

ICHA | Inner City  
Health Associates

# ANNUAL REPORT

2019 – 2020



## Who We Are

Inner City Health Associates (ICHA) is a group of over 100 physicians working in over 50 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. In April 2020, in response to the global pandemic, ICHA temporarily expanded its services to include nursing supports to serve people experiencing homelessness at the COVID Recovery/Isolation site and preventative distancing hotels.

## Our Vision

- A healthy end to homelessness

## Our Mission

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

## Our Board of Directors

Philip Berger, Chair  
Dorian Deshauer, Vice-Chair  
Chris Lawrence, Treasurer  
Richard Doan  
Jonathan Wong  
Catherine Gaulton  
Angela Ho  
Fareen Karachiwalla

## Administrative Office

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Dear colleagues,

The past year surely ranks as the most extraordinary in ICHA's history and not for the obvious reasons. ICHA has accomplished much in its pursuit of justice and health for people who are homeless.

The ICHA funded National Homeless Health Guidelines on the care of both Indigenous and non-Indigenous people were completed including a publication in the Canadian Medical Association Journal. Canadian health care workers finally have a practical resource on which they can safely rely in caring for homeless persons.

ICHA directors Shivanee Nadarajah and Andrew Bond continue to ensure that the health of the homeless is a top priority for Ontario Health Teams (OHTs) particularly in the Downtown East Toronto OHT and the Mid-West Toronto OHT. ICHA's leadership at the OHTs has safeguarded the rightful place of care of the homeless in any regional health care planning.

Despite the diversion of time and energy wrought by COVID, the work of the operations team and lead physicians remain fully aligned with the priorities outlined in the 2020-2023 Strategic Plan presented to the membership at last year's AGM. For the first time ever, ICHA has used 99% of available APP funds for physician services precluding the return of funds to the government. ICHA remains central to ensuring uninterrupted medical services to clients during the George Street Revitalization Project.

The COVID pandemic tested the resolve, readiness and agility of ICHA as COVID hit hard in Toronto. ICHA's front line administrative staff, management and physicians were unconditionally available and active daily well beyond their official hours of employment. They were relentless in maintaining and enhancing systems to protect clients from COVID. ICHA engaged with multiple organizations in the community, the hospital sector and all levels of government. Some discussions were not easy but ICHA's laser focus on the clients based on principles and sound evidence ensured that ICHA's clients were not left behind. ICHA's planning served as a template for organizations across the country which care for the homeless.

ICHA's never ending fidelity to the homeless has become entrenched as a core operating principle. It would take clairvoyant powers of deduction to predict what next year will bring. But ICHA is ready.



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

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The past year (2019-20) has been a remarkable transition point in our collective trajectory at ICHA!

With a new Vision of a *Healthy End to Homelessness* and a sharpened Mission focused on service excellence, action oriented at the social determinants of health and advocacy, the bar was set high to ensure that as Ontario's Health System reoriented around Ontario Health Teams (OHTs), people experiencing homelessness were not only not left behind but positioned so as to receive better care.

ICHA has been deeply engaged as executive members of the Downtown East Ontario Health Team and Mid-West Ontario Health Team, where people experiencing homelessness were made priority populations for Year 1 OHT work. We also have been members and collaborators on the East Toronto and Scarborough Ontario Health Teams where health equity and homelessness have been prominent concerns. This complex work is setting the foundation for the future of integrated care in Toronto and we are encouraged at the prospect of further deepening of collaborative system building across the community, primary care and mental health, and hospital sectors.

In parallel with our health system partner developments under OHTs, ICHA's relationship with the City of Toronto Shelter Support and Housing Administration (SSHA) similarly grew through our collaborative work on articulating the New Shelter Service Model with ICHA positioned as the clinical lead in this work. The potential impact of the new service model was bolstered over the year by ICHA's continued encouraging negotiations with the Ministry of Health to expand our Alternative Payment Plan (APP) to provide for the delivery of primary care and mental health care services for the entire shelter sector in Toronto, with expansion likely to begin in 2021.

Aligned with our new strategic plan's equity focus on particular communities, ICHA developed critical new clinical programming with Indigenous Peoples at the Ode'i min (strawberry) clinic in collaboration with Native Child and Family Services, providing much needed enhanced access to primary care. ICHA also collaborated with COTA to support their Mental Health and Justice ACT team and has been designated by the Ministry of the Attorney General as the clinical lead for Toronto's health-focused Community Justice Centre (CJC), which is slated to begin as a pilot in 2020-2021. Journey Home Hospice, with whom ICHA has partnered with St. Elizabeth Foundation and Hospice Toronto, situated in a Homes First facility, has continued to grow and develop with new harm reduction policies and procedures to complement ICHA's PEACH outreach palliative care to ensure the best access to appropriate care for people needing palliative and end-of-life care.

