

ICHA

Inner City
Health Associates

ANNUAL REPORT

2018 - 2019

ABOUT US

WHO WE ARE

Inner City Health Associates (ICHA) is a group of 91 physicians working in 55 shelters and drop-ins across Toronto. ICHA provides primary, psychiatric and palliative care to those who do not otherwise have access to care. We serve people living on the street and in shelters as well as those who are precariously housed. ICHA is funded by the Ontario Ministry of Health and Long Term Care through an alternative payment plan.

OUR VISION

To help end chronic homelessness related to illness and disability in Toronto

OUR MISSION

- 1 To improve access to care for the homeless population in Toronto
- 2 To improve collaboration and coordination amongst service providers working with the homeless in Toronto
- 3 To prevent additional chronic homelessness related to illness and disability in Toronto
- 4 To set the standard of excellence in the provision of homeless health care

OUR BOARD OF DIRECTORS

Philip Berger, Chair
Dorian Deshauer, Vice Chair
Chris Lawrence, Secretary-Treasurer
Catherine Gaulton
Patricia Cavanagh
Adam Quastel
Richard Doan
Jonathan Wong

ICHA | Inner City
Health Associates

59 ADELAIDE STREET EAST, 2ND FLOOR
TORONTO, ONTARIO M5C 1K6
TEL: 416-591-4411
FAX: 416 640 2072

MESSAGES FROM THE LEADERSHIP

The past year for ICHA has been characterized by a whirl of widespread activities and initiatives throughout the organization and beyond and includes improvements to BOD function.

Earlier in the year the BOD held a one day retreat which resulted in an overhaul of how it conducts its affairs. BOD agendas now include so called “consent agenda items” through which standard or routine decisions are approved as a package and generally require no discussion, for example previous meeting’s minutes. All reports are pre-circulated to the BOD reducing considerably the meeting time for such reports. Monthly reports between meetings are provided by both the Medical and Operations Directors. The efficiencies achieved have allowed a significantly greater time for the BOD to discuss substantive matters and act as bona fide governors of ICHA. All ICHA BOD meetings are open to members except when confidential issues arise involving privacy rights.

ICHA’s Medical Director and Director of Operations can be found in every health and social service forum relevant to ICHA’s clients. ICHA has established connections with four Ontario Health Teams and continues to develop an MOU with Unity Health. ICHA, just to give a few examples, is bringing its expertise and leadership to the Attorney General (Ontario) Community Justice Centre (Moss Park), the Toronto Community Housing Corporation health and social service support planning process, the George Street Revitalization transition and the TC-LHIN Collaboration for Allied Health in Shelters. Collaboration extends beyond the Canadian border and includes early alliances with the Harvard Centre for Primary Care, the Boston Health Care for the Homeless Program, the Whole Person Health Los Angeles and the Clinton Foundation.

ICHA has also established a strong scholarly foundation. ICHA is working with the Canadian Medical Association Journal towards publishing a special issue on homelessness and health, will be writing a lead chapter on homelessness for the University of Toronto inaugural Family Medicine report and most notably ICHA has signed an MOU with Street Medicine Institute to host the 2020 International Street Medicine Symposium (October 14-17, 2020: MARK IT IN YOUR CALENDARS!)

The ICHA funded National Homeless Health Guidelines project is complete and preparations are in place for distribution; the Pekiwewin, Indigenous Guidelines Project is ongoing. Arrangements are in place to institute ICHA access to Connecting Ontario.

ICHA’s by-laws have been reviewed for best practices and will be presented for membership approval at the November 20th AGM. ICHA’s financial status is sound. The administrative team is working to ensure that all APP funds are spent to the limit thereby ending the practice of returning money to the

government. ICHA's many achievements are directly attributable to our office staff: Medical Director Dr. Andrew Bond, Operations Director Shivanee Nadarajah, Clinical Services and Privacy Specialist Alena Ravestein, Executive Assistant Shannon Hirsch and Accounting Specialist Cathy Yeung. The BOD is deeply grateful for their diligence, expertise and fidelity to ICHA's clients.

ICHA remains strong and dynamic. ICHA is emerging as an authentic leader in the care of the homeless and has raised the profile of health and the homeless. A lot more to come next year.



