



ANNUAL REPORT

—
2024-2025

Indigenous Reconciliation

ICHA is deeply committed to advancing reconciliation with Indigenous Peoples. As a non-Indigenous community health organization, we are aware of our responsibility and are committed to do this in a manner consistent with the principles of Indigenous self-determination and community accountability.


The Truth and Reconciliation Commission of Canada Calls to Action and International Human Rights Standards inform and guide ICHA's strategy and operations, however, these represent the minimum standards by which we operate. ICHA is accountable to the Indigenous communities we serve, and the principle Self-Determination in the governance, design, and delivery of health services is fundamental to our mission. ICHA has dedicated positions established in our bylaws for Indigenous community representatives on our Board of Directors, and has a permanent Director of Indigenous Health role, staffed by an Indigenous physician leader, responsible for leading an Indigenous health program. This work is of fundamental importance to advancing good community relations and health that is fully inclusive of the breadth, diversity and richness of Indigenous communities in Toronto, and reflects our ongoing work in allyship with Indigenous People.

We are mindful that we live and work on Tkaronto lands that are the traditional territory of the Wendat, Haudenosaunee, Anishnabek, and Mississaugas of the Credit First Nations and that is subject to Treaty 13 with the Mississaugas of the Credit and the Williams Treaties with many Mississauga and Chippewa Nations. We also recognize that Toronto has long been, and remains, a meeting place for many Indigenous Nations. We are mindful that centuries of segregation and pervasive structures of Anti-Indigenous racism have resulted in the systemic social, political, and economic disenfranchisement of Indigenous people, some of the impacts of which are seen prominently in unacceptable present-day inequities in housing and healthcare. ICHA will continue to make space and dedicate resources towards Indigenous-led solutions.

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About Us

Who We Are

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

ICHA provides 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 centers, 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 service and advocacy. Funded by the Ontario Ministry of Health and Ontario 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 Values

- Respect
- Responsibility
- Creativity
- Courage
- Humility
- Compassion



Message From the Board Chair



Janet Gasparelli, Board Chair

As we reflect on the past year, we are deeply grateful for the incredible transformation and progress our organization has made, particularly in the face of the unprecedented challenges that have impacted our communities. We have witnessed remarkable change, and we recognize that much of this success is due to the unwavering support of our members, team members, and the communities we serve.

The ongoing housing crisis continues to remind us that homelessness is inextricably tied to health and well-being. Dedicated to our mission of 'A Healthy End to Homelessness', we have been steadfast in our commitment to not only address the immediate needs of those experiencing homelessness but also to work toward long-term solutions.

We have expanded our outreach efforts, worked tirelessly to provide essential services, and collaborated with other organizations to advocate for systemic change. This work is more than just healthcare—it is about creating opportunities for people to rebuild their lives and achieve a healthier future.

The generosity and dedication of our members, the support of our community leaders, and the partnerships we've forged are essential to the success of our mission. We are acutely aware of the stakes, and as the housing crisis deepens, the role of this organization becomes even more critical.

We could not do this important work without the continued commitment of all those involved.

On behalf of the Board of Directors, I extend our gratitude for all you do.

Nya:weh,

Janet Gasparelli
Inner City Health Associates, Board Chair



Initiatives

APP Shelter Expansion

Number of Onboarded Primary Care Clinics: 7

Number of Onboarded Psychiatry Clinics: 3

Number of Onboarded Primary Care Physicians: 10

Number of Onboarded Psychiatrists: 4

Number of Onboarded Nurses: 6

APP Shelter Expansion

In FY 2024/25, ICHA continued its expansion adding 10 additional clinics. This is a dynamic field with ICHA moving to respond to the needs of communities within the city of Toronto. Since a small number of sites have closed as part of the City’s phased withdrawal from pandemic-related services, ICHA has now exceeded our expansion commitment to the Ministry. With remaining APP physician hours available, ICHA’s Operations team will continue to respond to needs with the addition of new sites or extended hours of operation. A chronology of our clinic sites operations changes is provided below.

