

**ICHA** | Inner City  
Health Associates

**ANNUAL REPORT**  
**2022-2023**

# TABLE OF CONTENTS

- ABOUT US .....3
- MESSAGE FROM THE BOARD CHAIR .....4-5
- MESSAGE FROM ICHA LEADERSHIP ..... 6
- BY THE NUMBERS .....7-9
- SHELTER HEALTH SERVICES APP EXPANSION .....10
- PRIMARY CARE ..... 11
- MENTAL HEALTH AND SUBSTANCE USE CARE .....12
- REGIONAL MOBILE NURSING ..... 13
- INDIGENOUS HEALTH PROGRAM .....14
- EDUCATION ..... 15
- PEACH..... 16-17
- POPULATION HEALTH .....18
- SCOUT .....19
- RESEARCH AND QI ..... 20
- WHERE WE WORKED ..... 21-24
- ICHA MEMBERSHIP UPDATES ..... 25
- ICHA LEADERSHIP AND STAFF ..... 25-26
- SUMMARY OF FINANCIAL STATEMENTS ..... 27-28

# 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 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, 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

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

## Administrative Office

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# MESSAGE FROM THE BOARD CHAIR

Dear colleagues,

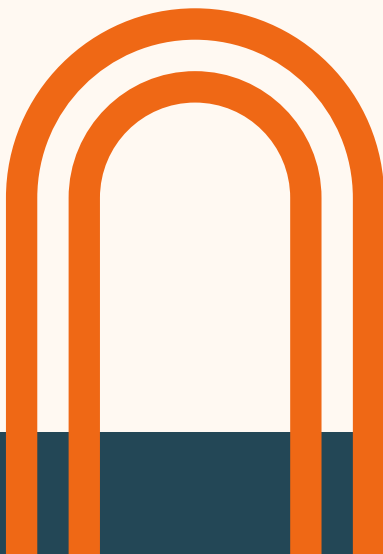
It is my honour and privilege to be writing this message as ICHA's new Board Chair, with immense thanks to our current Board members, all of whom have been immensely dedicated to the work as well as our outgoing chair and founding ICHA member and mentor for many, Dr Philip Berger.

While we have years and years of work in our communities to be proud of, this year has felt quite special for a number of different reasons. This has been the year we have finally moved into more of a "recovery" mode – where we can take stock of the immensity of growth that has and continues to occur within our organization and move toward a more sustainable model of interprofessional care. It has been game-changing to have a growing team of nursing staff with a wide and diverse skillset able to support our clients in new ways. I have heard and experienced first-hand what a difference this makes to continuity of care, holistic care, patient advocacy, access and quality.

Additionally, ICHA now has a presence in more sites across the city, we have a very skilled and growing operations team that is foundational to our success together, and leaders that are both inspiring and so deeply committed to our cause.

This year also marks the acceleration of our journey towards allyship - exploring together how ICHA Indigenous can operate in ways that embody sovereignty and self-determination. This means looking at governance, exploring what works in the context of Indigenous Health care and community and what needs to be adjusted in our usual ways of doing things. Our Board and leadership are committed to supporting on this front however we can.

Change and transformation seem to be a constant state for us now, and my wish for ICHA in the year ahead is to take time to take stock, regroup together, and ensure alignment, and coordination. I know so much is already being done to refocus on our relationships, to bring programs and groups together to ensure synergism, and importantly, take the time to pause at times and reflect on how



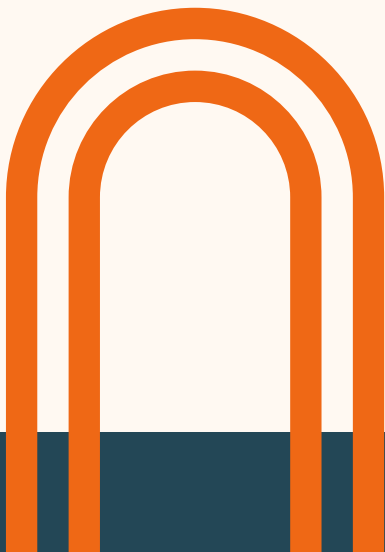
far we've come and digest it a little bit. This also means being kind to ourselves and one another and growing the foundation and enacting policies that support work life balance, equity in our workforce, and a renewed commitment to nurturing the strong bonds we have together as a team and with our partners and communities.

I am also very pleased to report that the state of our Board is strong. We have a truly skills-based Board that is passionate, extremely experienced and is playing a valuable function when it comes to governance. I am also committed to us learning more and growing as a board – and this means evaluating our progress every now and then, carving out more time together to delve into substantive issues, sending people on training and learning together about governance best practices and putting those in motion.

Thank you to each and every one of you for doing what you do each day – for the passion, commitment and strength you bring to this work. With a group like this to lead the way, I have no doubt we're in for a meaningful year ahead and can make true progress on our mission to achieve excellence in service delivery as well as action on the social determinants of equity, health and homelessness.

Regards,

Dr. Fareen Karachiwalla  
Chair of the ICHA Board of Directors



# MESSAGE FROM ICHA LEADERSHIP

ICHA continues to take significant strides in the expansion of our services and development of our clinical and population health programs and services. Everything we do is centered on the populations we serve

We are very proud to be working alongside such dedicated and inspired colleagues, all of whom are committed to constantly improving the quality and accessibility of the care that ICHA provides to people experiencing homelessness in Toronto.

Dr. Andrew Bond, Medical Director and Payam Pakravan, Director of Operations.

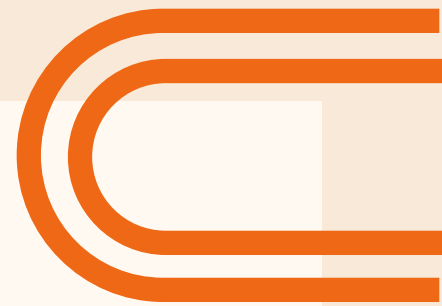


Payam Pakravan  
Director of Operations

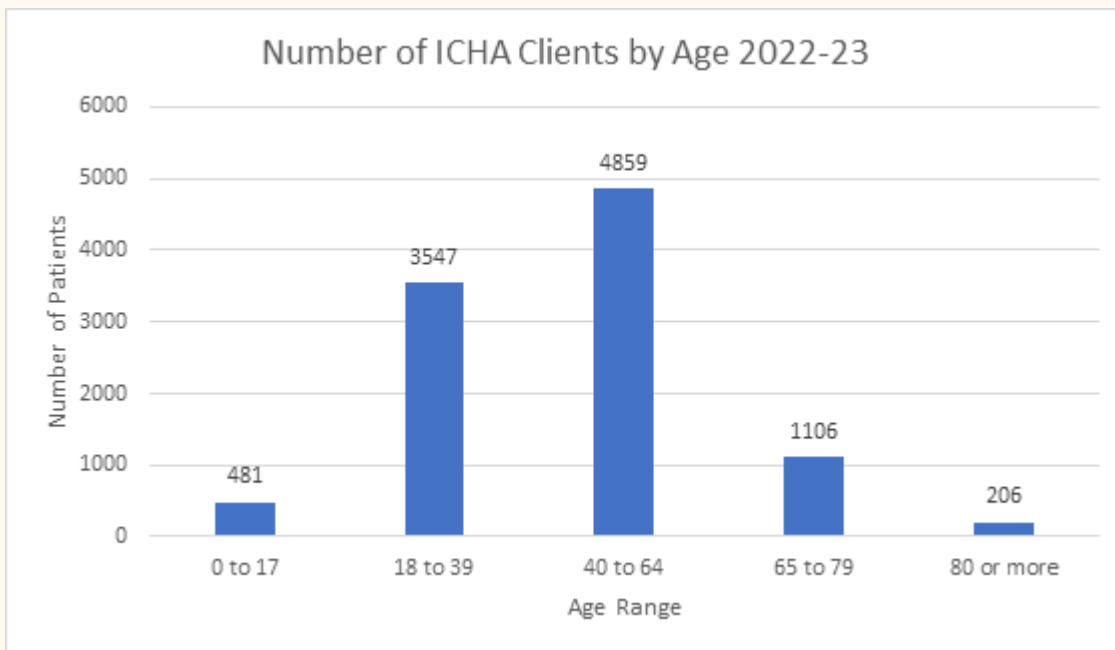
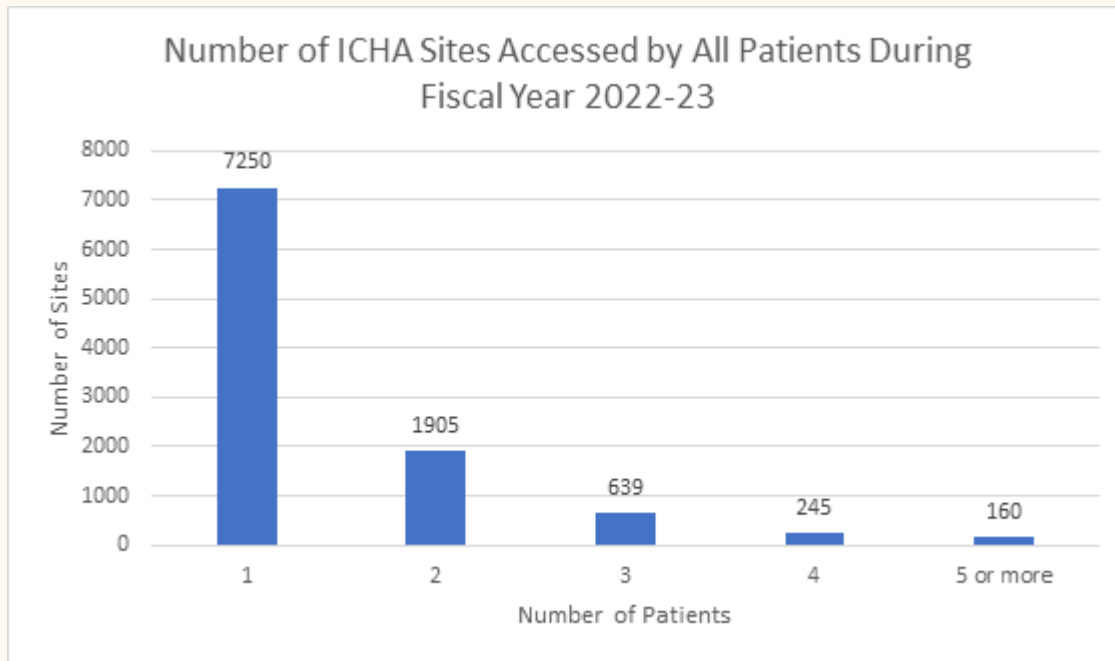