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

A handwritten signature in black ink, appearing to read 'Philip Berger'. The signature is fluid and cursive, written on a white background.

MESSAGES FROM THE LEADERSHIP

The last year has brought ongoing change, innovation and growth which has consistently been the hallmark of ICHA since being founded in 2006.

The Ministry of Health funding ceiling for new physicians was met with our submission of a bold proposal to grow and reorganize ICHA's services into functional non-mutually exclusive communities of practice including Transitional Age Youth, Mental Health and Justice, Indigenous Peoples, Newcomers, Palliative Care, People Experiencing Unsheltered Homelessness, Women's Services and Addictions Medicine across the whole city of Toronto. This proposal, which would see ICHA's budget more than double in three phases over 4 years, has been well received by the Ministry of Health with ongoing follow-up throughout the year. At the time of writing, we are approaching the Ministry's final decision.

In the face of minimal available funds, ICHA still managed to respond to requests for support the Out of the Cold Program and 24 hr respite centres and saw our overall number of patients seen increase by hundreds. Additionally, much work was done in anticipation of the final closure of the old Birchmount

shelter site and the planned leading design shelter facility in Scarborough called Scarborough Village Residence. This site is to become the flagship model for the City's new Shelter Health Service Model which ICHA has been contributing to significantly over the last year.

November 2018 saw the launch of the Federal Government's first new National Housing Policy since the 1960's with ICHA participating in the public consultation through a human-rights grounded organizational position statement. The statement was shared with both the UN Special Rapporteur on the Right to Adequate Housing and the UN Special Rapporteur on the Right to the Highest Attainable Standard of Physical and Mental Health, the latter having included it in his formal Mission to Canada.

2018 also brought intensification of the pain and loss wrought by a drug supply contaminated with numerous potent fentanyl analogues, causing significant spikes in fatal and near-fatal overdoses. ICHA supported the community by making naloxone kits widely available and collaborating with and supporting colleagues in overdose prevention sites and supervised consumption sites (SCS). As the only SCS not within a healthcare facility, ICHA in particular supported the Fred Victor Centre SCS with medical directives and support to ensure its optimal functioning. We continue to build our expertise and program planning in addiction medicine, having recruited a number of fellowship trained specialists to join our team as we prepare for impactful interventions in the near future.

Over fiscal year 2018-19, much work was also underway on two significant ICHA funded projects, the development of evidence based clinical guidelines for people experiencing homelessness through the Bruyere Research Institute and the *Pekiwewin* project through Well Living House, which aims to develop clinical practice guidelines for providers working with Indigenous people experiencing homelessness. The dissemination of these two sets of guidelines is expected in this upcoming year.

On the internal operations end of ICHA's work, during this fiscal year, there was an entire overhaul of our back office payroll systems with the Ministry of Health automating our physician billing system. The administrative team also worked with eHealth Ontario to develop internal processes to ensure legislative compliance and improve device security and management in order to allow physicians to access ConnectingOntario. We are set to begin the process of onboarding physicians to ConnectingOntario, initially at pilot sites, in November 2019.

2018-19 was also a year of partnership building and deepening. Our long-standing relationship with St. Michael's Hospital, which integrated with St. Joseph's Health Centre and Providence Healthcare to become Unity Health Toronto, has been undergoing renewal through the development of a new Memorandum of Understanding. We continued to work with our Journey Home Hospice partners, Saint Elizabeth Foundation and Hospice Toronto to provide physician services and bring residential hospice care to people experiencing homelessness. ICHA also began significantly engaging in relationships with University Health Network, Women's College Hospital, Mount Sinai Hospital,

Michael Garron Hospital and Scarborough Health Network, Toronto Public Health, the City Shelter Support and Housing Administration (SSHA) and the TC-LHIN.

These vast arrays of partnerships formed throughout the year were further amplified by the passage of Bill 74 which brought about sweeping transformation to the health care system including a single health authority in Ontario Health to which self-organized Ontario Health Teams are to be accountable. ICHA is involved in the Mid-West Ontario Health Team and Downtown East Ontario Health Team as a central planning committee member, a ‘collaborator’ on the East Toronto Ontario Health Team and an ‘engaged partner’ on the Scarborough OHT. Additionally, both the Mid-West and Downtown East OHTs have made people experiencing homelessness as one of the 3 and 2 year-1 priority populations, respectively.