	Original Expansion			
	Planned Sites	Completed	Inactive	Active
Table 1 Pre Expansion	48	48	4	44
Table 2 Phase 1 2020-2022	23	26	7	19
Table 3 Phase 2 2022-2023	14	13	0	13
Table 4 Phase 3 2023-2024	12	8	0	8
Table 5 Phase 3 2025-2026	0	9	0	0
Total:	97	104	11	93

Sites Onboarded:

Dunn Ave. Supportive Housing	90 Dunn Ave, Toronto, ON M6K 2R6
New Hope Leslieville	29 Leslie St., M4M 3C3
New Hope North York	66 Norfinch Dr, North York, ON M3N 1X1
ENAGB -West	1911 Weston Rd. York, ON, M9N 1W7
Good Shepherd Drop-in	412 Queen Street East M5A 1T3
416 Community Supports	416 Dundas St E, Toronto, ON M5A 2A8
MDOT TTC	Outreach
MDOT Hotel	Outreach
YWCA Church St.	389 Church St, Toronto, ON M5B 2E5

By the Numbers:



Number of unique clients served:

11,421

Total number of client encounters:

81,058

Number of new patients:

4,834



Visits for different services:

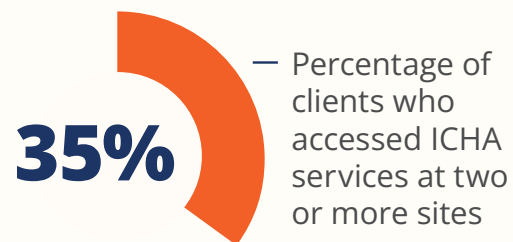
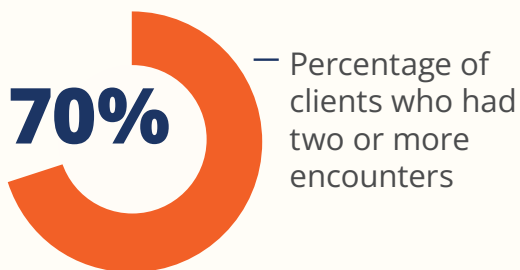
→ Primary Care: **35,399**

