and has increasingly been collaborating with the SCOUT program for clients who require primary care. MDOT provided first time service to 119 clients, with 79 clients receiving first time service. Case managers provided 1,250 face to face visits and, along with psychiatric and nursing care, 47 clients were connected to long terms supports, 34 people were housed, 70 were assisted in getting connected to income supports, and 3 were connected to employment.

A consistent challenge remains the availability of Assertive Community Treatment (ACT) level services, and ICHA has continued to advocate for the increased availability of ACT level supports, while also starting work on developing a framework for integrated mental health and substance use care to ensure the provision of meaningful and effective access to psychiatric care across the city.

We have continued to develop partnerships with both hospitals and community partners, with several of our psychiatrists now credentialed by Scarborough Health Network and CAMH in addition to our longstanding partnership with St. Michael's Hospital. Through ICHA's psychiatry services, we continue to ensure access to the highest possible quality mental health care.

## **Substance Use Care**

**Dr. Graham Gaylord, MD MHA CCFP, Substance Use Care Lead**

August of 2021 saw the creation of the ICHA Substance Use Hub. This was a collaborative effort between ICHA and the Inner City Family Health Team (FHT). Housed at 69 Queen Street, the Hub is run three half-days a week and offers walk-in and booked appointments for shelter hotel and ICHA FHT clients requiring substance use services. This clinic provides a way for clients transitioning out of the shelter hotels to continue to receive the substance use care they require as they integrate back into the community and more stable housing. As of March 2022, we had 30 regular clients and offer the full range of addiction services, for patients with opioid, alcohol, benzodiazepine and stimulant use disorders as well as continuing some safer supply work for clients who benefited from this care during their time in shelter hotels. This translates to 10 clients a half-day clinic being served. This clinic also provides ICHA's FHT patients an opportunity to receive both comprehensive primary care and substance use services in one location. Through our partnership with the Inner City FHT we have been able to connect Hub patients to social work as well as primary care providers, all under the same roof. Additionally, a psychiatrist was added to the team during this time and 11 (33%) of our regular patients have received mental health services through this co-located service. Since April 2021, ICHA's Substance Use Program has continued to provide On-Call addiction services to the clinicians in the shelter hotel program.

# Interdisciplinary Shelter Hotel Program

**Dr. Gaibrie Stephen, MD CCFP(EM), Shelter Hotel Program Physician Lead**

**Jenalle Los, RN, Clinical Nurse Manager**

**Shaye Martorino, RPN, Clinical Nurse Manager**

The Interdisciplinary Shelter Hotel Program delivers episodic and transitional primary care in the shelter hotels throughout the city of Toronto as well as the Isolation Hotel. As a program, it is built around an interdisciplinary model of nursing and physician services. The clinic is operational 4-5 days per week and located within shelter hotels, providing care that is low barrier and easily accessible. The program delivers care to the city's most vulnerable individuals living in shelters who traditionally are under-served and struggle to access mainstream community services. As a program, the primary goal is medical and social stabilization of residents, addressing immediate healthcare needs and working to transition clients to longer term community providers. Timely, compassionate pharmacologic and mental health support is provided to reduce the risks and harms of toxic opioids. Services include:

- Supporting risk stratification to identify those at highest risk for COVID-19
- Offering COVID-19 testing
- Mobile COVID vaccine teams (total of 339 doses administered in December of 2021 with an additional 813 administered by March 2022).
- Working with ICHA's Population Health team to identify IPAC vulnerabilities at a shelter level
- Supporting both staff education campaigns regarding vaccination campaigns
- Participating in referral of COVID-positive clients or high-risk close contact (HRCC) clients by providing clinical assessments
- Supporting shelter partners with in-situ isolation of HRCCs
- Overdose response in the shelter
- Routine chronic and preventative care

## *Program Highlights*

In the last fiscal year, the Interdisciplinary Shelter Hotel Program had around 27,000 client interactions across ten sites (including encampments and We Count). Working through the various waves of the COVID-19 pandemic, our clinics were able to adjust according to the immediate needs of the population. In response to the omicron wave in the winter of 2021, the program shifted to also include a vaccination program delivering more than 1,100 COVID vaccines.

As we move into the 2022/2023 fiscal year the program objectives include identifying ways to best use the interdisciplinary care model in the post-pandemic context. In an effort to further improve accessibility to healthcare for residents of shelters across Toronto plans are underway to provide regionalized nursing teams across shelters beyond those in the original shelter hotel program.