This year, we also embarked on a strategic planning process which saw the formation of the Strategic Planning Steering Committee consisting of physician members, the Board and staff. This committee worked diligently over many months, consulting with the members, clients and external stakeholders to develop a new strategic plan to see the organization through the changing healthcare landscape.

These are exciting and challenging times in Ontario’s healthcare system and ICHA is well positioned to ensure that we are able to continue to provide the best possible transitional specialized medical and psychiatric care while advocating for an end to homelessness.

We are privileged to have such an immensely driven, capable and insightful team with which to work and navigate the time ahead. We have as many innovative programs as we have sites and we look forward to continuing to build up our field-leading programs together in all areas that ICHA works.



***Dr. Andrew Bond,
Medical Director***



***Shivane Nadarajah,
Director of Operations***

A handwritten signature in black ink, appearing to be 'A. Bond'.

A handwritten signature in blue ink, appearing to be 'S. Nadarajah'.

WHO WE SERVE

ICHA's dedicated physicians work in a variety of shelters, drop-in centres and in mobile teams across the city of Toronto. Working in partnership with our partner organizations, we provide low barrier care to people experiencing or at risk of homelessness. Since ICHA's beginning, we have served close to 41,289 unique individuals in Toronto.

OVERVIEW

In 2018-19, ICHA served 6383 clients (representing an increase of 12% from last year), with a total number of 22,343 encounters. Primary care represented approximately 71% of these visits. Patient gender was recorded as 41% female, 59% male and less than 1% identified as transgendered.

2018-19 BY THE NUMBERS

OVERVIEW:

SITES		PHYSICIANS	
55		91	
TOTAL PATIENTS	VISITS	PRIMARY CARE	PSYCHIATRY
6383	22,343	4898 Patients	2148 Patients

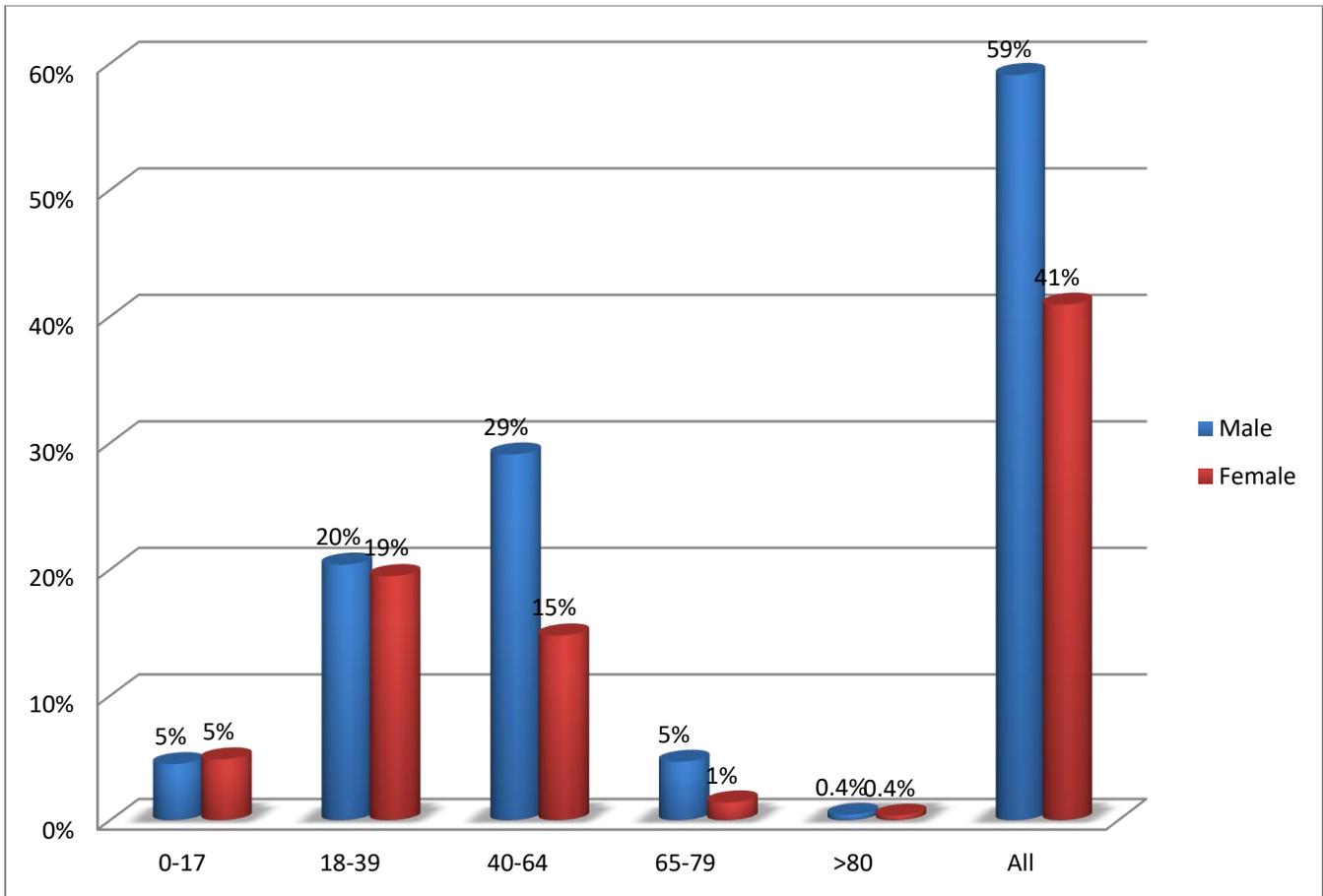
NUMBER OF VISITS:

Primary Care	Psychiatry	PEACH	Internal Medicine	TOTAL
15,954	5932	256	201	22,343

NUMBER OF UNIQUE PATIENTS:

FY17	FY18	FY19
4,888	5,685	6,383

ICHA PATIENTS BY AGE and GENDER (N = 6341):

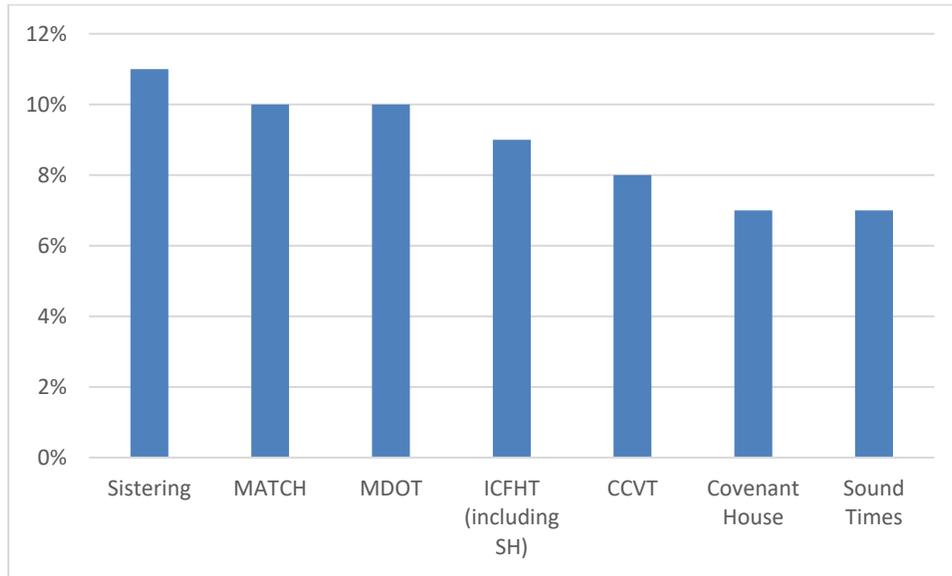


PSYCHIATRY

Psychiatry services were provided at 33 sites (16 of which have co-located collaborative care primary care services). New sites included Child and Adolescent Psychiatry services at Canadian Centre for Victims of Torture, (CCVT) and care for young victims of human trafficking at Covenant House. The average number of visits per client was 2.8, which showed a slight increase from 2.6 in 2017-2019. ICHA continues to be uniquely strong internationally in the practice space of inner city psychiatry with mobile outreach street psychiatry – MDOT, (Multi-disciplinary Outreach Team), services for rough sleepers once more stabilized – MATCH (Multi-Disciplinary Access to Care and Housing), Critical Time Intervention (CTI) transitional care between hospital and community – CATCH (Coordinated Access to Care for the Homeless), Trauma care (CCVT), Indigenous Peoples (NaMeRes), Transitional Age Youth (Covenant House, Eva’s, Jessie’s, YWS, LOFT, Evergreen, Horizons), ODSP Supports (HOPE), women’s services (Sistering, Women’s Residence, Evangeline) mental health and justice (Elizabeth Fry) and