→ Psychiatry: **10,077**

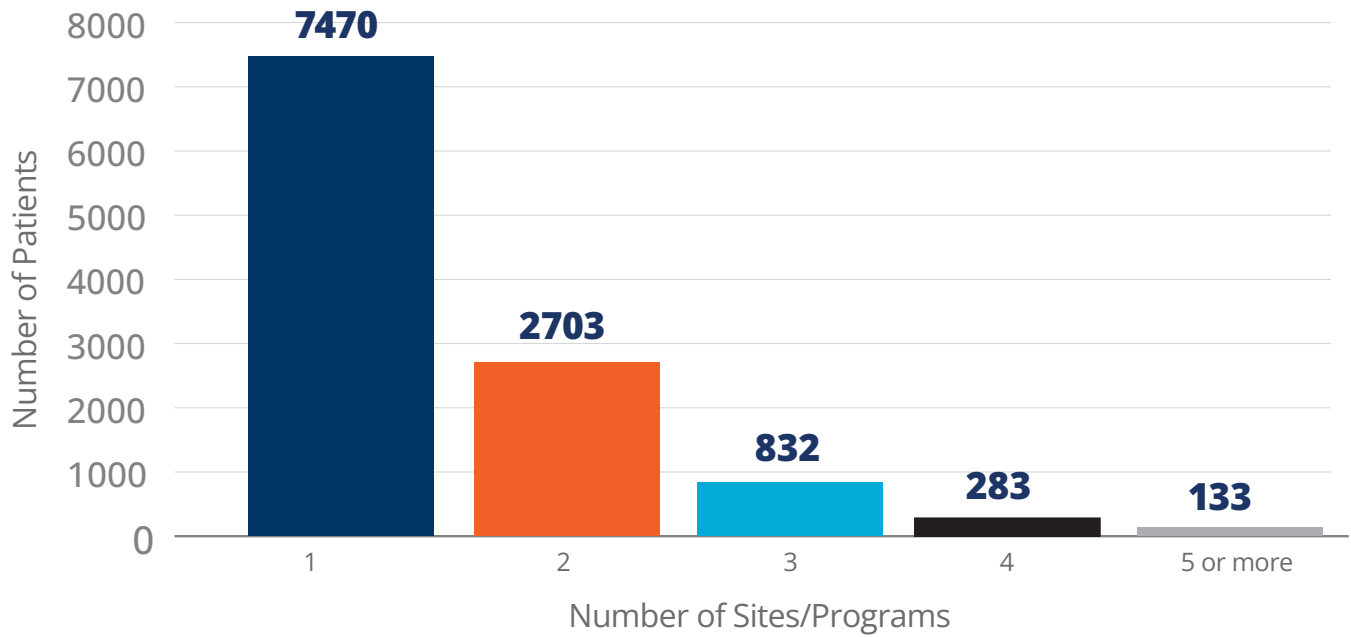
→ Regional Mobile Nursing: **22,629**

→ Population Health: **3,391**

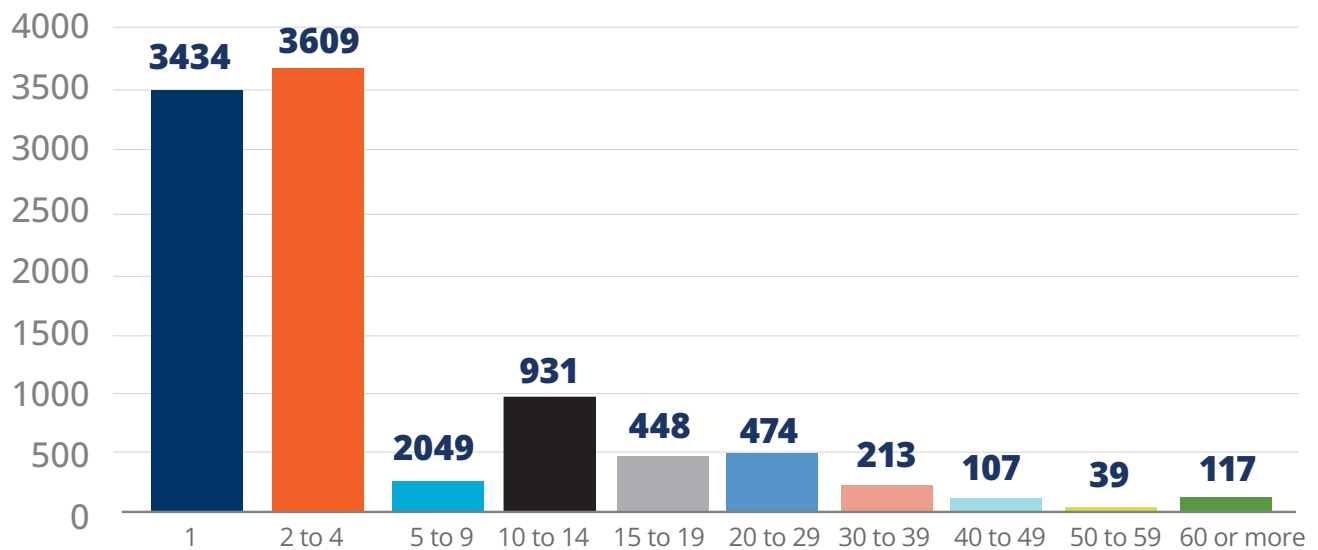