## **Isolation Site**

The COVID-19 Isolation Site was established in early 2020 in response to the pandemic. The site initially provided 24-hour nursing and on-call physician coverage to provide robust care to the vulnerable population at risk of Covid deterioration and negative outcomes associated with isolation. At the

beginning of FY2021-2022, the site transitioned to become a shelter facility while ICHA continued to provide robust 24-hour medical support and co-leadership of daily operations.

The client census at the recovery site was variable in accordance with community COVID-19 infections and shelter outbreaks. The program faced the challenge of navigating the staffing of a constantly changing census in addition to the already existing health human resources challenges faced in the GTA. The Omicron variant surge posed a unique challenge in the rapidity of upstaffing to maintain effective nurse:client ratios, with ICHA demonstrating a unique ability to successfully pursue nursing recruitment during a more difficult period for all health organizations.

At the end of March 2022, the program model further transitioned to a shelter support program with triage and operation oversight entirely led by the City's Shelter Support and Housing Administration, and with ICHA providing on-site clinical support, with a fixed nursing team offering services Monday to Friday, from 9am to 5pm.

### **Virtual Team**

The onset of the Omicron variant led to widespread shelter outbreaks across the sector resulting in a re-evaluation of the isolation model, given on-site capacity at the Recovery Site. Many shelters were required to isolate clients in-situ, forcing shelters to quickly adapt to IPAC recommendations and isolation guidelines. The Virtual Hub nursing team was developed at the beginning of 2022 to support shelter staff with in-situ isolation. The virtual team was available to shelters with declared outbreaks for remote assessment and intervention in the event a client had healthcare needs that required care within their isolation period. The Virtual Hub team also worked closely with Parkdale Queen West CHC's MOVID team to support onsite harm reduction with appropriate assessment and prescribing. The Virtual Hub Nursing Team is being integrated into the new regionalized mobile integrated nursing model, and continues to provide virtual support to the shelter sector.

# Indigenous Health Program

## **Dr. Suzanne Shoush, B.Eng, MD, CCFP, Director of Indigenous Health**

ICHA's Indigenous Health Program delivers Indigenous led, community based, culturally grounded primary care/social medicine for First Nations, Inuit, Métis, and Afro-Indigenous people and their families experiencing homelessness under the Indigenous Definition of Homelessness. We work with Elders, Cultural Knowledge Keepers, and expert Aunties to deliver low barrier, trauma informed, wrap-around care, rooted in Indigenous kinship systems. We provide care on-site in several Indigenous services agencies and shelters, as well as outreach to community members who are living in encampments or otherwise unhoused.

ICHA has been working with NaMeRes/Sagatay for more than 14 years. Ode'immin opened its doors in 2019, while Call Auntie developed as a grassroots response to significant unmet healthcare needs identified through the COVID-19 pandemic in 2020.

The program has grown significantly over the past months. We are decolonizing and expanding the definition of healthcare providers to ensure the community can access trusted, reliable resources for information and support. We have a focus on sexual and reproductive health, including STBBI testing, treatment, and support, medical abortions, preventative care, contraception counseling, and supporting all pregnancies including pregnancies of people who use substances. We provide care for infants, newborns, and support/advocate for Indigenous families who are over-represented in child welfare systems. We support community members who are hospitalized or facing healthcare barriers.

We have also worked closely with Auduzhe Mino NeseWINong and Partners in Health Canada to develop significant capacity and expertise for testing, vaccination and contact tracing for COVID-19, Monkeypox, STBBIs and school age vaccinations.

We have expanded our ICHA Indigenous team to include two Midwives, a Nurse Practitioner, a Community Healthcare worker, and two Indigenous family physicians, an Indigenous pediatrician, and two psychiatrists who specialize in child and adolescent mental health.

Indigenous people are always home on our ancestral land, however our community is astoundingly over-represented in Tkaronto's houseless populations. ICHA's Indigenous Health Program has the support of Indigenous community partners throughout the city as we work to improve health access and outcomes for the community.