survivor programs (Sound Times) in addition to the numerous addictions (Toronto Community Addictions Team, TCAT), collaborative care and drop in programs throughout the City. Of great importance, 60% of clients receiving psychiatry services were also cared for by ICHA primary care providers.

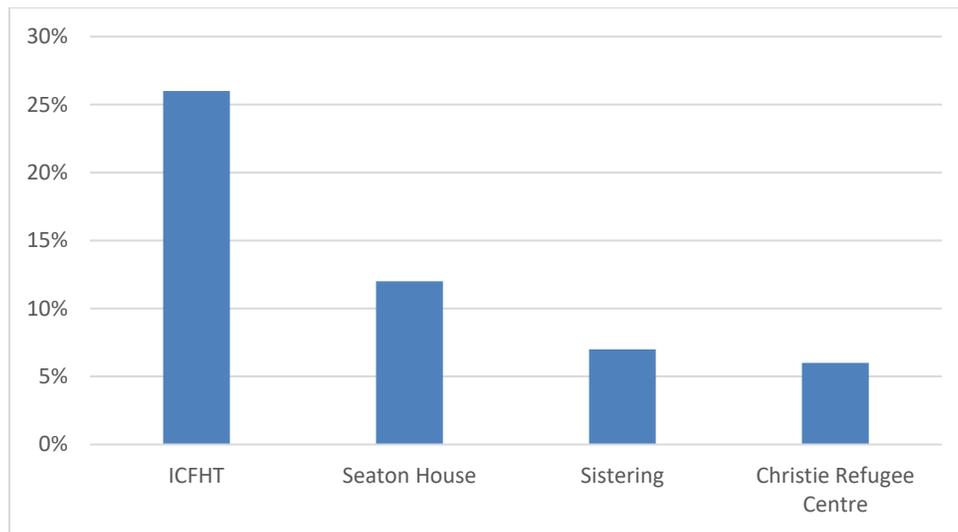
SITES WITH THE HIGHEST VOLUMES (N = 5,932):



PRIMARY CARE

Primary care services were provided at 35 sites (16 of which were co-located with ICHA psychiatry services) for a total 15,954 visits by 4,898 patients. New primary care sites included Scarborough Village Residence, Respite Centres at Lakeshore and CNE, and Edwards Hotel newcomer program. The average number of visits per client was 3.3, which has decreased from 3.9 in 2017-2018. ICHA’s numerous primary care programs include shelter, drop in and mobile outreach street and community housing programs with specialized services for Indigenous Peoples (SGMT, NaMeRes), Newcomers (Christie and FCJ Refugee Centres, Edwards and Toronto Plaza Hotels), Transitional Age Youth (Covenant House, Jessie’s Place, Eva’s) and women (Sistering, Women’s Residence) and ICHA’s physicians at the Inner City Family Health Team. 25% of ICHA clients seen by primary care received collaborative care with ICHA’s psychiatry services.

SITES WITH THE HIGHEST VISIT VOLUMES (N = 15,954):



EDUCATION

Dr. Deborah Pink, MD, FRCPC, Education Lead

We have hosted over 100 learners at ICHA clinics over the past calendar year. These learners come from all different levels of training and various training programs across Canada and globally. Here is a breakdown of our learners:

Medical Students:

1. First and Second year medical students at University of Toronto (PRE-CLERKSHIP): now that we have a Student Placement Agreement in place with U of T, first and second year medical students take attend ICHA clinics to observe clinics staff by physicians who have **U of T academic appointments only**
2. Clerkship Electives: We currently have three options for medical elective students wishing to partake in ICHA clinics. They are:
 1. **Health of the Homeless Elective:** <http://www.icha-toronto.ca/get-involved/health-homeless-elective>
 2. **Palliative Care in the Inner City:** <http://www.icha-toronto.ca/get-involved/palliative-care-inner-city-elective>
 3. One final stream where medical students attend ICHA clinics is through the SMH’s Inner City Health Elective. This elective takes place at 410 Sherbourne and at Seaton House. <http://medsis.utoronto.ca/electives/index.cfm?fuseaction=SearchElect.showelective&catalogCD=221>

Psychiatry Residents:

PGY-1: Underserved electives- 1 month in duration, various locations. Organized by Dr. Amy Gajaria.