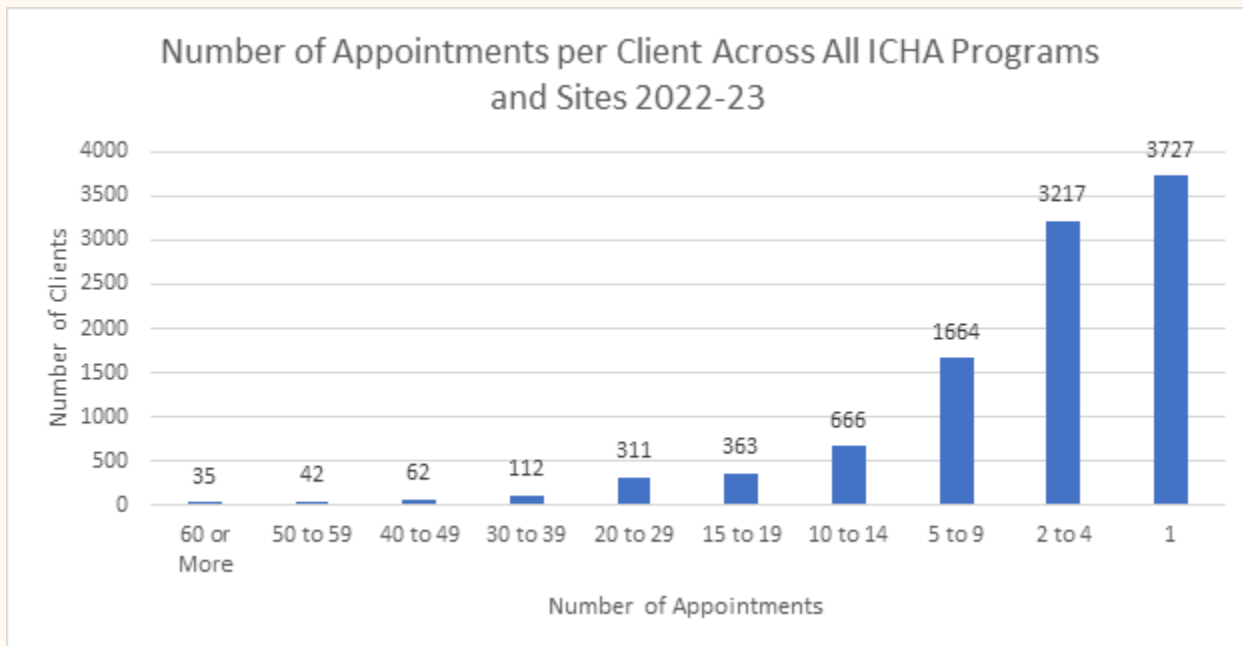
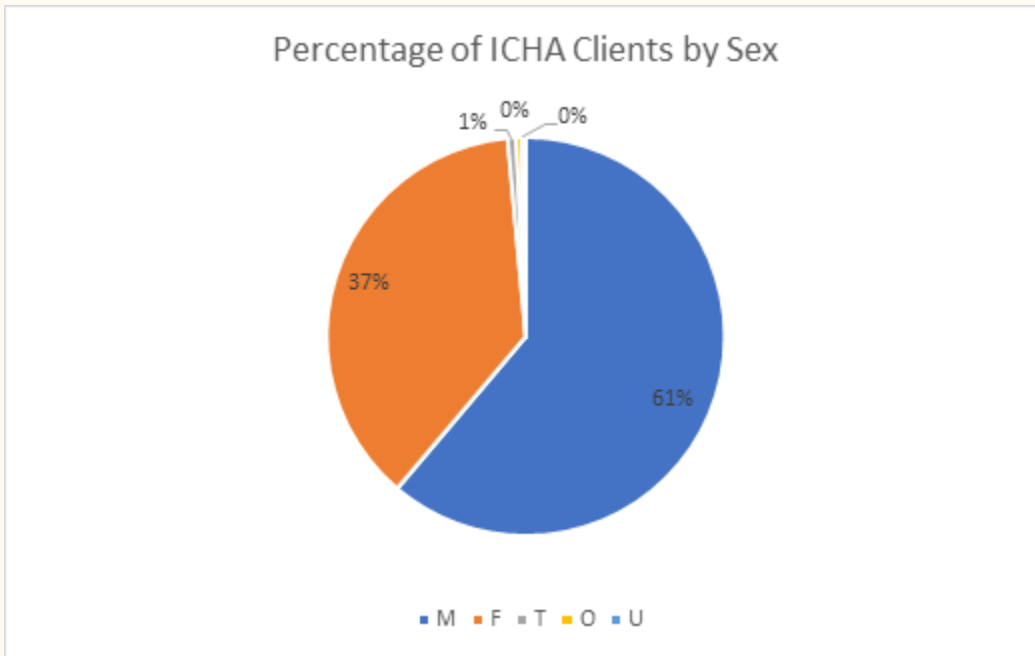
Dr. Andrew Bond  
Medical Director