Aware of the systemic forces shaping the health of people experiencing homelessness as a population, ICHA introduced Population Health as a new dimension to our work, with a newly developed Population Health Lead position. Much work was done to situate ICHA more clearly with the Shelter Support and Housing Administration and Toronto Public Health as an organization uniquely positioned and capable of work at both the individual clinical level and as a community and systems-level actor. ICHA's population health work will increasingly engage clinical teams from a population health lens, leverage data for health and system planning, and support ICHA's collaborative work on aspects of public health for people experiencing homelessness.

To support ICHA's commitment to setting the standard of excellence in health care for people experiencing homelessness through evidence-based and quality-improvement driven care, a former Lead role was redeveloped to form the Research, Evidence and Quality (REQ) Lead. Much has been done through this work to support ongoing research activity, including the publication of the ICHA-

funded new guidelines in the *Canadian Medical Association Journal*, morbidity and mortality reviews, and QI approaches to clinical practice reviews. ICHA likewise continued to support the growth and development of the field through the training of dozens of students under the direction of ICHA's Education Lead.

In the Fall of 2019, in order to address some operational gaps resulting from our expanding services and wider reach, ICHA's administrative team underwent reorganization. Working within the existing administrative budget allocations, a new part-time position of Virtual Office Assistant was created and other roles were expanded to realign with varying needs of a rapidly growing organization. Over the past year, the Clinical Services and Privacy Specialist identified the need to improve our privacy, IT and security practices to match our evolving partnerships. ICHA began setting the groundwork for maturing our existing Health Information Network Provider relationships with shelters and organizations acting as Health Information Custodians in their own right. Not only will this formalize ICHA's existing relationships, but will also prop up our collaborations within the OHTs that we are a part of.

Preparing for this transition, the ICHA team spent 2019 building upon foundational privacy and security policies. This includes developing a personal device inventory, improving consent collection, a privacy breach notification system and improved educational tools. We've also adjusted the process for reactivating EMR access by pairing this with the re-signing of annual service agreement.

As a result of all of the immense amount of work all at ICHA have done over the last year, ICHA has continued to develop its national and international profile and reputation, collaborating with and advising clinical teams, homelessness services organizations and governments across the country. Through ICHA's connections to the Canadian Alliance to End Homelessness (CAEH) and the Canadian Network for the Health and Housing of People Experiencing Homelessness (CNH3), and as the host for the 2021 International Street Medicine Symposium (ISMS), we will continue to guide the shape of the sector in Canada and beyond.

As 2019-20 was drawing to a close, COVID-19 was looming large on the near horizon: while no organization or country could boast of readiness, ICHA planned for the worst, while hoping for better, and stared down what was coming by deploying all of our principles, care and thinking to develop a successfully funded proposal for what was to become the model leading the homelessness services sector across the country – isolation and cohorting with appropriate models of complex care with targeted testing of shelters.

While COVID-19 unfortunately remains with us until appropriate public health policies and immunizations are at hand, ICHA will continue steadfastly to protect as best we can the most vulnerable who are disproportionately impacted. We remain forever ready and are honoured to have such a dedicated, driven, innovative and caring team with which to undertake our collective mission.