PGY-3: New pilot elective- 2 months in duration, various locations. Organized by Dr. Amy Gajaria

PGY-5: Integrated Mental Health Curriculum (IMHC) - 6-12 months in duration, various locations. Organized by Dr. David (DJ) Rodie.

Family Medicine Residents:

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

Palliative Care Fellows:

Palliative Care in the Inner City Elective, organized by Dr. Naheed Dosani

Family Medicine Global Health Fellows:

PGY-3 in Enhanced Skills in Global Health and Vulnerable Populations, month long ICHA electives, organized by Dr Eileen Nicolle.

ICHA Electives Evaluation:

We have instituted a new evaluation to elicit feedback from our various learners about their elective experiences as well as to learn how we can better improve these electives. Here are some of the responses we have received thus far:

“What I enjoyed best about this rotation were the people. The staff, the allied health professionals, the clients. Everyone I met during these three weeks both inspired me and provided a reminder as to why I decided to become a doctor in the first place. I enjoyed the variety and the specialness of each encounter. So many of the conversations I had I still remember and reflect on today. Also, the rich variety of experiences allowed me to discover how many options physicians have to do this work in a range of capacities. Lastly, many of the physicians I worked with practices medicine in ways that I had not encountered before and are trying client-centred methods of delivering care: I loved this part of the rotation. I cannot speak highly enough of it.” Health of the Homeless Elective Medical Student

“I learned even more about the complexities of the social determinants of health, and how there are so many innovative ways of addressing this in medicine. I also learned that nothing is impossible, and that there are so many interesting and rewarding ways of practicing inner city medicine.” Health of the Homeless Elective Medical Student

"I can say confidently that this was the best educational experience I had as a clerk. This sort of self-designed, multi-experiential elective is really unique to medical education, and I hope this continues on for years to come." Health of the Homeless Elective Medical Student.

"I really enjoyed the focus on the social determinants of health and the integration of social accountability into the elective. I loved the home visits and working with patients on more than just symptoms management. I also learned about the benefits of home visits and being able to manage health in a patient's own environment. This was also beneficial in addressing their barriers to health as we could directly observe the patient in their own environment." PEACH Elective Medical Student.

Faculty Appointments at the University of Toronto

We are in the process trying to streamline the process for ICHA physicians to obtain faculty appointments through either the Department of Family and Community Medicine or the Department of Psychiatry at the University of Toronto. This will allow more of our physicians to be able to engage in educational activities with our learners.

Moving Forward: Increasing Community and Collaboration

Complex Case Rounds

We have initiated a monthly complex case rounds as a space to discuss the intricacies of inner city medicine and to support our colleagues.

Mentoring program for ICHA physicians

We are hoping to create an ICHA mentoring program for physicians to be matched up with other physicians who can assist one another with challenging cases, the clinical pearls of inner city medicine, pathways to care and general support.

The PEACH (Palliative Education and Care for the Homeless) Program

Dr. Naheed Dosani, MD, CCFP(PC), PEACH Lead Palliative Care Physician

Overview

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 celebrated its fifth anniversary and many milestone achievements.

PEACH Team:

- Alissa Tedesco (PEACH Physician)
- Donna Spaner (PEACH Physician)
- Leslie Randl (Toronto Central LHIN Palliative Care Coordinator)
- Naheed Dosani (PEACH Lead Physician)
- Sasha Hill (PEACH Coordinator)
- Sandy Buchman (PEACH Physician)
- Signe Dewar (Hospice Toronto Peer Support Worker)



Program Highlights

Due to the opioid overdose crisis and other demands, the program served a record number of people this past year. In total, the PEACH team served 91 unique clients with life-limiting disease representing a 19% increase from the previous year. At any given time, 60 to 70 clients were cared for via the PEACH team, who provided between 15-20 weekly mobile visits. In total, the PEACH team supported clients across the City of Toronto, in over 15 sites, including rooming houses, shelters, supportive housing, drop-in centers, in addition to non-traditional transitional spaces (e.g. streets, parks). To meet increasing needs, the team welcomed a third Palliative Care Physician, Dr. Alissa Tedesco.