In 2021/2022, the ICHA Indigenous Team includes:

- Dr. Suzanne Shoush (Physician Lead)
- Dr. Sarah Park (Family Physician)
- Dr. Ryan Giroux (Pediatrician)
- Dr. Priya Raju (Psychiatrist)
- Dr. Arfeen Malick (Psychiatrist)

2021/2022 ICHA Indigenous Clinics include 5 days a week of clinic:

- 0.2 FTE child and adolescent psychiatry
- 0.4 FTE Pediatrics
- 0.6 FTE Family Practice
- Additionally, ICHA providers support Vaccination, testing, contact tracing and case management at Auduzhe Mino Nesewinong 6 days/week (including outreach vaccination and testing)

2021/2022 Community Partnerships include:

- Seventh Generation Midwives of Toronto (SGMT)
- P3 Midwifery Clinic (Jay MacGillivray)
- The Toronto Birthing Centre (TBC)
- Native Child and Family Services of Toronto (NCFS)
- Auduzhe Mino Nesewinong
- Nameres and Sagatay (Native Men's Shelter)
- WellLiving House
- City of Toronto

# Education

## **Dr. Deborah Pink, MD FRCPC, Director of Education**

ICHA hosted over 50 learners at our clinics over the past fiscal year. These learners came from all different levels of training and various training programs across Canada and globally. Here is a breakdown of our learners:

### **Medical Students:**

First and Second year medical students at University of Toronto (PRE-CLERKSHIP): with the establishment of a Student Placement Agreement with the University of Toronto, first and second year medical students can attend ICHA clinics to observe clinics staffed by physicians who have U of T academic appointments only.

Clerkship Electives: There are currently three options for medical elective students wishing to partake in ICHA clinics. Both the [Health of the Homeless](#) and [Palliative Care in the Inner City](#) electives are ICHA-run and have been at capacity for the previous fiscal year, often with a waiting list for cancellations. Medical students can also attend ICHA clinics through the St. Michael's Hospital's [Inner City Health Elective](#), which takes place at 410 Sherbourne St. and at Seaton House.

### **Psychiatry Residents:**

PGY-1: Underserved electives – 1 month in duration, various locations.

PGY-3: Underserved elective – 2 months in duration, various locations. Changing to 1 month for 2022-2023 academic year.

PGY-5: Integrated Mental Health Curriculum (IMHC) – 6-12 months in duration, various locations.

### **Family Medicine Residents:**

Palliative Care in the Inner City, PEACH, elective rotations

Health of the Homeless elective rotations, for both PGY-1/2 and PGY3 in the Global Health Program  
Residents joining ICHA physicians for regular clinics through the family medicine residency program.

### **Public Health and Preventative Medicine Residents:**

New elective stream organized through ICHA's Population Health Team.

### **Palliative Care Fellows:**

Palliative Care in the Inner City Elective.

### **Family Medicine Global Health Fellows:**

PGY-3 in Enhanced Skills in Global Health and Vulnerable Populations, 1- month long ICHA electives.

### **ICHA Electives Evaluation:**

*Here is some of the learner feedback we have received recently:*

*"Great exposure to a high-risk population with unique considerations for care. Got to get to know the support services for people in the community being underhoused and facing homelessness."*

*"Staff were incredibly supportive and engaged with learners, passionate about their field and always*

*willing to take time to discuss interesting cases or principles in inner city or Palliative Care, excellent rotation to hone skills in home-based care for structurally vulnerable folks."*

*"Great opportunity to develop LGBTQ2S+ clinical care skills."*

*"Lots of variety among different shelters, great exposure to more vulnerable populations and primary care needs. Excellent role models and staff."*

*"Just an amazing elective -- choose your own adventure, amazing preceptors, lots of teaching, a great way to get acquainted with some excellent resources in the community."*

*"Fantastic educational experience - lots of variety of experiences, in many different clinical settings".*

*"Great teaching throughout the rotation. Staff really prioritized my learning. Both formal and informal case-based teaching."*

*"Everyone was so passionate and dedicated to their work, it really made for an exceptional working environment. There were so many sites that I could envision myself working in the future, I think this is a testament to both the ICHA organization and the fantastic staff they have!"*

*"Fantastic variety of patient population/settings from youth shelters, outreach, first episode psychosis, concurrent disorders, etc."*

***What have you learned that you will apply to your clinical work in the future?***

*"Many social services & knowledge navigating provincial services (bereavement benefit, ODSP, nutritional benefits, housing requests etc.)"*

*"An immense amount - lots of principles around the challenges (both systemic and individual) that can prevent adequate delivery of Palliative Care for structurally vulnerable populations, important ways that the system has changed and can be changed to improve care in the future, skills in delivery of home-based Palliative Care."*

*"LGBTQ2S+ informed clinical care including history taking, communication skills, pharmacological, surgical, and non-pharm treatment supports."*

*"Non-judgmental approach to care, trying to incorporate as much primary care as possible within limited interactions with demographic."*