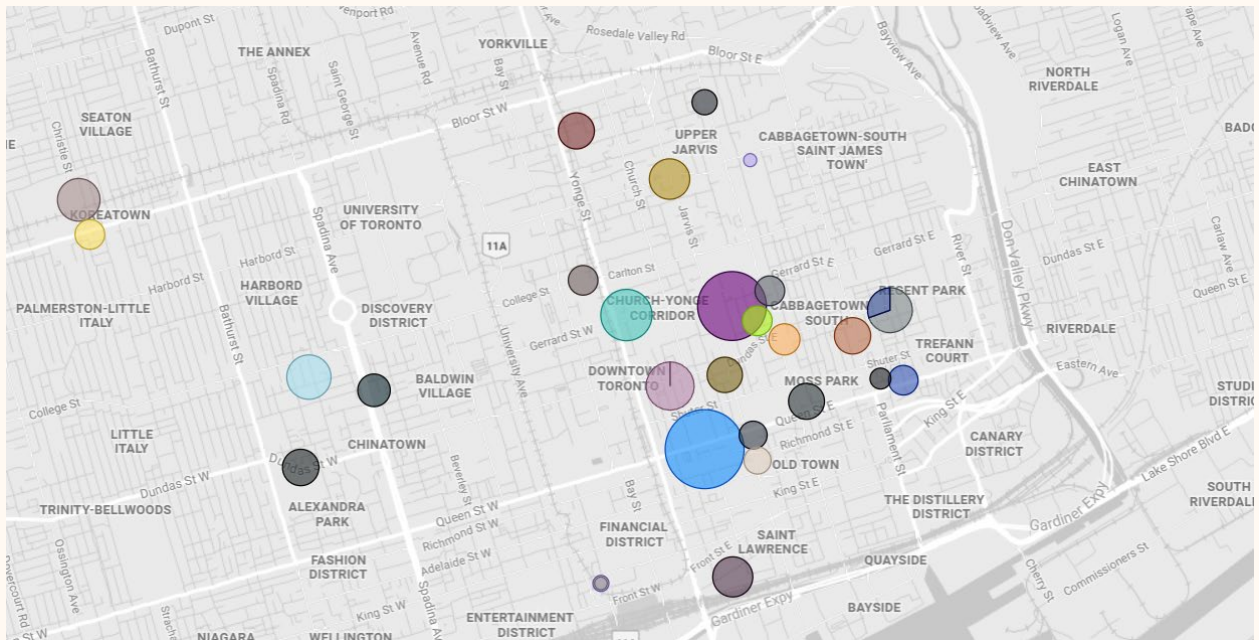
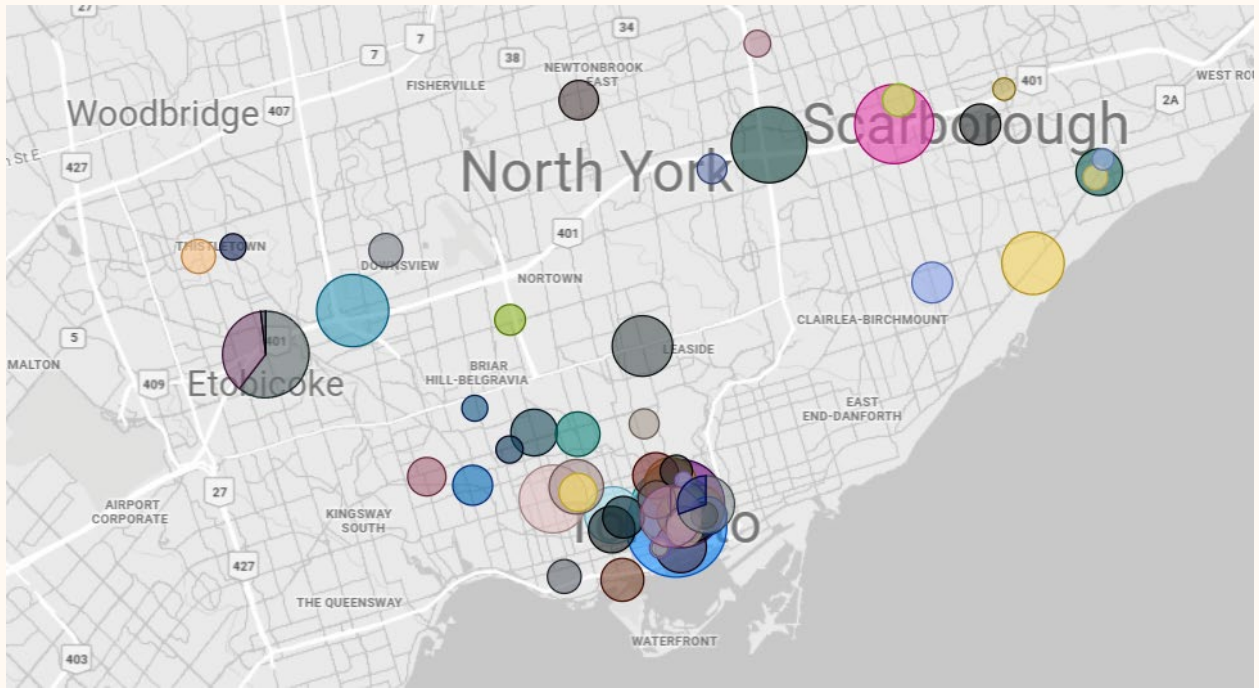
# BY THE NUMBERS



## Number of Sites Accessed by Patients









# SHELTER HEALTH SERVICES EXPANSION

Alena Ravestein, Senior Manager, System Design and Program Development

ICHA had a successful year refining its practices and procedures. A major milestone for the Coordinator team was the development and implementation of a standardized supply ordering process for all clinic sites. This process allows ICHA to track the use of supply and measure supply-related costs across programs and partnerships. ICHA's partnership with the City of Toronto expanded as we were able to advance our joint IT posture, allowing all City-operated shelter locations to now be outfitted with improved computers, networks and login credentials.

ICHA's Coordinators onboarded 8 new clinic sites, conducted 37 site reviews, completed 11 IT Security checks and facilitated 5 Occupational Health assessments. The team surveyed clinical teams through an OSCAR EMR Feedback Survey that was used to inform digital innovation projects, like the improved use of Hypercare. We met our goal increasing the number of Hypercare users from 158 to 200 active accounts.

To improve communication with partners, the Coordinators created a meeting series, either quarterly, monthly or bi-weekly depending on the size of the site portfolio, to review success, clinic usage, standing items and potential improvements. This was well-received by our site operator partners and the practice has evolved to include spotlights on ICHA services and data products presented back to partners.

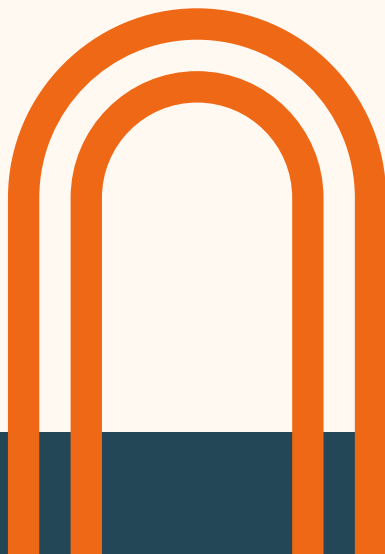
Overall, ICHA's Coordinators invested much time in improving communication and establishing protocols with partners that have created a set of standards both ICHA and host agencies can adhere to. We look forward to growing the role of the Coordinator at ICHA in the year to come.

# Primary Care

**Dr. Priya Vasa, 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 nezewinong), 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 with the Inner City Family Health Team. This year we provided care at 62 sites /programs, 32 of which were co-located with ICHA psychiatry services. Our focus of expansion was in Scarborough, where we opened 8 new primary care clinics, and hired five new Primary Care Physicians. There were over 25,000 primary care visits with almost 6,000 unique patients. The average number of visits per patient was 4.4. The majority of patients (83%) were only seen at one ICHA site, with less than 1% of our patients seeking care at 4 or more different ICHA clinics. This year also saw increased interdisciplinary care with ICHA's Regional Mobile Nursing Team, with 216 referrals for shared care.

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, similar to last year. 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 billing this past fiscal year.



# Mental Health and Substance Use Care



Dr. Michaela Beder, Director Mental Health and Substance Use Care  
Dr. Graham Gaylord, Substance Use Care Lead

Over the last year, ICHA has continued to expand mental health and psychiatric care to people in shelters, drop-ins, and through our mobile teams, including with the addition of 4 new psychiatrist hires. ICHA participated in a significant expansion in services dedicated to Scarborough, with several new shelter-based sites. Across all programs, psychiatric care was provided by 42 psychiatrists working at a total of 31 sites, 25 of which with psychiatry and primary care, and 6 sites with only psychiatry.

During this fiscal year, ICHA psychiatrists overall saw 2,306 unique patients and completed almost 8,300 encounters. In our LOFT partnership programs, MATCH psychiatry saw 100 unique patients with 1,097 encounters, CATCH psychiatry saw 144 unique patients with 469 encounters, and MDOT saw 84 unique patients with 661 encounters. We have also continued to collaborate closely with ICHA's regional mobile nursing team.

This 2022-2023 year saw great progress for the ICHA Substance Use Program. Through our partnership with the Inner City Family Health Team (ICFHT), we were awarded a significant grant from Health Canada through their SUAP program. Through this generous support, we will be able to extend our Substance Use Hub hours, increase nursing and administrative support as well as hire case management and system navigation specialists next year. January 2023 also saw the hiring of our inaugural Mental Health and Substance Use Care Coordinator to provide administrative support for our upcoming expansion. By March 31, 2023 we had served 88 unique clients at the Substance Use hub through 1,169 substance use clinical encounters. In addition to the substance use provided we connected 19 of those patients to primary care, 15 with social work services. We also connected 12 patients to psychiatric services through our concurrent disorders clinic. All of this was made possible through our unique partnership between ICHA and the ICFHT.

# Regional Mobile Nursing

Shaye Martorino, Senior Nurse Manager

In the midst of a novel pandemic, a novel service was developed at ICHA. A service that would address healthcare gaps and transform the way nursing care was being delivered in the shelter system. ICHA's nurse-led Enhanced Shelter Support Program (ESSP) was designed to support vulnerable persons experiencing homelessness within temporary shelter hotels as part of the pandemic response. The implementation of ESSP illuminated the unique role that nursing contributes to the circle of care of persons experiencing homelessness. As our post-pandemic system began to emerge, the value of our nurses was apparent in our continued mission of a healthy end to homelessness and as such, our Regional Mobile Nursing (RMN) team was formed.