Medical Education & Research

The team’s passion for social justice led to the launch of a medical elective in early 2019. ‘Palliative Care in the Inner City: Integrating Social Accountability and Clinical Care for Marginalized Populations’ was developed to integrate clinical palliative care of structurally vulnerable populations with social accountability. This unique educational experience is very popular at ICHA and is booked well into 2020. Of note, this elective has been identified as 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 is the first of its kind, worldwide.

Through partnerships via ePAC (Equity in Palliative Approaches to Care - www.EquityInPalliativeCare.com), a pan-Canadian research collaborative based at the University of Victoria, PEACH team members co-authored the findings of a 3-year CIHR (Canadian Institutes of Health Research) funded study focused on the experiences of structurally vulnerable individuals with life-limiting disease. This work led to the release of a public report and two academic publications in

peer-reviewed journals. Further, the team published a letter in the Journal of Palliative Medicine on the importance of information management systems in palliative care.



Building a Compassionate Community

As demand for PEACH services increase, so too does the potential for compassion fatigue. To support PEACH's partnered community organizations with the moral distress they are experiencing in the community, the PEACH team formally rolled out 'Healing Circles' this past year to over 10 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 of the 'Good Wishes Program' 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. In total, over 20 gifts were granted through the program this past year.



PEACH healing circles were featured on an episode of CBC Radio's White Coat Black Art with Dr. Brian Goldman in March 2019 (pictured at side).

<https://www.cbc.ca/radio/whitecoat/palliative-care-team-helps-the-homeless-die-with-dignity-a-healing-circle-helps-them-grieve-1.5048409>

SEATON HOUSE

Dr. Kirsten Dixon, MD, CCFP, Seaton House Lead Physician

George Street Revitalization

The past year at Seaton House has seen the ongoing development of several clinical programs as well as a multitude of changes related to the George Street Revitalization project. The current ICHA team at Seaton House consists of 7 physicians, including 4 family docs, 2 psychiatrists and 1 internist. We are also very appreciative of a handful of family physicians who provide regular coverage at Seaton House. GSR continues to be a major factor in the planning of services and programs at Seaton House. At present, Seaton House is scheduled to be closed and ready for demolition in Q1 of 2021. In preparation, 60 residents moved from the 4th floor Long Term Program to Scarborough Village Residence over the summer months. A few remaining residents will be transferred in the coming weeks and the Long Term Program is now permanently closed. The next major transfer of residents will occur as the Runnymede hostel site opens in the coming weeks. Approximately 50 men will be moved from the Hostel Program to this site. As Seaton House Lead, I have focused on ensuring effective, high quality health care services stay in place for all those who remain at Seaton House. This has included planning and coordinating health care services for a new Winter Program that will occupy the 4th floor of Seaton House this winter as well as expanding services for residents who remain in the Hostel Program. I have also continued to work with Seaton House to ensure that ICHA physicians are able to contribute meaningfully to care plans for those residents who transition into housing.

Systems Navigation and Program Enhancement

Beyond GSR, the Seaton House Lead role has continued to be critical in the maintenance and enhancement of the relationship between ICHA physicians and Seaton House staff and management. The current relationship between ICHA and Seaton House is one of mutual respect and collaboration. As a result, ICHA physicians are able to provide high quality patient-centered care. Where we encounter systematic challenges, as Seaton House Lead, I have been able to effectively advocate on the part of Seaton House residents and staff.