→ Indigenous Health: **3,371**

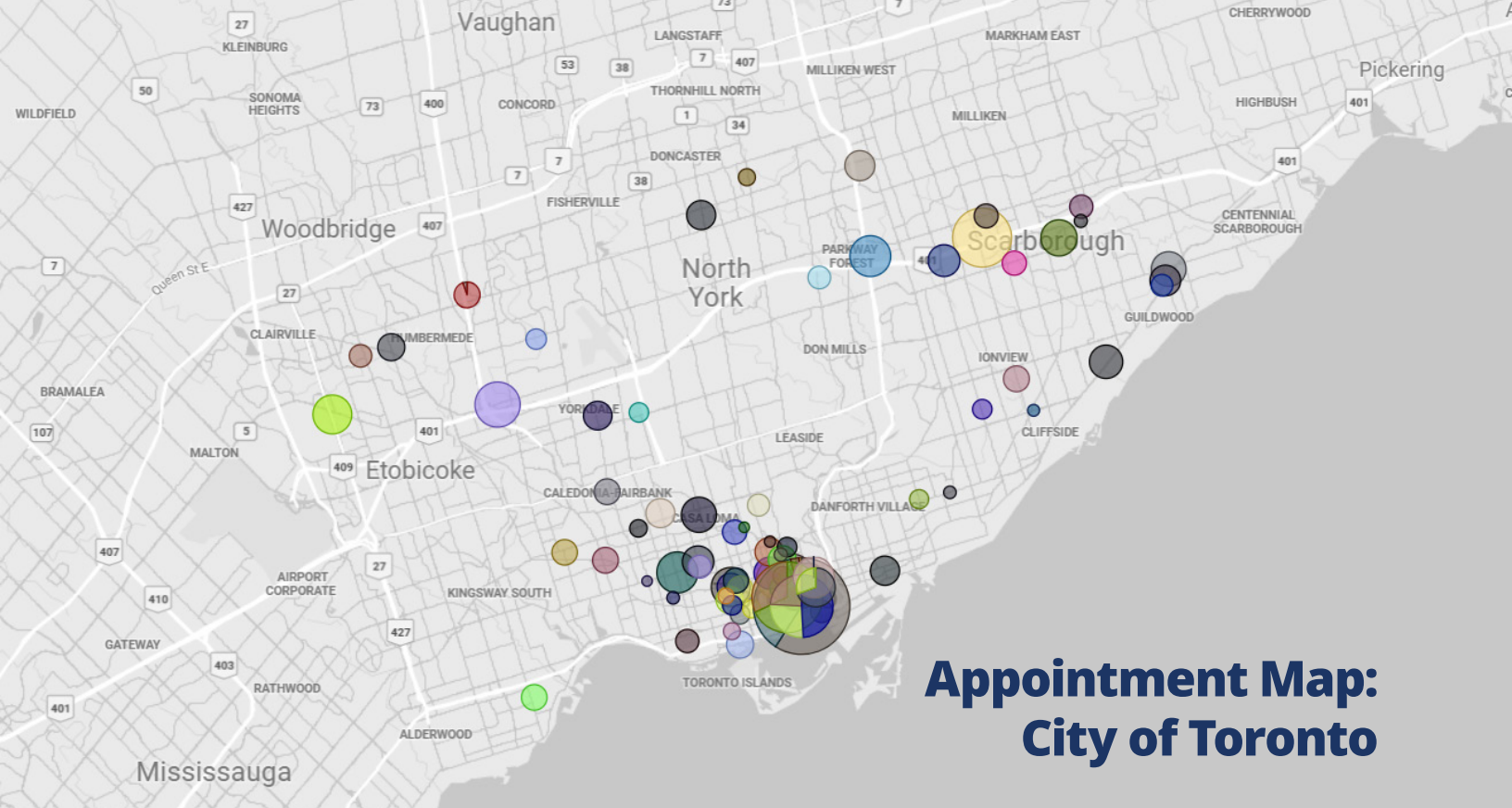


Number of ICHA Sites/Programs Accessed by All Patients During Fiscal Year 2024-25