*"Importance of resource allocation and prioritizing investigations/disease management."*

*"I learned so much about substance use and how to manage appropriately as a general practitioner."*

*"I learned a lot about income and employment support and how that influences health care provision and access."*

*"I saw lots of great examples of how to effectively work with an inter-disciplinary team."*

*"A lot! Particularly the structural barriers to stable housing (e.g. red tape in the shelter and long-term care systems)"*

*"Meeting youth where they are at and encouraging them to seek care while being firm/setting limits with them as well; learning also how to set up free prescriptions for youth who do not have coverage."*

*"Screening for social determinants of health, e.g., financial and housing vulnerabilities."*

# PEACH (Palliative Education and Care for the Homeless)

## Dr. Naheed Dosani, MD CFPC (PC), Palliative Care Lead

The PEACH Program functions as a partnership between ICHA, Kensington Health and Toronto Central Home and Community Care Support Services. PEACH delivers mobile, case-management and community-based palliative care to society's most vulnerable, including individuals experiencing structural vulnerabilities such as homelessness, poverty, substance use, mental illness & social isolation, to name a few. Rooted in social justice and a human rights-based approach to palliative care delivery, the PEACH program focuses on the provision of trauma-informed care in the context of a harm reduction approach. Founded in 2014, the PEACH team has now served hundreds of clients, their informal caregivers and the homelessness sector in Toronto for over half a decade with many milestone achievements.

### **PEACH Team Members:**

- Alissa Tedesco (Palliative Care Physician, ICHA)
- Antoinette Mihaylova (Palliative Care Physician, ICHA)
- Celina Dycke (Health Navigator, Kensington Health)
- Daniel Rosenbaum (Psychiatrist, ICHA)
- Donna Spaner (Palliative Care Physician, ICHA)
- Naheed Dosani (PEACH Program Lead & Palliative Care Physician, ICHA)
- Sasha Hill (Nursing Coordinator, ICHA)
- Stephanie Sanders (Home Care Coordinator, Toronto Central Home and Community Care)
- Trevor Morey (Palliative Care Physician, ICHA)

### **Program Highlights:**

The PEACH program served a record number of people this past year. In total, the PEACH team served 150 unique clients with life-limiting disease representing an 18% increase from the previous year. At any given time, 100 to 110 clients were cared for via the PEACH team caseload, who provided between 15-20 weekly mobile visits. In total, the PEACH team supported clients across the City of Toronto, in over 25 sites, including rooming houses, shelters, supportive housing, drop-in centers, in addition to non-traditional transitional spaces (e.g. streets, parks, encampments). To further the delivery of this care, ICHA formalized a partnership with Kensington Health, to support the permanent provision of a Health Navigator (Master of Social Work) on the PEACH team.

### **Medical Education & Research:**

For the fourth year in a row, the team delivered the 'Palliative Care in the Inner City: Integrating Social Accountability and Clinical Care for Marginalized Populations' medical education rotation for trainees. This month-long medical education rotation training opportunity integrates clinical palliative care of structurally vulnerable populations with concepts around advocacy & social accountability. This unique educational experience has been very popular at ICHA and was fully booked again this year. In total, 16 medical trainees (medical students, residents and fellows) worked with the PEACH Program this fiscal year. Also, the medical education rotation continues to be a mandatory learning experience by the University of Toronto's Division of Palliative Care for future palliative care physicians in-training. To our knowledge, this training experience continues to be the first of its kind, worldwide. The team authored one publication, a retrospective evaluation of the PEACH Program, in the respected *Journal of Palliative Medicine*. Finally, the team presented dozens of scholarly and public presentations to local, national and international audiences.

***Supporting a Compassionate Community:***

Given the significant moral distress & compassion fatigue that exists within the homelessness sector, for its second year, the PEACH program conducted 'Grief Circles' at over 20 affiliated sites. Led by the PEACH team, these group bereavement sessions allow frontline service providers to remember those they have served, reflect on their care and reinvest into self-care so they can better support future clients. Meanwhile, requests for the 'Good Wishes Program' again grew dramatically this past year. The initiative, a partnership between the PEACH Program and Haven Toronto (a drop-in center for elderly homeless men), provides gifts as a psychosocial intervention to address total suffering, to support homeless individuals with their end-of-life journeys. The program was also featured in six television, print & web-based media news stories in national & international outlets such as the Toronto Star, Hospice News and CTV News.