A large part of the Seaton House Lead role continues to be leadership in clinical matters and in the complexities of health care provision in a shelter setting. In collaboration with Seaton House nursing staff and nursing management, I have continued to advise on admissions and transfers between programs, support relationships with hospital discharge planning and assist in the development of medical directives. In recent months, I have created opportunities to enhance the relationship between Seaton House with St. Michael's Hospital ED through a series of meetings and tours. Additionally, I have collaborated with Seaton House staff to develop comprehensive clinical supports for each of the Seaton House programs. As of October 2019, the Hostel Program now provides daily nursing support including on weekends. In the Annex Program, I have collaborated with management to update and expand the scope of the Managed Alcohol Program.

Education and Collaboration

Finally, education is also an important aspect of the Lead role at Seaton House. The Seaton House Infirmary Program continues to provide a core Family Medicine rotation for PGY1s at St. Michael’s Hospital. The Seaton House Lead is the primary contact for this rotation, providing orientation, supervision and educational leadership. Major educational themes over the past year include wound care, safer opioid prescribing and management of opioid use disorder, and the management of difficult patient interactions and patient and provider safety.

Looking forward to the year ahead, the Seaton House Lead role will continue to inform the GSR planning as well as the provision of clinical services at Seaton House. Collaboration with new health care partners as Seaton House programs move to new locations will be crucial.

WHERE WE WORKED IN 2018/19

PRIMARY CARE		
Agincourt Community Services	Fred Victor Centre	PEACH
Birchmount Residence	Gateway Shelter	Reconnect
Christie Refugee Centre	Good Shepherd	Robertson House
COSTI – Edwards Hotel	Homes First - Scarborough Shelter	Sanctuary
Cummer Avenue United Church	Homes First - Women’s Interim Program	Seventh Generation Midwives
Dan Harrison Building (TCH)	Homes First – 545 Lakeshore Blvd W	St. Simons
Dixon Hall Respite Centre	Jessie’s – The June Callwood Centre	Toronto Plaza Airport Hotel
Downsview Dells	Journey Home Hospice	Scarborough Village Residence
	O’dei min Clinic/NCFS	

PRIMARY CARE and PSYCHIATRY		
CATCH Good Shepherd	Eva’s Satellite	Sistering
CMHA Toronto Branch	Evergreen Centre for Youth	Sound Times
Covenant House	FCJ Refugee Centre	St. Stephen’s
Eva’s Place	Inner City Family Health Team (ICFHT)	Women’s Residence
Margaret’s	NaMaRes	YWCA
	Seaton House	

PSYCHIATRY		
At Home/Chez Soi Project	Horizons for Youth	Toronto Community Addiction Team
Canadian Centre for Victims of Torture	LOFT – Transitional Age Youth Program	Youth Without Shelter
Elizabeth Fry	MATCH	Weston King Neighbourhood Centre
Evangeline	Maxwell Meighen Shelter	
HOPE Wellesley Place Employment Services	Multi-Disciplinary Outreach Team	
HOPE Ontario Works Scarborough Site	Street Haven	

INCOMING AND OUTGOING PHYSICIANS

A very big thank you to our departing ICHA physicians:

- | | |
|------------------------|--------------------------|
| Dr. Carolina Vidal | Dr. Amanda Abate |
| Dr. Cinntha Srikanthan | Dr. Christopher Kitamura |
| Dr. Jessica Lee Wong | Dr. Yusra Ahmad |
| Dr. Vanessa Redditt | |

We are pleased to welcome the following new ICHA physician members:

- | <u>Primary Care</u> | <u>Psychiatry</u> |
|-------------------------|---------------------|
| Dr. Mona Haidar | Dr. Parul Agarwal |
| Dr. Ayesha Malik | Dr. Katie Zhu |
| Dr. Alissa Tedesco | Dr. Benoit Bergeron |
| Dr. Fareen Karachiwalla | Dr. Lucy Barker |

ICHA'S TEAM

Andrew Bond, Medical Director

Priya Vasa, Research, Evidence and Quality Lead

Deborah Pink, Education Lead

Naheed Dosani, PEACH Lead

Kirsten Dixon, Seaton House Lead

Aaron Orkin, Population Medicine Lead

Shivaneer Nadarajah, Director of Operations

Alena Ravestein, Clinical Services and Privacy Specialist

Sasha Hill, PEACH Coordinator and Community Nurse

Cathy Yeung, Accounting Specialist

Shannon Hirsch, Executive Assistant

Lindsay Miles, Virtual Office Assistant