Regional Mobile Nursing emerged from the commitment to foster equity and continuity as an extension of ICHA's Primary Care clinics and partnerships with various shelters, shelter hotels and drop-ins across Toronto. Regional Mobile Nursing Services are initiated when ICHA clinicians or staff at partnered sites submit secure online referrals for non-urgent medical needs requiring attention before the next scheduled on-site provider day. These services address a range of health concerns, including wound care, STI testing and treatment, bridging prescriptions, and health system navigation. This program adopted a regionalized, trauma-informed, and client-centered approach involving mobile Nurse Practitioners, Registered Nurses and Registered Practical Nurses specializing in Primary and Substance Use Care. This year they expanded their outreach through collaboration with existing ICHA Primary Care and Specialty providers as well as external partners. NPs, RNs and RPNs supported and cared for 1,399 unique clients at 19 shelter hotels with 7,793 appointments from April 1, 2022, to March 31, 2023 and growth continues!

As referrals flow and onboarded sites continue to pop up across the GTA, we are proud of our nurses and the holistic wrap-around services they provide with the intent to promote client-centered care. Their interdisciplinary approach is focused on meeting clients where they are, while promoting advocacy through a harm reduction approach. As we look forward, ICHA's nursing team will play a pivotal part in our continued growth of services, and we are grateful for the care they give and their commitment to our clients.



The faces of the ICHA Nursing Team – Regional Mobile Nursing, Population Health, Indigenous Health, and SCOUT, embodying diversity and delivering dignified care in Shelters, Shelter Hotels, Drop-ins, and Encampments. Compassion in every smile, empathy in every action.

# Indigenous Health Program

Dr. Suzanne Shoush, Director of Indigenous Health

## Overview of Indigenous Health

- ❖ Our clinics are Indigenous led, community based, and culturally safe clinics providing wrap around care in partnership with our Indigenous community partners.
- ❖ Services available: Primary Care, Indigenous Midwifery, Pediatrics, psychiatry, Nurse practitioner, Community healthcare workers, palliative care, minor surgery, and substance use/addictions medicine.
- ❖ Clinic available now 5 days per week

## Community Outreach Programs and Partnerships

- ❖ The Indigenous communities' need for health support is consistently evolving, and our team must acclimatize to ensure we are able to care for the Indigenous community in the way they want to be cared for.
  - To better support the community, we have put together a robust, powerful team, nimble and able to respond to community needs and rapidly partner with key organizations, including Ontario Health, MoH, Toronto Public Health.
  - This year we have assisted with multiple community evacuations. We provided 7 days/week and overnight intense primary and acute care provided for displaced FN communities.
    - Attawapiskat – Wildfire Evacuation
    - Eabanetoong – Water Treatment Collapse Evacuation
    - Kashechewa/Moosonee – Wildfire Evacuation
- ❖ SUD in pregnancy outreach program:
- ❖ Direct Observed therapy Hepatitis C program

## Growth

- ❖ With the continuous need for Indigenous-led, community-based care, we are always looking for ways in which we can grow and expand and enable ourselves to provide a better level of care for the Indigenous community. To assist with our expansion, our team is growing to include more support, as well as a larger number of Indigenous staff and caregivers. Our team consists of 6 Indigenous physicians, 2 Indigenous Midwives, 1 Indigenous Community Healthcare Worker, an NP and two psychiatrists.

# Education

Dr. Deborah Pink, Director of Education

Medical education continues to thrive at Inner City Health Associates. ICHA hosted over 50 trainees at our clinics over the past fiscal year. These trainees came from all different levels of training and various training programs across Canada and globally. Medical students participate in *Health of the Homeless* and *Palliative Care in the Inner City* electives during their clerkship years. We continue to host Psychiatry, Family Medicine, and Public Health and Preventative Medicine Residents, as well as Palliative Care and Global Health Fellows.

In evaluations that trainees complete at the completion of their rotations, 89% of responders stated that they were “somewhat likely” or “very likely” to work in Inner City Medicine.

Some excerpts from trainee evaluations include:

*“This elective was unlike anything I had been exposed to in medical school thus far. Seeing patients outside the rather controlled environment of a hospital or traditional clinic was really eye-opening. It was especially eye-opening and meaningful to really, truly be \*in the community\*--and my own neighbourhood no less. I feel like I see my own neighbourhood and wider city in a totally different way. We talk so much about social determinants of health in medical school, but rarely get to see and apply it in such a deep way. I really, really want to do this kind of medicine and can totally see myself working with ICHA in the future. The preceptors were also all so supportive, kind, and great teachers. I cannot praise this elective experience enough.”*

*“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!”*

*“Unparalleled appreciation of social determinants and societal determinants of health; I really had the chance to see the structural barriers that impact health and assumptions about health care/accessing health services.”*

*“Integrated social medicine at the core of practice. I learned a lot from all my preceptors who were extremely versed in trauma-informed care and helped me gain insight into the clinical applications. The interdisciplinary collaboration was so unique and helpful.”*

*“It was excellent. One of the highlights of my residency training.”*

*“I learned a tremendous amount on this rotation. To begin, it re-affirmed my passion for inner city health. This was one of the major reasons for why I entered medicine and it was incredible to gain hands-on, on-the-ground experience of what inner city health practice looks like. I gained skills in harm reduction, approach to addictions and substance use, and knowledge of the shelter systems. I learned about various supports and resources available to patients which I would definitely use and refer patients to in the future. I'm excited to take all that I've learned into my future practice as a family physician one day.”*

# Palliative Education & Care for the Homeless (PEACH)

**Dr. Naheed Dosani, PEACH Lead**

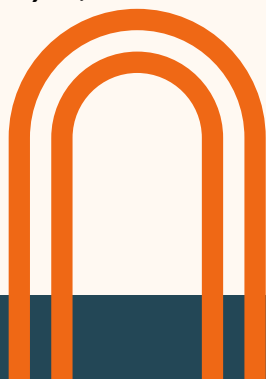
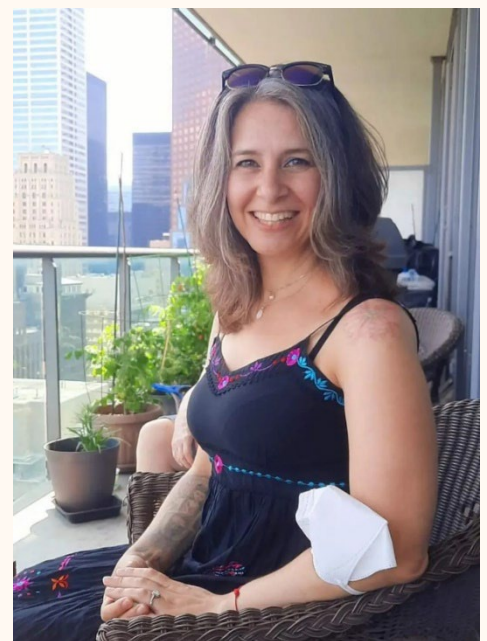
The PEACH Program functions as an innovative partnership between ICHA, Kensington Health and Toronto Central Home and Community Care Support Services. PEACH delivers mobile, case-management and community-based palliative care to Toronto's most vulnerable, including individuals experiencing structural 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 over a thousand clients, their caregivers and the homelessness sector in Toronto, with many milestone achievements.

## **PEACH Team Members**

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

"PEACH has improved the lives of people who are structurally vulnerable and facing chronic illness by connecting them to the health care system, along with much needed social supports, in a way that is trauma informed and person centred. PEACH fosters the connecting of the people we serve to home and community supports such as Home Care Nursing and PSW supports, which enable people to stay in the places of their choosing versus having to enter hospital care and helps in maintaining autonomy. We have connected people to primary care through coordinating palliative physician visits and coordinating the delivery of medications. PEACH has allowed for the people we serve to have explanations of often complicated and confusing health care systems and diagnosis and has made space for people to have difficult conversations about death, dying, wishes, wants and needs. At it's core, the PEACH Program makes every effort to meet people where they are at while upholding and honouring the inherent rights of dignity, respect and optimal care that everyone deserves, but, that the population we work with often do not receive in the mainstream medical model."

- **Celina Dycke, PEACH Health Navigator**



## **Program Highlights**

The PEACH program served a record number of people this past year. In total, the PEACH team served 197 unique clients with life-limiting disease representing a 31% increase from the previous year. At any given time, 110 to 120 clients were cared for via the PEACH team caseload, who on average, provided care via 48 clinical encounters each week. The PEACH Psychiatry Program, a new & rapidly growing service offered via the PEACH Program to support people with life-limiting illness & mental illness, provided care for 34 unique clients through a total of 247 client encounters. In total, the PEACH team supported clients across the City of Toronto, in over 30 sites, including rooming houses, shelters, supportive housing, drop-in centers, in addition to non-traditional transitional spaces (e.g. streets, parks, encampments).