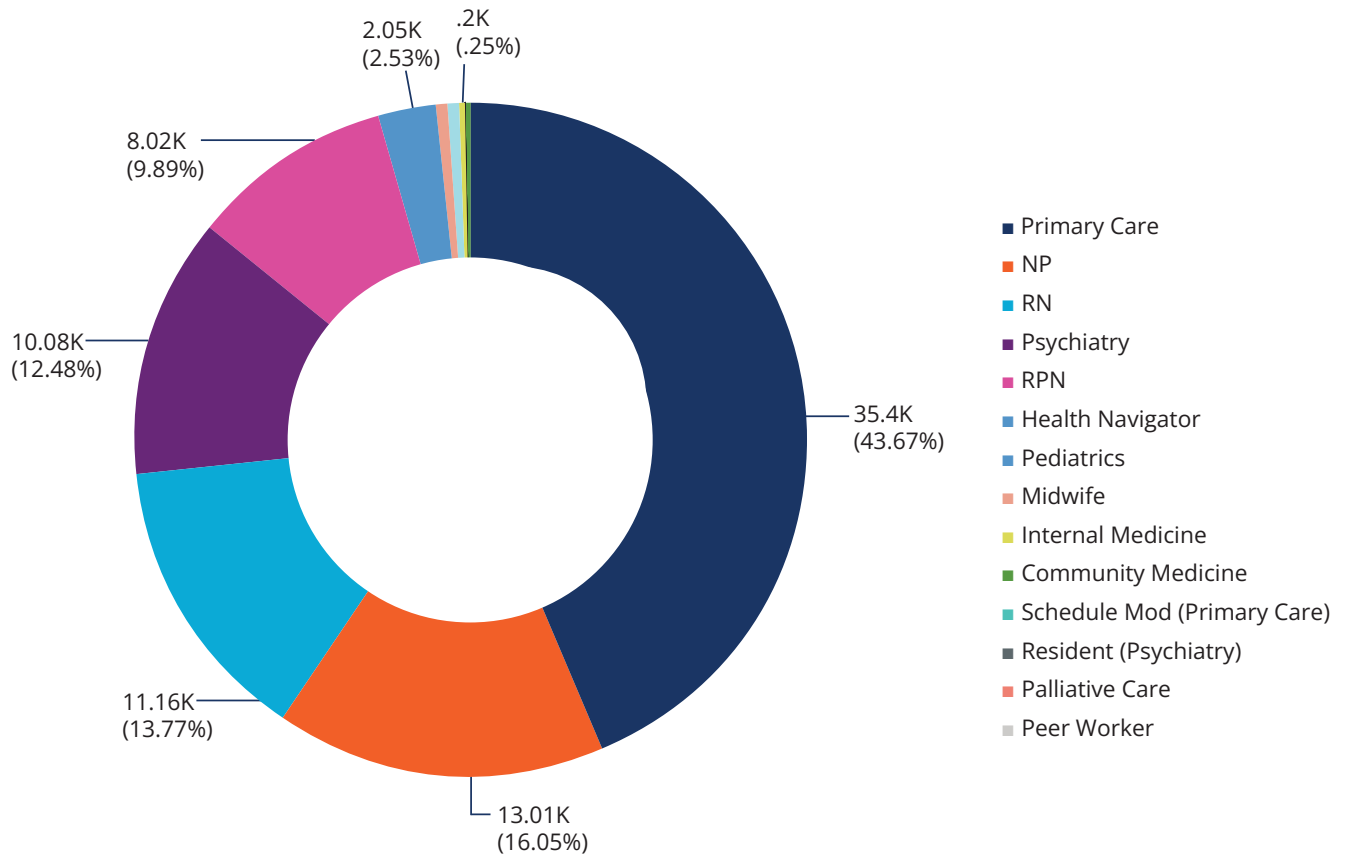


Number of Appointments per Client Across All ICHA Programs and Sites for Fiscal Year 2024-25





All ICHA Appointments by Specialty





Education

ICHA Education provides equity-informed learning opportunities for medical learners, residents, and fellows, along with training tailored to the unique realities of street and shelter-based care.

Education Highlight

This year marked a major milestone with the launch of ICHA's first-ever Indigenous Health Elective, now officially listed in the University of Toronto's course catalogue. We also successfully piloted a Process Group Therapy initiative within the ICHA physician community—an innovative step toward fostering peer support and mental wellness. Due to overwhelmingly positive feedback, this initiative is now a permanent offering in our program.

Quality Improvement and Research

ICHA's Quality Improvement initiatives focus on addressing system gaps, supporting data-driven change, and fostering a strong culture of safety. In Research, we collaborate with internal teams and external partners to generate practical, community-rooted knowledge that informs care and policy.

Quality Improvement (QI) Milestones

We hosted our inaugural Quality Improvement (QI) Workshop, bringing together over 15 participants. The session introduced foundational QI methods – such as problem identification, root cause analysis, and small-scale testing – providing practical tools for application in clinical and operational settings.

As part of our ongoing commitment to safety and quality, ICHA launched the Incident Review Committee in October 2024. The committee meets quarterly to review incident reports submitted across the organization, with the goal of identifying trends, addressing system gaps, and driving corrective action.

In its inaugural review, the committee examined 14 incidents reported from teams in Nursing, Primary Care, and Medical Specialties. The majority of these were classified as near misses or potential risks to staff safety.

Incidents are defined broadly and may include patient or staff injury or death, safety or security risks, infection prevention concerns, discrimination or harassment, operational disruptions, and other events impacting care or workplace safety.

Reports are submitted through ICHA's incident tracking system and reviewed by Program Directors. When incidents involve multiple teams, Occupational Health leads the response. Program Directors or their delegates are accountable for ensuring appropriate follow-up and closure.

The committee's work in its first year has meaningfully strengthened our organizational ability to learn from incidents, proactively manage risk, and reinforce a culture of safety and accountability across ICHA.



Research Support & Collaboration

In 2024-2025, ICHA supported four externally led research projects and one internal study, each aligned with our mission to improve care for structurally marginalized populations. These initiatives reflect our growing role in advancing equity-oriented research that informs policy, practice, and healthcare innovation.



Our external collaborations include:

PEACH Caregiver Study:

Exploring the experiences of family caregivers supporting older adults living with vulnerability in their final year of life, with attention to structural barriers and supports in palliative caregiving.

Patient-Clinician Relationships in Palliative Care:

Investigating how visible minority patients experience healing-oriented relationships with clinicians during serious illness.

Use of Shelter Services Among Older Adults in Toronto (Oct 2024):

Examining the service needs of older adults experiencing homelessness and making recommendations to improve housing and shelter systems.

Experiences of Ontario Healthcare Providers Caring for Adults 50+ Experiencing Homelessness (Oct 2024):

Documenting the perspectives of healthcare providers to inform system-level improvements.

ICHA also led an internal study, Working Towards Transformation (July 2024), which evaluates the impact of an equity-oriented palliative care rotation on physician perspectives and clinical practices. Collectively, these research initiatives contribute to a growing body of evidence that supports more responsive, inclusive, and equitable healthcare systems.



ICHA Uninsured Patients' Coverage

The ICHA Uninsured Patients' Coverage Fund plays a vital role in ensuring equitable access to essential health care services for individuals without adequate medical coverage. Administered at the discretion of ICHA clinicians, the fund is used to cover necessary medical expenses – such as bloodwork, diagnostic imaging, specialist consultations, and medications – when no other funding options are available.