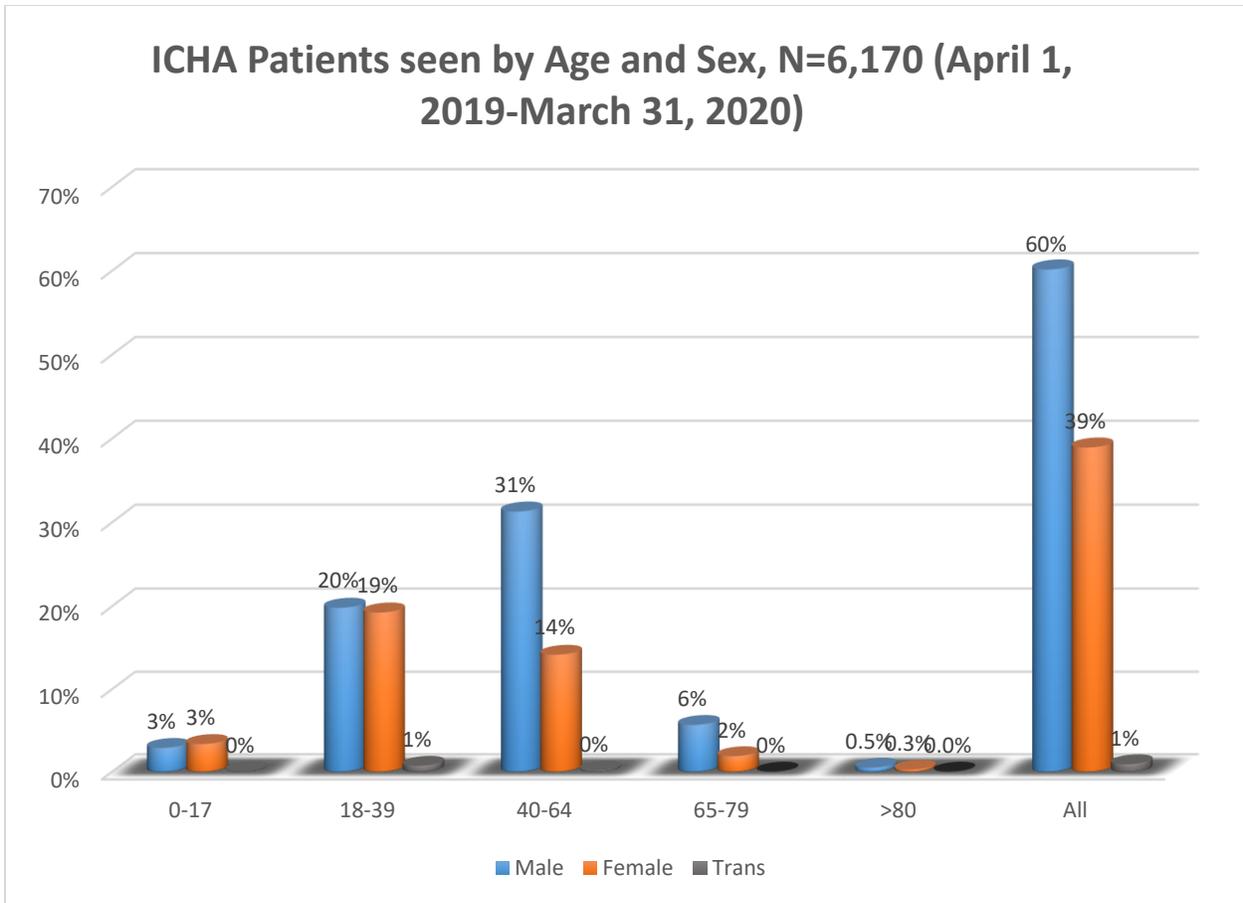
**Dr. Andrew Bond,  
Medical Director**

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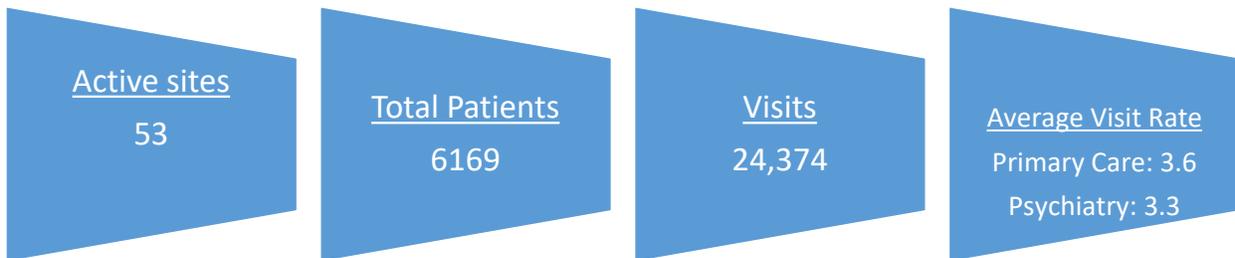
**Shivaneer Nadarajah,  
Director of Operations**

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## Overview

In 2019-20, ICHA served 6169 clients (representing an increase of 9% from last year), with a total number of 24,374 encounters. Primary care represented approximately 69% of these visits. 44% of clients were between 40-64 and 29% between 18-39 years of age. Patient gender was recorded as 39% female, 60% male and less than 1% identified as transgendered.