# Population Health

## **Dr. Aaron Orkin, MD MSc MPH PhD CCFP(EM) FCFP FRCPC, Director of Population Health**

The Population Health Service at Inner City Health Associates (ICHA) was launched in October 2020 to add dedicated clinical public health capacity and infrastructure for data-driven work to ICHA's foundational clinical programs. The 2021 year saw substantial growth and diversification for the Population Health Service, which includes an interdisciplinary team of nurses, physicians, administrators, health promoters, and data analysts. The Service is focused on three pillars: health promotion, health protection, and population health assessment. All of our programs involve medical and public health learners, and incorporate ongoing quality improvement and program evaluation.

**Health promotion:** Led by a dedicated health promoter and health promotion nurse, the Population Health Service mobilized and trained a cadre of over 45 Health Ambassadors spread across a network of partner shelters and community organizations. The Health Ambassador role offers individuals with lived experience of homelessness an opportunity to bring their expertise and knowledge, and develop new skills and connections to support their work. The willingness and interest among clients to be involved in this work surpassed our expectations. Throughout the course of this program and with Health Ambassadors' leadership, we have been able to provide supports for sites experiencing COVID outbreaks, supported STI and bloodborne infection interventions, and supported high-risk clients to protect themselves from communicable diseases. The Health Ambassadors allow our program to spread its reach well beyond the individual professionals employed at ICHA, by engaging a grassroots network of shelter clients to achieve our goals together. Between April 2021 – March 2022, Health Ambassadors completed 83 Health Promotion Outreach visits with 512 documented clients engaged.

**Health Protections:** Hand-in-hand with Health Ambassadors, our multidisciplinary mobile vaccination team offered 583 flu shots; 2 shingles doses; 15 Pneumococcal vaccines; and 4,258 COVID-19 vaccines between April 2021 – March 2022. We have also completed 71 dual flu/COVID-19 tests through our Sofia analyzer, adding further capacity within the shelter sector. This testing program also represents an exciting partnership with Unity Health Toronto and other congregate settings engaged in this testing program.

**Population Health Assessment:** Using our population health assessment tool, we have been able to capture clients' health and support needs, providing shelters with a visual representation of the shelter clients' health and support needs. This offers a unique snapshot of the shelter population and enables partner agencies to develop and enhance their services based on client needs. Our health assessment tool has facilitated prevention strategies like targeted testing and enhanced infection prevention and control strategies. The health assessment tool has also been deployed as a guide for immunization prioritization at the shelter level and immunization education to enhance informed decision making and vaccine uptake. This has allowed us to build collaborative relationships with shelters across Toronto, providing vaccination teams with the capacity to better identify their most vulnerable clients and take appropriate measures to prioritize outreach-based vaccination.

# Seaton House

## **Dr. Toni Sapping, MD, Seaton House Lead**

Highlights for FY 2021/22 included activity and progress on a number of fronts:

COVID-19 epidemic response: shift towards increased internal screening and testing using Sofia Quidel rapid testing device for both influenza A + B, and COVID-19. Anecdotally preferred by patients and staff over NP swabs, swish + spit testing methods. Ongoing emphasis in vaccine provision, largely through Population Health team outreach.

SHOPS: Completed application and received approval for Seaton House to become an Urgent Public Health Need Site, thereby paving the way for the opening of the Seaton House Overdose Prevention Site (SHOPS) later in 2022.

Hostel Program decant: preparation for the closure of the Hostel program (May 2022) and move to 705 Progress Ave in Scarborough. Completed medical risk stratification of hostel clients to determine who should be prioritized for relocation into alternative programs at Seaton House vs. transfer for Scarborough site where there are no nursing supports, and less primary care services.

Managed Alcohol Program: redesign of annex/infirmary MAP program to be run primarily by harm reduction workers at Seaton House (counsellors, program supervisors), with adjunctive support for complex cases provided by physicians. This has led to clients having faster access to MAP program, increased usage of the BYOB compared with in-house alcohol model, and increased counsellor involvement in supporting clients with alcohol use disorder.

# Street Clinical Outreach for Unsheltered Torontonians (SCOUT)

## **Dr. Jonathan Wong, MD CCFP, Street Medicine (SCOUT) Physician**

SCOUT is committed to providing low barrier, high quality, patient centred, trauma-informed, and harm reduction focused clinical care for people experiencing unsheltered homelessness. Our program humbly delivers on this commitment through consistency, collaboration, and building trusting relationships with the people we serve and the community at large. This was no easy feat this past fiscal year given the rapidly changing climate of encampment work, navigating the COVID-19 pandemic, as well as health human resourcing challenges.