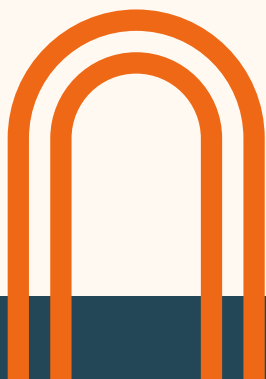


## **Medical Education & Research**

For the fifth 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 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, 7 residents and 6 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, and Global Health & Vulnerable Populations residency program. To our knowledge, this training experience is the first of its kind, worldwide. The team authored a research project exploring the barriers and facilitators experienced by palliative healthcare providers working with patients experiencing homelessness during the COVID-19 pandemic, in the journal, [Palliative Medicine Reports](#). Finally, the team continued to present 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, the PEACH program again conducted ‘Grief Circles’ at over 20 affiliated sites. 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. PEACH physicians, Dr Naheed Dosani & Dr Trevor Morey, co-authored a chapter about the program in a new book publication entitled, [Displacement City: Fighting for Health and Homes in a Pandemic](#) (University of Toronto Press). Finally, the PEACH program & several team members were featured in 5 television & web-based media stories in regional & national media outlets, including a full program feature entitled [VeraCity: The Broken Normal](#) that aired on CityNews.



# Population Health

Dr. Aaron Orkin, Director of Population Health

The Population Health Service at Inner City Health Associates was launched in October 2019 to bring dedicated population health capacity to ICHA's foundational clinical programs. The Service is focused on three pillars: health promotion, health protection, and population health assessment. All our programs involve medical and public health learners and incorporate ongoing quality improvement and program evaluation.

In 2022 the Population Health Service saw substantial growth, which included an expansion of our interdisciplinary team to include Health Ambassadors — community-based leaders with lived experience of homelessness, who worked closely with the interprofessional team of nurses, physicians, administrators, health promoters, and data analysts. This growth was supported in 2022 with over \$700,000 of grant support from Health Canada and the City of Toronto.

**Health promotion:** Led by a dedicated health promoter and health promotion nurse, the Population Health Service mobilized and trained over 45 Health Ambassadors across a network of partner shelters and community organizations. Health Ambassadors bring their expertise and knowledge to ICHA's health service delivery, and develop new skills and experience to support their own journey. Clients' interest and enthusiasm for this work has surpassed our expectations and extended ICHA's reach and personnel beyond health professionals and toward a more grassroots network of community voices and providers. Health Ambassadors have been instrumental in supporting COVID outbreak management, STI and bloodborne infection testing and interventions, and immunization programs, completing 75 site visits and engaging with 2,498 clients between April 2022 and March 2023.

**Health Protections:** Hand-in-hand with Health Ambassadors, our multidisciplinary mobile immunization team offered 193 shingles vaccines, 193 Pneumococcal vaccines, 10 Hepatitis A vaccines, 4 Hepatitis B vaccines, and 5 MPox vaccines, 658 flu shots; and 3,014 COVID-19 vaccines between April 2022 – March 2023. We completed 47 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. Ongoing wastewater testing at three shelter sites has contributed to regional viral detection and early response, and brought leading edge viral surveillance into the shelter setting.

**Population Health Assessment:** Using our population health assessment tool, we have assessed clients' health and support needs, providing shelters with a dashboard view of 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 enabled 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. Between April 2022 – March 2023, 676 clients were stratified across 9 shelter programs. This allowed us to build collaborative relationships with shelters across Toronto, enabling providers to identify their most vulnerable clients and take appropriate outreach measures.

# Street Clinical Outreach for Unsheltered Torontonians (SCOUT)

**Dr. Jonathan Wong, SCOUT Physician Lead**

The systemic exclusion of unsheltered people every day challenges the survival and safety of our patients and requires us to look at our work as much more than just health care delivery on the streets. This past fiscal year, we have focused heavily on system integration and have engaged in informal partnerships with drop-ins, outreach teams, tertiary care centres, and city-funded programs. We have created an essential role for SCOUT in transitions of care between acute care and the community, and transitions within the community itself. These efforts are easily reflected in the busiest year for SCOUT by way of referral volumes and the breadth of new referring agencies. And this has of course led to our busiest year to date by patient volumes, even in spite of encampments being increasingly spread out.

While these are positive developments, our primary goal remains a healthy end to homelessness for our patients. And so, we work towards removing any barrier to durable housing outcomes. The pillars of our program is where it starts – consistent, low barrier, harm reduction focused, and trauma-informed outreach that seeks to build meaningful relationships and trust with individuals living outside. In fact, we celebrate our role in partnering with those who successfully navigated the system to obtain housing. There unfortunately much more to be done as hundreds of our patients continue to sleep outside, and hundreds more who we have not met remain disconnected.

As we've continued to connect with both patients and external stakeholders, we see important if still early signs of hope and improvement. SCOUT is still a relatively small team and it will be imperative for us to continue to grow thoughtfully and effectively. Over the next few years, we will look to expand our capacity to reach unsheltered people in need and who remain without meaningful healthcare access. Through our growth and operational process refinement, we will enhance our ability to integrate SCOUT's services into the wider acute and community healthcare systems. Beyond our clinical work, we will also continue to provide care, connection and bear witness to the numerous indignities, harms and violence that unsheltered people face every day while we work to both establish healthy paths to housing and advocate for an end to unsheltered homeless especially within our broader advocacy for the right housing.



# Research and QI

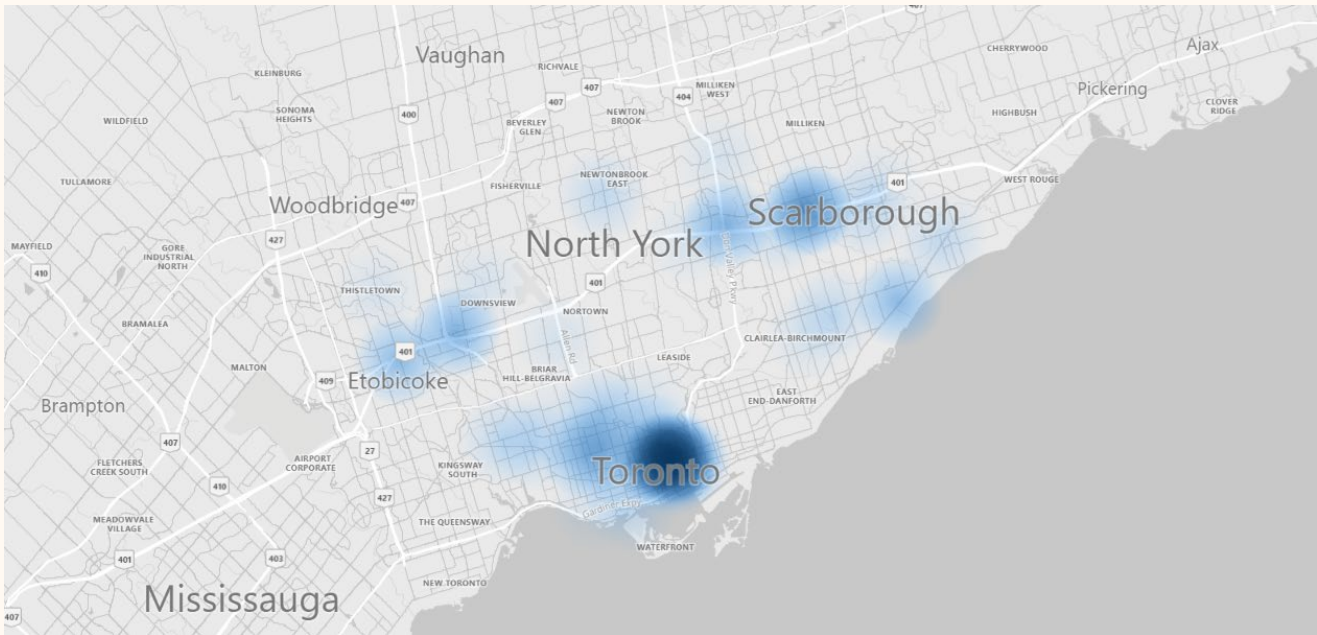


**Dr. Priya Vasa, Director of Quality and Research**

ICHA was approached to participate in or facilitate several innovative research and QI projects in our last fiscal year, including one internal project on Community Ambassadors led by our Population Health Service, and one external project focusing on reducing stigma in Healthcare providers working with people who inject drugs. The PEACH team also started a quality improvement project on the health outcomes of people discharged from the PEACH service. There continues to be a collaboration with a group of UHN researchers on the Diagnosis and Treatment of Sleep Apnea in people experiencing Homelessness this fiscal year. 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