This support extends to a wide range of vulnerable individuals, including those without status, individuals covered by Ontario Health Insurance Plan (OHIP) but lacking access to specific services, Interim Federal Health Program (IFHP) recipients with unmet needs, and those on visitor, student, or work visas without private insurance.

By bridging critical gaps in care, the Uninsured Patients' Coverage Fund exemplifies ICHA's commitment to compassionate, patient-centred health care for all, regardless of coverage status.

Total number of uninsured patients financially supported:

485

Percentage of services funded by category:

- **Medications: 76%**
- **Specialist consultations: 1%**
- **Laboratory and Imaging Services: 23%**

Health Liaison Testimonial:

Health Liaison *testimonial*

The Uninsured Patients' Coverage Fund has been nothing short of a lifeline for so many of the people we serve at FCJ Refugee Centre. Time and time again, I've witnessed the incredible impact it has—not just in providing medical care, but in restoring dignity, easing worries, and bringing comfort to those who often feel invisible in the healthcare system.

As a liaison, working alongside ICHA has been one of the most rewarding experiences of my career. Seeing firsthand the dedication of the doctors and healthcare professionals who welcome our patients with open arms and compassionate hearts has been truly inspiring. Your kindness, your unwavering commitment, and your belief that everyone deserves care have transformed countless lives—including mine.

Thank you for not only providing healthcare but for offering hope, reassurance, and a sense of belonging to so many. I am deeply grateful to be part of this work with you.

Elissa Ibarra
FCJ Refugee Centre Health Liaison

Launch of the Health Liaison Mentor Role

ICHA launched the Health Liaison Mentors Initiative, a two-year project designed to strengthen the role of the Health Liaisons across clinics. Four experienced mentors are providing on-site coaching, role clarity, and hands-on support to help Health Liaisons better assist clinicians and improve client care.

This initiative aims to enhance communication, streamline workflows, and ensure more consistent, high-quality service delivery. By fostering collaboration between Health Liaisons and clinical staff, we're building stronger, more integrated care teams across ICHA.

The Inaugural Winter Drive

In a spirit of compassion and community, Inner City Health Associates proudly hosted its first annual Winter Drive. Staff members from across the organization came together to donate non-perishable food items, warm clothing, and toys, demonstrating a shared commitment to supporting those in need.

A dedicated team of ICHA staff volunteers coordinated the distribution of these items to shelters partnered with ICHA throughout the city.



Our Programs and Services

Primary Care and Medical Specialties

Primary care is the first point of contact for general healthcare, offering comprehensive services that include prevention, treatment of common illnesses, chronic disease management, and overall health promotion.

PEACH

PEACH is a supportive palliative service fostered by Inner City Health Associates (ICHA). Aimed to meet the needs of people with life-limiting illnesses experiencing homelessness or vulnerable housing, PEACH's focus lies with the pain, symptoms and psycho-social goals related to each and every client's end-of-life journey. PEACH operates as a "trailblazing" mobile unit, providing attentive care in the community, on the streets and in shelters. The program functions as a partnership between ICHA, Toronto Central Health at Home, and Kensington Health.

Advancing Palliative Care for Vulnerable Communities

In partnership with St. Michael's Hospital (Unity Health Toronto), Inner City Health Associates, and the Downtown East Ontario Health Team (OHT), the PEACH Palliative Clinical Coach role was established as a part of a province-wide initiative to enhance palliative care capacity within the community.

This innovative role is uniquely focused on increasing access to palliative care for people experiencing homelessness and structural vulnerability. Through collaboration with healthcare and homeless sectors, this initiative aims to provide compassionate, accessible palliative care to some of the most underserved populations.

SCOUT

Street Clinical Outreach for Unsheltered Torontonians (SCOUT) delivers essential episodic and transitional healthcare directly to people experiencing homelessness across Toronto. The mobile team, made up of nurses, a case manager, and a family physician, provides low-barrier, patient-centred, trauma-informed, and harm reduction-focused care in encampments, ravines, under bridges, and sidewalks. The team also supports connection to ongoing primary care and assists with navigating health systems.



Mental Health

Psychiatrists provide mental health services through diagnosis, treatment, and management of mental health conditions using medication and therapy. As medical doctors they provide personalized care and collaborate with other healthcare professionals for comprehensive treatment.

Psychiatry On-Call Service

The *Psychiatry On-Call* service was established at ICHA in 2024 to provide unlimited clinician-to-clinician consultations to primary care clinicians who do not have on-site psychiatric support. The psychiatrist has full access to electronic medical records for comprehensive case review and collaborative care planning. In select situations, management plans may also include virtual joint appointments alongside primary care clinicians, or 1:1 virtual patient consultations.