The birth of our program was due in large part to calls for health care in the encampments by grassroots advocacy networks. It is therefore not surprising that we have always worked closely with these networks in addition to the *Streets To Homes program at the City of Toronto*. The Esplanade Hotel Shelter was opened in early 2021, specifically for people who were living at parks deemed a priority by the City. SCOUT was approved to admit three encampment residents on a weekly basis which we used fully for patients prioritized by the complexity and fragility of their health. This Streets to Homes partnership and process has now expanded further to connect clients to hotel shelters, housing workers, and even housing.

Summer 2021 was marked by the devastating forcible dispersal of encampment residents from their homes and communities by riot police teams. ICHA providers stood in solidarity with our clients and advocated publicly at all levels during all of the police led encampment evictions and supported them post-eviction. As was predicted, encampment evictions only caused clients to relocate to more vulnerable and hidden locations, creating serious difficulties in sustaining care relationships. Other advocacy networks were divided on how to respond and many subsequently disbanded or reduced their outreach, reducing the volume of SCOUT referrals. As a result, SCOUT pivoted from providing care for many people living at large encampments to providing more intensive support for fewer and more complex clients who were now scattered across the city. Complicating matters further, COVID-19 restrictions were eventually re-introduced with the Omicron variant wave, thereby reducing access to basic needs such as bathrooms and warm spaces for encampment residents.

Many of the previously evicted encampment residents eventually found their way to Dufferin Grove Park. After facing public criticism following policed encampment evictions and following the guidance and formal consultation of ICHA and other community leaders, the City developed a Rapid Re-Housing Initiative for park residents, bringing a multitude of programs, including SCOUT, to provide intensive support with the goal of housing as many individuals as possible. Many were indeed housed, and SCOUT was called upon to do home visits for a wide range of socially complex and medically emergent issues which required system navigation expertise.

In early 2022, SCOUT focused on deepening existing relationships with drop-ins and outreach teams to ensure that its services remained an outlet for agencies that serve a high proportion of unsheltered individuals. SCOUT also began to see an increase in referrals from tertiary care sites as community awareness of the program grew. Looking ahead, SCOUT intends to build on existing momentum to continue to integrate into the broader health system and develop additional capacities and team roles to better meet the interdisciplinary health needs of people experiencing unsheltered homelessness.



# Research and QI

## **Dr. Priya Vasa, MSc MD CCFP, Director of Quality and Research**

ICHA was approached to participate in or facilitate several innovative research and QI projects in our last fiscal year. Two research projects were approved and began their study activity. These included a project on the Diagnosis and Treatment of Sleep Apnea in people experiencing Homelessness, and a PEACH-led study on Caregiving for Vulnerable and Marginalized Older Adults at the End of Life. Several internal QI projects have also been underway with the PEACH team which continues to innovate and improve the care they provide to our clients. A number of research projects were also facilitated with the help of our partners.

We look forward to facilitating and learning from future studies that improve our understanding of how to better serve the population we care for.

# Where we Worked

## PRIMARY CARE

Afghan Refugee Hotel	Good Shepherd	Sanctuary
Agincourt Community Services	Homes First – 545 Lakeshore	SGMT
Christie Refugee Centre	Homes First – Kennedy	St. Felix Centre
Dixon Hall – 351 Lakeshore	Homes First – St. Clair	St. Simon’s Shelter
Dixon Hall – 354 George	Jessie’s – The June Callwood Centre	St. Stephen’s Drop In
Downsview Dells	Junction Place	Willowdale Welcome Centre
Fred Victor Transitional Housing	Reconnect	YWCA
Gateway	Robertson House	

## PRIMARY CARE & PSYCHIATRY

Call Aunty	Inner City Family Health Team (ICFHT)	Seaton House
CATCH	Margaret’s	Sistering
CMHA	Maxwell Meighen	Scarborough Village Residence
Covenant House	NaMeRes	Sound Times
Eva’s Place	Odei’l Min College	Street Haven
Eva’s Satellite	Odei’l Min Scarborough	Substance Use Hub
Evangeline	PEACH	TCAT
FCJ Refugee Centre		

## PSYCHIATRY

<b>CCVT</b>	<b>Horizons for Youth</b>	<b>MDOT</b>
<b>Evergreen Centre for Youth</b>	<b>LOFT – TAY Program</b>	<b>Youth Without Shelter</b>
<b>HOPE Wellesley</b>	<b>MATCH</b>	