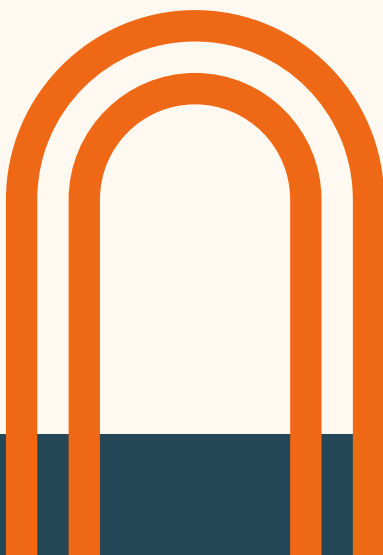
## Primary Care



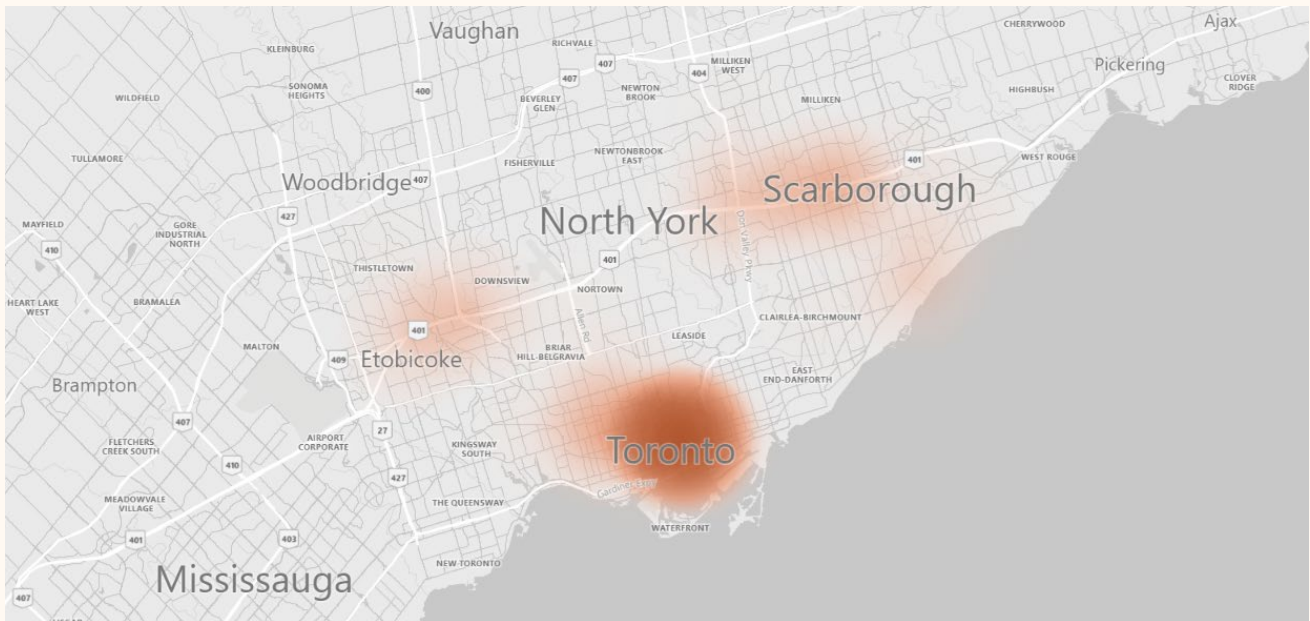
ICHA Primary Care MD(s) clinic on-site providing direct patient care to all site participants/residents. This includes prescribing, specialist referrals, substance use counselling, ODSP applications and more.

### **New Sites Onboarded in FY 22/23**

- ❖ 705 Progress
- ❖ Metro Strachan
- ❖ 101 Placer
- ❖ Islington Senior's Shelter
- ❖ UHN Community Stabilization Centre
- ❖ Family Residence
- ❖ Scarborough Women's Shelter
- ❖ HF 4117 Lawrence



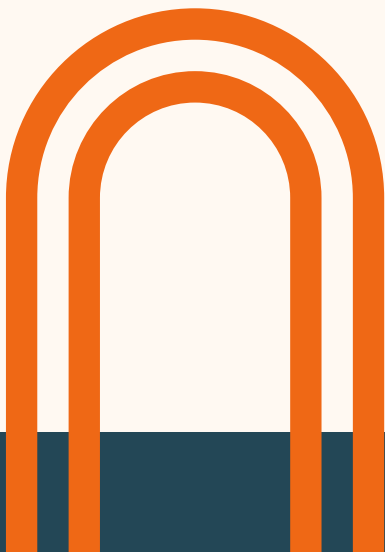
# Psychiatry



ICHA Psychiatry MD(s) clinic on-site providing direct patient care to all site participants/residents. This includes prescribing, specialist referrals, substance use counselling, ODSP applications and more.

## **New Sites Onboarded in FY 22/23**

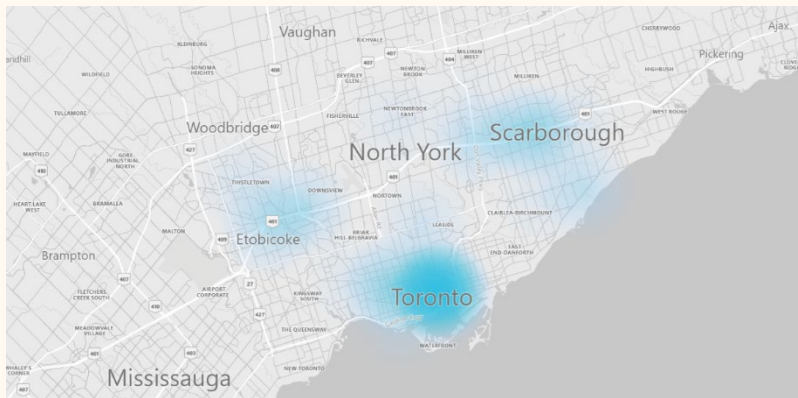
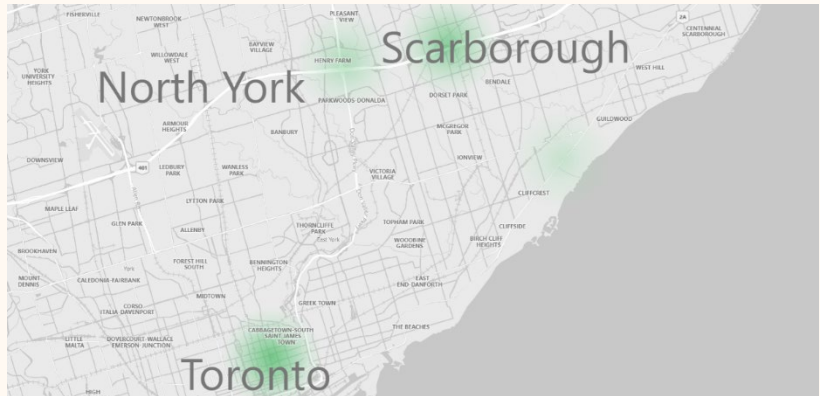
❖ 705 Progress



# Population Health

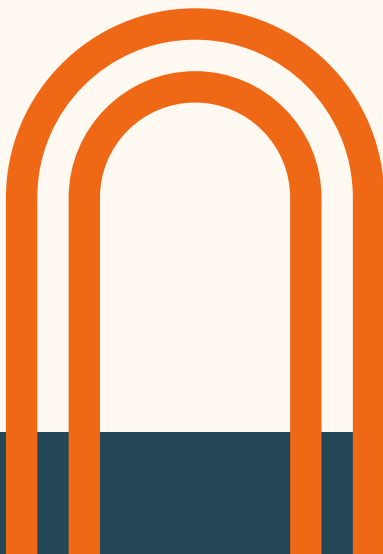
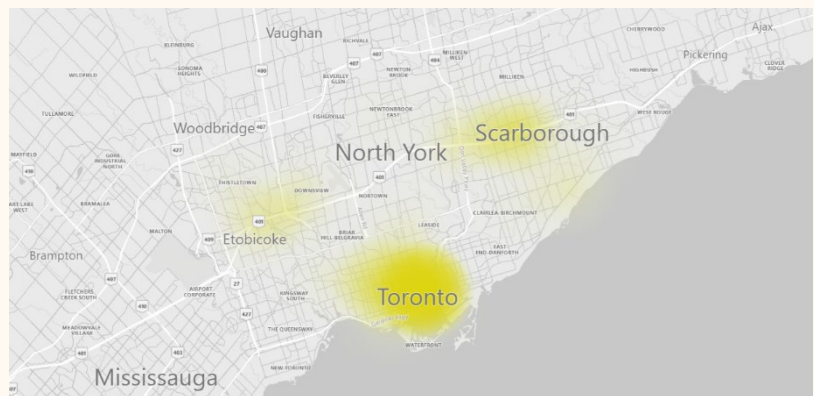
ICHA Population Health Service's mobile teams coordinator STI treatment, health promotion and immunization events with site leads. They divide into 3 domains: Assessment (CARE Dashboard tool), Promotion (CHAMP ambassador program), Protection (pop-up screening and vaccine clinics).