Psychiatry On Call is now also available for urgent/emergent cases at all ICHA sites where the primary care clinician has reason to believe that the on-site psychiatrist will not be able to address the clinical question by the date/time the consult needs to be completed by.

Psychiatry On-Call Stats

- Number of Sites/Programs that accessed this service: **24**
- Number of Unique Clients: **55**
- Number of Appointments with clinicians and patients: **130**

Substance Use Care

ICHA Substance Use Program/Portfolio provides a full spectrum of substance use care through a combination of virtual and on-site medical clinics, mobile nursing services, and a strong partnership with the Inner City Family Health Team. This integrated model offers wraparound support to individuals with complex needs, ensuring comprehensive, client-centered care across the continuum.



Indigenous Health

Indigenous-led, culturally safe, low barrier, trauma-informed healthcare services for Indigenous individuals, families, and communities. Comprehensive care is provided through direct services, outreach, and mobile health options, including primary care, psychiatry, midwifery, pediatrics, and community health.

Audzhe Mino Nesewinong

Audzhe Mino Nesewinong is an Indigenous-led healthcare clinic based in Toronto, dedicated to providing culturally-safe, wrap-around primary care for First Nations, Inuit and Métis community members.

The clinic was selected for funding by Ontario Health as an interdisciplinary primary care team – marking a significant step toward advancing Indigenous sovereignty in healthcare. Inner City Health Associates continues to support Audzhe by providing clinical hours through Indigenous Health Psychiatrists, Nurse Practitioners, and Family Physicians.

Menopause Indigenous Outreach Program

The Menopause Indigenous Outreach Program was launched to improve access to menopause care for Indigenous women by addressing systemic barriers and creating culturally safe healthcare experiences. While menopause is often viewed through a biomedical lens, many Indigenous cultures recognize it as a time of empowerment – marking a woman’s

transition into a respected role of leadership and wisdom. Traditional ceremonies, such as Grandmother gatherings, honor this life stage and its deep spiritual significance.

Despite this reverence, many Indigenous women face limited access to menopause-related services due to linguistic, cultural, and systemic challenges. In some Indigenous languages, there is no word for menopause, making open dialogue difficult and contributing to stigma or silence around the topic. These challenges are further compounded by experiences of racism, discrimination, and a lack of culturally competent care in mainstream health systems.

This program aims to close those gaps by combining evidence-based clinical care with traditional knowledge and community-led practices. It offers outreach clinics and workshops that provide education, health screenings, and support in culturally respectful ways. The initiative is building trust between healthcare providers and Indigenous communities, ensuring that women receive the care they need during this vital stage of life.





Population Health

Population Health Services enhances clinical care with data-driven, community-based programs focused on improving health outcomes for people experiencing homelessness. The team provides targeted health promotion, infectious disease management, and shelter-level interventions. Guided by lived experience, the team bridges healthcare and housing supports, driving equity, prevention, and sustainable impact across Toronto's shelter system.

Community Health Workers

The addition of Community Health workers (CHWs) to our Population Health Services team has significantly strengthened our efforts to promote health equity and improve access to care. The CHWs serve as trusted connectors between individuals experiencing homelessness and the healthcare system, using their community relationships to build trust and reduce barriers. They have led numerous health promotion initiatives, including vaccine outreach, harm reduction kit distribution, HIV self-testing support, and education on sexually transmitted and blood-borne infections (STBBIs). Their work has enhanced vaccination uptake, expanded health knowledge, and empowered clients to make informed health decisions. By integrating health protection and promotion at shelter sites, CHWs are transforming how we deliver care – bringing vital services directly to those who need them most and fostering lasting connections within the community.

Community Health Worker Testimonials



As a Community Health Worker with Inner City Health Associates (ICHA), I have had the privilege of working alongside our dedicated nurse team and the SCOUT team to support some of Toronto's most vulnerable populations, those living in encampments, shelters, and on the streets.

Our work has helped to narrow the gaps in service delivery by ensuring that vital health care services are brought directly to the communities that need them most. Drawing from lived experience, we have actively supported health promotion and protection programs funded through the TUHF grant, breaking down vaccine hesitancy and building trust through consistent engagement.

Throughout the past year, I have been involved in COVID-19 and hepatitis vaccination efforts, HIV testing and education, and delivering training sessions to shelter staff and residents during outbreak responses. These efforts have not only increased the visibility of ICHA but also strengthened confidence in the care we provide. Our combination of personal experience, professional knowledge, and harm reduction training has been essential in meeting the unique challenges of this work.

- Bradshaw Byakuleka



My name is Lorina Morgan, and I am a Community Health Worker with ICHA. I have been in this role for two years. During this time, I have learned a lot about how important harm reduction is in the GTA.