## INTERDISCIPLINARY COVID CARE

<b>Auduzhe Mino Ne sewinong</b>	<b>Esplanade Hotel</b>	<b>Strathcona Inn</b>
<b>Bond Hotel</b>	<b>Four Points Hotel – Recovery Site</b>	<b>Plaza Hotel</b>
<b>Comfort Inn</b>	<b>Four Points Hotel – Shelter</b>	<b>Victoria Hotel</b>
<b>Delta Hotel</b>	<b>Roehampton Hotel</b>	
<b>Edward Hotel</b>	<b>SCOUT Encampment Sites</b>	

# ICHA Membership Updates

A very big thank you to our departing ICHA physicians: Dr. Adil Shamji, Dr. Cindy Ochieng, Dr. Dan Cass, Dr. Gaiathry Jeyarajan, Dr. Joanna Barlas, Dr. Richard Doan, and Dr. Samantha Young.

We were pleased to welcome the following new ICHA physician members: Dr. Antoinette Mihaylova, Dr. Kathryn Dorman, Dr. Ravi Shani, Dr. Arfeen Malick, Dr. Katrina Hui, Dr. Roland Wong, Dr. Charnelle Carlos, Dr. Latif Murji, Dr. Ryan Giroux, Dr. Erin Lurie, Dr. Lorraine Lee, Dr. Sarah Park, Dr. Gaibrie Stephen, Dr. Lynn Benjamin, Dr. Sharon Zikman, Dr. Hannah Feiner, Dr. Monica Gad, Dr. Sonja Babovic, Dr. Ipsita Ray, Dr. Navika Limaye, Dr. Susan Franchuk, Dr. Jennifer Ng, Dr. Priya Raju, Dr. Jonathan Whittall and Dr. Victoria Zhang.

## ICHA Leadership and Staff

**Medical Leadership:** Dr. Andrew Bond, Medical Director, Dr. Priya Vasa, Director of Primary Care and Medical Specialties (Ag.); Director of Quality and Research, Dr. Michaela Beder, Director of Mental Health and Substance Use Care (Ag.); Dr. Naheed Dosani, Palliative Care Lead; Dr. Graham Gaylord, Substance Use Care Lead; Dr. Aaron Orkin, Director of Population Health; Dr. Deborah Pink, Director of Education; Dr. Antonia Sapping, Seaton House Lead; Dr. Suzanne Shoush, Director of Indigenous Health; Dr. Gaibrie Stephen, Shelter Hotel Program Physician Lead (Ag.); Dr. Jonathan Wong, Street Medicine (SCOUT) Physician.

**Population Health:** Graziella (Grace) El-Khechen Richandi, Program Manager; Tina Kaur, Advanced Practice Nurse; Princilla Agyemang, Registered Nurse; Bonnie Joline Busko; Registered Practical Nurse; Sara Maria Daou, Health Promoter; Jasdeep Singh, Registered Nurse; Celine Desjardins, Administrative Coordinator; Hallelujah Ghide, Registered Nurse; Maria Ana Janina Jocson, Registered Practical Nurse; Janessa John, Registered Nurse; Monica Sarty, Data Analyst; Amna Siddiqui, Registered Nurse.

**ESSP Nursing Team:** Jenalle Los, Clinical Nurse Manager; Shaye Martorino, Clinical Nurse Manager; Faiza Ahmed, Nurse Practitioner; Ariana Bof, Registered Practical Nurse; Sean Choo, Registered Nurse (SCOUT); Nikki Cull, Registered Practical Nurse; Brian Da Silva, Registered Nurse; Eric Dasilva, Registered Practical Nurse; Charisma De Guzman, Registered Practical Nurse; May Dixon, Registered Practical Nurse; Erica Dorotan, Registered Nurse; Jan Dungog, Registered Nurse; Jay Esguerra, Nurse Practitioner; Gian Paolo Fauni, Registered Nurse; Priscilla Fernando, Registered Nurse; Justin Gathara, Registered Practical Nurse; Jacob Hill, Registered Nurse; Nadin Ibrahim, Registered Nurse (SCOUT); Kavita Jagasar, Registered Practical Nurse; Jodelyn Anne Lagat, Registered Practical Nurse; Jae Ho Lee, Nurse Practitioner; Lindsay Lessard, Nurse Practitioner; Pawmi Mahindan, Nurse Practitioner; Nithyen Manohar, Registered Nurse (SCOUT); Osahon Osawe, Nurse Practitioner; Kremena Popova, Registered Practical Nurse; Akua Jean Tabi, Registered Nurse; Victor Trafiak, Nurse Practitioner.