## Population Health Assessment

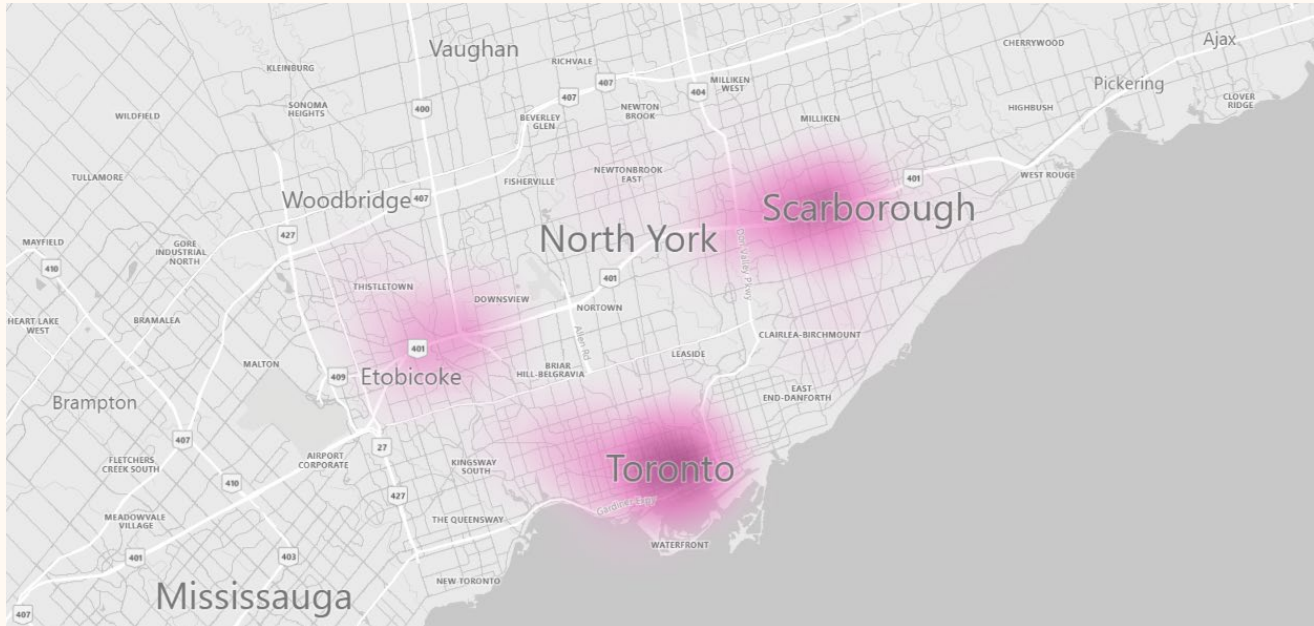


## Population Health Promotion

## Population Health Protection



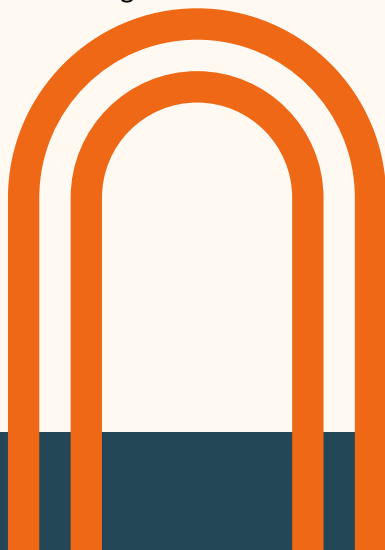
# Regional Mobile Nursing Team



A referral-based model available to designated site staff and ICHA clinicians. Regional Primary Care and Substance Care NP's and nurses provide client-centered care. Providing a wide range of services from preventative health care to treatment and management of acute and chronic health conditions related to primary care and substance use care. Work collaboratively with site Case Management teams to support health navigation and CHC connection needs.

## **New Sites Onboarded in FY 22/23**

- ❖ Dixon Hall Bond Place Hotel
- ❖ Fred Victor Transitional Housing
- ❖ The Gateway
- ❖ Good Shepherd Centre
- ❖ Margaret's Drop-in
- ❖ Maxwell Meighen Centre
- ❖ Street Haven at the Crossroads
- ❖ YWCA 1<sup>st</sup> Stop Woodlawn Shelter
- ❖ 705 Progress Avenue Shelter
- ❖ Agincourt Community Services Association
- ❖ Fred Victor Edward Hotel
- ❖ Homes First Lawrence Shelter
- ❖ Homes First Delta Hotel
- ❖ Homes First Kennedy Road Shelter
- ❖ Homes First Metro Strachan
- ❖ CONC Comfort Inn
- ❖ Eva's Place
- ❖ Toronto Plaza Hotel
- ❖ Homes First Placer Court Shelter
- ❖ Horizons For Youth
- ❖ Islington Seniors' Shelter
- ❖ Youth Without Shelter





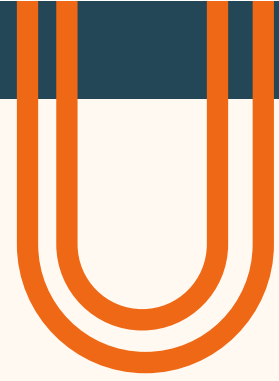
# ICHA Membership Updates

A very big thank you to our departing ICHA physicians: Dr. Charnelle Carlos, Dr. Dan Cass, Dr. Jennifer Hulme, Dr. Cam Matamoros, Dr. Arabah Chintoh, Dr. Julie Hendersen, Dr. Antoinette Mihaylova, Dr. Reuven Stott, Dr. Mitesh Patel, Dr. Gaibrie Stephen, Dr. Arian Behzadi, Dr. Ayesha Mallik, Dr. Warda Iqbal, Dr. Richard Doan.

We were pleased to welcome the following new ICHA physician members: Dr. Adriana Di Stefano, Dr. Aisha Khatib, Dr. Anam Majeed, Dr. Arian Behzadi, Dr. Camila Pilar Matamoros, Dr. Deirdre Ann O'Sullivan, Dr. Eileen Nicolle, Dr. Hazal Mustafa, Dr. Humaira Fatima Saeed, Dr. Jonathan Ding, Dr. Marc Dagher, Dr. Mariana Jacobovich, Dr. Matthew Simon Haaland, Dr. Michael Anderson, Dr. Noren Khamis, Dr. Sean Haber, Dr. Susanna Wing San Fung, Dr. Xiao Xue (Louisa) Hong, Dr. Matthew Haaland, Dr. Lauren Thomson, Dr. Taghreed Hassan

## ICHA Leadership and Staff

**Medical Leadership:** Dr. Andrew Bond, Medical Director, Dr. Aaron Orkin, Director of Population Health; Dr. Michaela Beder, Director of Mental Health and Substance Use Care; Dr. Mona Haidar, Director of Primary Care and Medical Specialities; Dr. Priya Vasa, Director of Quality Improvement and Research; Dr. Suzanne Shoush, Director of Indigenous Health; Dr. Abby Hershler, Physician; Dr. Adam Quastel, Physician; Dr. Adriana Carvalhal, Physician; Dr. Adriana Di Stefano, Physician; Dr. Afarin Kohan, Physician; Dr. Aisha Khatib, Physician; Dr. Alexandra Wilson, Physician; Dr. Alissa Tedesco, Physician; Dr. Anam Majeed, Physician; Dr. Andrew Boozary, Physician; Dr. Angela Ho, Physician; Dr. Antonia Sapping, Physician; Dr. Arfeen Malick, Physician; Dr. Ayaz Kurji, Physician; Dr. Caitlin Mckeever, Physician; Dr. Carol Kitai, Physician; Dr. Cheryl Rowe, Physician; Dr. Claire Pain, Physician; Dr. Crystal Pinto, Physician; Dr. Daniel Rosenbaum, Physician; Dr. Deborah Pink, Education Lead; Dr. Deirdre O'Sullivan, Physician; Dr. Donna Spaner, Physician; Dr. Dorian Deshauer, Physician; Dr. Erin Lurie, Physician; Dr. Farah Marani, Physician; Dr. Fareen Karachiwalla, Physician; Dr. Funmi Oguntoyinbo, Physician; Dr. Gaibrie Stephen, Physician; Dr. Gary Bloch, Physician; Dr. Grace Liao, Physician; Dr. Graham Gaylord, Substance Use Care Lead; Dr. Hannah Feiner, Physician; Dr. Hau Truong, Physician; Dr. Hazal Mustafa, Physician; Dr. Ipsita Ray, Physician; Dr. Janet Smylie, Physician; Dr. Janette Speare, Physician; Dr. Jennifer Nicolle, Physician; Dr. Jesleen Rana, Physician; Dr. Jim Sugiyama, Physician; Dr. Jinghao Yang, Physician; Dr. John Langley, Physician; Dr. Jonathan Ding, Physician; Dr. Jonathan Whittall, Physician; Dr. Jonathan Wong, Physician; Dr. Joshua Tepper, Physician; Dr. Judy Thompson, Physician; Dr. Katrina Hui, Physician; Dr. Kelsey Lawson, Physician; Dr. Kirsten Dixon, Physician; Dr. Kristen Weersink, Physician; Dr. Laila Jamal, Physician; Dr. Laura Pacione, Physician; Dr. Lauren Thomson, Physician; Dr. Leila Makhani, Physician; Dr. Leslie Shanks, Physician; Dr. Lisa Andermann, Physician; Dr. Lorraine Lee, Physician; Dr. Lucy Barker, Physician; Dr. Marc Dagher, Physician; Dr. Mariana Jacobovich, Physician; Dr. Matthew Haaland, Physician; Dr. Maya Maliakkal, Physician; Dr. Meb Rashid, Physician; Dr. Michael Anderson, Physician; Dr. Naheed Dosani, PEACH Lead;