Even though many harm reduction sites have been shut down, my coworker and I work hard to make sure service users still receive harm reduction kits. I really enjoy the work I do, and I'm proud that ICHA continues to support the community by having Community Health Workers like me out in the field.

- Lorina Morgan



Regional Mobile Nursing

The Regional Mobile Nursing team provides integrated primary and substance use care to individuals in shelters, supportive housing, and drop-ins across Toronto. Operating in the North, East, and Downtown-East regions, the team – comprising Nurse Practitioners and Registered Nurses – offers mobile, hub-based, and virtual care. Working closely with ICHA’s physicians and community partners, RMN supports a wide range of health needs and ensures timely, coordinated care across the system.

Virtual Nurse Coordinators

The successful hiring of two Virtual Nurse Coordinators (VNCs) — one within the PEACH program and one in Health Navigation – has significantly enhanced our capacity to deliver timely, coordinated, and patient-centred care. These roles have been instrumental in streamlining communication, supporting patients throughout their care journeys, and ensuring seamless continuity of care.

In addition to direct patient support, the Virtual Nurse Coordinators have strengthened connections between internal program and external services, developed a comprehensive Community Resource list to assist staff in facilitating healthcare transitions, and collaborated with the Operations Team to co-develop the Virtual Hub – a multidisciplinary team of clinical and clerical staff dedicated to optimizing care coordination and service delivery.

Summary of Financial Statements

Balance Sheet

INNER CITY HEALTH ASSOCIATES

For the Year ended MARCH 31, 2025

Balance Sheet	2025 \$	2024 \$
ASSETS		
Current assets		
Cash	954,341	149,959
Short-term investments	381,585	366,832
Accounts receivable	4,126,998	3,728,497
Prepaid expenses	85,579	22,404
	5,548,503	4,267,692
Long-term assets		
Capital assets	20,328	25,410
	20,328	25,410
	5,568,831	4,293,102
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	2,149,392	1,738,756
Deferred revenue	424,426	
Amounts repayable to funders	103,020	420,637
	2,676,839	2,159,393
NET ASSETS		
Unrestricted	1,691,992	933,709
Internally restricted (note 1 (f))		
General reserve fund	300,000	300,000
Physician Hours reserve fund	150,000	150,000
Restricted reserve fund	750,000	750,000
	2,891,992	2,133,709
	5,568,831	4,293,102

Statement of Operations

For the Year ended MARCH 31, 2025

	2025	2024
Revenue		
Ministry of Health alternate payment plan funding	12,686,632	11,085,221
Administration fees	2,651,876	2,233,601
MOH Community Palliative On-Call Program (PEACH)	185,743	182,177
Homelessness Shelter Initiative Program Paymaster Funds	5,421,677	4,769,129
Other projects and grants	587,669	660,344
Interest and other	16,230	16,661
	21,549,829	18,947,133
Expenses		
Payments to physicians		
General practitioners	10,583,762	5,645,013
Specialists	823,903	4,062,262
Medical directors	1,307,376	1,372,369
MOH Community Palliative On-Call Program	186,767	182,177
Homelessness Shelter Initiative Program expenses	5,421,677	4,769,129
Other Projects and Grants Expense	587,669	660,344
Human resources	614,435	1,101,823
Office and administration	881,819	680,426
IT expenses	291,697	170,183
Program expenses	89,790	166,178
Board and membership	2,655	22,367
HST expense	-	(128,084)
	20,791,550	18,704,187
Excess of revenue over expenses for the year	758,279	242,946

Acknowledgement

Inner City Health Associates' mission of *a healthy end to homelessness* is realized through the dedicated efforts of many exceptional individuals and teams. We extend our sincere gratitude to our 2024-2025 Board of Directors – Janet Gasparelli (Chair), Gary Bloch (Vice Chair), Brian Edmonds (Treasurer), Andrew Boozary, Farah Ismail, Fareen Karachiwalla, John Langley, Stephen Hwang, and Miriam Shuchman – for their exemplary leadership and strategic guidance.

We are equally grateful to our leadership team for their vision and commitment to fostering a culture of equity, trust, and excellence. To our nursing staff and physicians, your compassionate, trauma-informed care delivered across shelters, outreach programs, and other settings is fundamental to our work, bringing stability and hope to individuals experiencing homelessness.

Our operations team's expertise in logistics, finance, IT, communications, and administration ensures the seamless delivery of our programs, and to our funders and supporters, your generosity and belief in our mission enable us to expand critical services and advocate for systemic change.

Together, your unwavering dedication is the foundation upon which Inner City Health Associates continues to advance health equity and work towards ending homelessness with dignity and care. We thank you for your invaluable contributions.



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