**Indigenous Health Program:** Niiohontehsha Aka Anowara (Gillian Kyle), Indigenous Community Health and Harm Reduction Worker; Cheryllée Bourgeois, Indigenous Outreach Midwife; Tasha MacDonald, Indigenous Outreach Midwife; Eileen Murphy, Nurse Practitioner.

**Operations:** Payam Pakravan, Director of Operations; Alena Ravestein, Senior Manager, System Design and Program Development; Melissa Flores, Occupational Health and Safety Nurse Manager; Abel Nyarkoh, Human Resources Manager; Taneika Thompson, Occupational Health and Safety Nurse Manager; Crisette Brown, Clerical Assistant; Rudy Cemic, Business Intelligence Analyst; Akuah Frempong, Clinical Services Coordinator, Partnerships and Community Liaison; Sasha Hill, PEACH Coordinator & Community Nurse; Althaf Lathif, Clinical Services Coordinator, Supply and Logistics; Lindsay Miles, Clinical Services Coordinator, Digital Innovation and Education; Carol Munroe, Executive Assistant / Office Coordinator; Mahamed Razvi, IT Systems Administrator; Sanaz Rouhi, Finance Analyst; Claudia Silva, Clerical Assistant; Cathy Yeung, Finance Lead.

# Summary of Financial Statements

## Balance Sheet <sup>(1)</sup>

March 31	2022 \$	2021 \$
<b>ASSETS</b>		
Current assets		
Cash	2,141,995	929,432
Short-term investments	342,159	341,305
Accounts receivable	1,011,098	1,672,046
Prepaid expenses	42,884	24,305
	<u>3,538,136</u>	<u>2,967,088</u>
Long-term assets		
Capital assets	4,534	9,067
	<u>3,542,670</u>	<u>2,976,155</u>
<b>LIABILITIES</b>		
Current liabilities		
Accounts payable and accrued liabilities	1,278,204	1,757,956
Deferred revenue	766,840	113,552
	<u>2,045,044</u>	<u>1,871,508</u>
	<u>2,049,578</u>	<u>1,880,575</u>
<b>NET ASSETS</b>		
Unrestricted	983,092	585,580
Internally restricted		
General reserve fund	300,000	300,000
Physician Hours reserve fund	150,000	150,000
International Street Medicine Symposium reserve fund	60,000	60,000
	<u>1,493,092</u>	<u>1,095,580</u>
	<u>3,542,670</u>	<u>2,976,155</u>

### Notes

- (1) Refer to Board-approved Audited Financial Statements for FY 2021/22 for the accompanying notes to the Balance Sheet.

## Statement of Operations <sup>(1)</sup>

Year ended March 31	<b>2022</b>	<b>2021</b>
	<b>\$</b>	<b>\$</b>
<b>REVENUE</b>		
Ministry of Health and Long-Term Care alternate payment plan		
Funding	<b>7,504,747</b>	8,006,605
Administration fees	<b>1,856,157</b>	1,268,040
COVID-19 Shelter Initiative Program		
Paymaster Funds	<b>6,011,610</b>	9,591,398
Province of Ontario		330,000
Other projects and grants	<b>621,517</b>	455,619
Interest and other	<b>7,102</b>	8,387
	<b>16,001,133</b>	19,660,049
<b>EXPENSES</b>		
Payments to physicians		
General practitioners	<b>4,017,759</b>	4,333,535
Specialists	<b>2,523,057</b>	2,332,426
Medical directors	<b>970,627</b>	1,338,623
COVID-19 Shelter Initiative Program expenses	<b>6,011,610</b>	9,921,398
Other projects and grants	<b>621,517</b>	455,619
Human resources	<b>835,381</b>	503,505
Office and administration	<b>373,115</b>	303,082
IT expenses	<b>124,690</b>	133,693
Program expenses	<b>184,023</b>	87,467
Board and membership	<b>12,911</b>	74,088
HST expense	<b>(71,069)</b>	(70,897)
	<b>15,603,621</b>	19,412,539
Excess of revenue over expenses for the year	<b>397,512</b>	247,510

### Notes

- (1) Refer to Board-approved Audited Financial Statements for FY 2021/22 for the accompanying notes to the Statement of Operations.