Dr. Neal Sutton, Physician; Dr. Neha Bhuptani, Physician; Dr. Nicole Koziuff, Physician; Dr. Nicole Nitti, Physician; Dr. Noren Khamis, Physician; Dr. Nothando Wohlgeschaffen, Physician; Dr. Parul Agarwal, Physician; Dr. Patricia Cavanagh, Physician; Dr. Paz Gajardo, Physician; Dr. Philip Berger, Physician; Dr. Priya Raju, Physician; Dr. Priyanka Chowdhury, Physician; Dr. Ravi Shani, Physician; Dr. Roland Wong, Physician; Dr. Ryan Giroux, Physician; Dr. Saadia Sediqzadah, Physician; Dr. Sabeena Chopra, Physician; Dr. Sahil Gupta, Physician; Dr. Samantha Green, Physician; Dr. Sarah Levitt, Physician; Dr. Sarah Park, Physician; Dr. Sean Haber, Physician; Dr. Sharon Zikman, Physician; Dr. Shobana Ananth, Physician; Dr. Stefan Barai, Physician; Dr. Stephen Hwang, Physician; Dr. Sue Stone, Physician; Dr. Susan Franchuk, Physician; Dr. Susan Quesnel, Physician; Dr. Susan Woolhouse, Physician; Dr. Susanna Fung, Physician; Dr. Taghreed Hassan, Physician; Dr. Tomislav Svoboda, Physician; Dr. Trevor Morey, Dr. Ty Turner, Physician; Dr. Vicky Stergiopoulos, Physician; Dr. Victoria Zhang, Physician; Dr. William Lam, Physician; Dr. Xiao Xue Hong, Physician; Dr. Yalda Karimi, Physician; Dr. Yusra Ahmad, Physician.

**Population Health:** Graziella (Grace) El-Khechen Richandi, Program Manager; Tina Kaur, Advanced Practice Nurse; Amna Siddiqui, Advanced Practice Nurse; Bonnie Joline Busko; Registered Practical Nurse; Celine Desjardins, Administrative Coordinator; Hallelujah Ghide, Registered Nurse; Jasdeep Singh, Registered Nurse; Jessica Mangan, Data Analyst; Maria Ana Janina Jocson, Registered Practical Nurse; Monica Sarty, Data Analyst; Olayinka Aiyegoro, Data Specialist; Pablo De Cid Nunez, Homelessness Health Data Analyst; Princilla Agyemang, Registered Nurse; Sara Maria Daou, Health Promotion Coordinator.

**Nursing Team:** Charleen Austin, Director of Nursing; Shaye Martorino, Senior Nurse Manager; Akua Jean Tabi, Registered Nurse; Ariana Bof, Regional Primary Care Nurse; Brian Da Silva, Registered Nurse; Charisma De Guzman, Registered Practical Nurse; Cordell Edwards, Nurse Practitioner; Darren Cliff, Regional Primary Care Nurse Practitioner; Dipa Patel, Regional Substance Use Care Nurse Practitioner; Eric Dasilva, Regional Substance Use Nurse; Erica Dorotan, Registered Nurse; Faiza Ahmed, Regional Substance Use Nurse Practitioner; Gian Paolo Fauni, Registered Nurse; Jacob Hill, Registered Nurse; Jae Ho Lee, Nurse Practitioner; Jan Dungog, Virtual Nurse Coordinator; Jay Esguerra, Regional Primary Care Nurse Practitioner; Jodelyn Anne Lagat, Virtual Nurse Coordinator; Justin Gathara, Regional Primary Care Nurse; Kavita Jagasar, Registered Nurse; Kremena Popova, Registered Practical Nurse; Laurie Metcalf, CATCH Nurse Practitioner; Lindsay Lessard, Nurse Practitioner; May Dixon, Registered Practical Nurse; Nadin Ibrahim, Registered Nurse (SCOUT); Nikki Cull, Regional Substance Use Nurse; Nithyen Manohar, Registered Nurse (SCOUT); Osahon Osawe, Regional Substance Use Nurse Practitioner; Pawmi Mahindan, Regional Primary Care Nurse Practitioner; Piers Fountain, Regional Substance Use Nurse; Priscilla Fernando, Registered Nurse; Sean Choo, Registered Nurse (SCOUT); Thariga Balachandran, Regional Primary Care Nurse; Victor Trafiak, Regional Primary Care Nurse Practitioner.

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

**Operations:** Payam Pakravan, Director of Operations; Abel Nyarkoh, Human Resources Manager; Akuah Frempong, Nursing Programs Coordinator; Alena Ravestein, Senior Manager, System Design and Program Development; Cathy Yeung, Finance Manager; Claudia Silva, Operations Coordinator; Mahamed Razvi, IT Systems Administrator; Melissa Flores, Occupational Health and Safety Nurse Manager; Rowena Taheny-James, Mental Health and Substance Use Care Programs Coordinator; Rudy Cimic, Business Intelligence Analyst; Sahakvimol Mok, Clinical Services Coordinator, Supplies and Logistics, Sanaz Rouhi, Finance Analyst; Taneika Thompson, Occupational Health and Safety Nurse Manager.

# SUMMARY OF FINANCIAL STATEMENTS

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

March 31	2023 \$	2022 \$
<b>ASSETS</b>		
Current assets		
Cash	1,431,000	2,141,995
Short-term investments (note 3)	350,232	342,159
Accounts receivable	1,889,056	1,011,098
Prepaid expenses	22,145	42,884
	<u>3,692,433</u>	<u>3,538,136</u>
Long-term assets		
Capital assets (note 4)	32,670	4,534
	<u>3,725,103</u>	<u>3,542,670</u>
<b>LIABILITIES</b>		
Current liabilities		
Accounts payable and accrued liabilities	1,312,266	1,278,204
Deferred revenue (note 5)	522,074	766,840
Deferred capital contributions (note 6)	-	4,534
	<u>1,834,340</u>	<u>2,049,578</u>
<b>NET ASSETS</b>		
Unrestricted	1,440,763	983,092
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
	<u>1,890,763</u>	<u>1,493,092</u>
	<u>3,725,103</u>	<u>3,542,670</u>

(1) Refer to Board-approved Audited Financial Statement for FY 2022/23 for accompanying notes to the Balance Sheet

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

Year ended March 31	2023 \$	2022 \$
<b>Revenue</b>		
Ministry of Health alternate payment plan funding	7,609,812	7,504,747
Administration fees (note 7)	2,031,923	1,856,157
Homelessness Shelter Initiative Program		
Paymaster Funds (note 11)	3,276,769	6,011,610
Other projects and grants (note 5)	1,123,688	621,517
Interest and other	29,458	7,102
	<b>14,071,650</b>	<b>16,001,133</b>
<b>Expenses</b>		
Payments to physicians (note 9)		
General practitioners	3,870,652	4,017,759
Specialists	2,823,382	2,523,057
Medical directors	915,648	970,627
Homelessness Shelter Initiative Program expenses (notes 10 and 11)	3,276,769	6,011,610
Other projects and grants (notes 5 and 10)	1,123,688	621,517
Human resources	918,173	835,381
Office and administration (note 4)	500,093	373,115
IT expenses (note 4)	144,411	124,690
Program expenses	177,623	184,023
Board and membership (note 9)	4,075	12,911
HST expense	(80,535)	(71,069)
	<b>13,673,979</b>	<b>15,603,621</b>
Excess of revenue over expenses for the year	<b>397,671</b>	<b>397,512</b>

(1) Refer to Board-approved Audited Financial Statement for FY 2022/23 for accompanying notes to the Statement of Operations