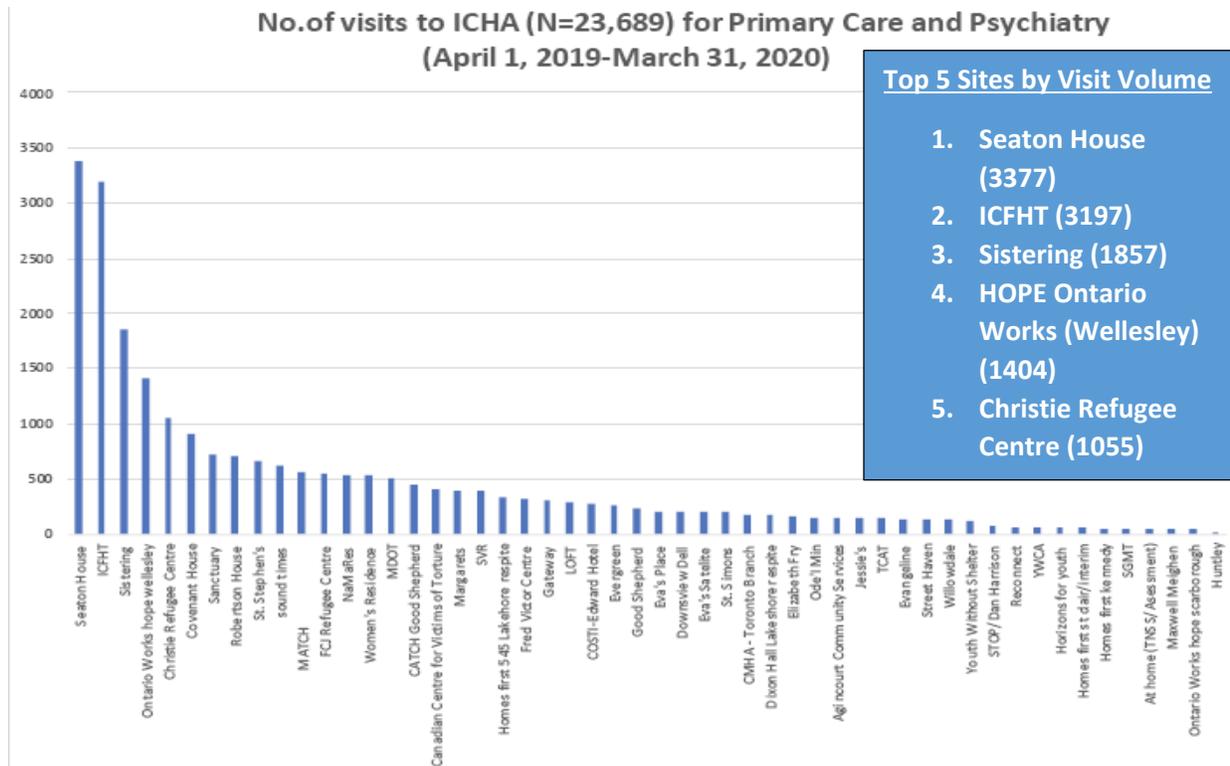
## Psychiatry

Psychiatry services were provided at 29 sites (14 of which have co-located collaborative care primary care services) to 2,094 clients over 6,866 visits. The average number of visits per client was 3.3, a 25% increase from 2018-2019, with 73% of appointments billed.

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).

ICHA’s HOPE program continues to provide immense support to people entitled to ODSP supports, preventive avoidable worsening poverty amongst people who experiencing homelessness with mental illness. Through all of ICHA’s outreach and drop-in psychiatry teams, we continue to ensure that housing instability and homelessness are not absolute barriers to the highest possible quality mental health care.



### Primary Care

Primary care services were provided at 38 sites (14 of which were co-located with ICHA psychiatry services) for a total 16,824 visits by 4,724 patients, with 81% of appointments billed. New primary care sites included the Ode’l Min Clinic in partnership with Native Child and Family Services and Toronto Public Health and Willowdale Welcome Centre in partnership with Homes First. The average number of visits per client was 3.6.

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, Ode’l Min), Newcomers (Christie and FCJ Refugee Centres, Edward Hotel and Willowdale Welcome Centre), 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. 20% of ICHA clients seen by primary care received collaborative care with ICHA’s psychiatry services.

## Dr. Deborah Pink, MD FRCPC, Education Lead

We have had the chance to host many learners at ICHA clinics over the past fiscal 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 listed below. **Both the *Health of the Homeless and Palliative Care in the Inner City* electives are ICHA run and have run at capacity for the previous fiscal year, often with a waiting list for cancellations.**
  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 is organized through SMH and it 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.

PGY-3: Underserved elective - 2 months in duration, various locations.

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

### Family Medicine Residents:

1. Palliative Care in the Inner City, PEACH, 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.

### ***ICHA Electives Evaluation:***

Here are some of the responses we have received over the past fiscal year:

*Phenomenal, inspirational staff who focus on patient-centred, trauma-informed, and strengths-based care. Learning to adapt to lower-resource environments (e.g. when patients have had traumatic experiences with hospital but have a trusting relationship with the shelter physician, and decline going to ED, so more acute things are seen in-office than would be seen in a usual FP office).*

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*This elective allowed me to refine my history and physical exam taking skills in a family practice setting. It humanized the homeless population for me, one that we often subconsciously ignore. It also taught me of the many unique challenges they face, in addition to the general health screening that is considered for any individual.*

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*Amazing rotation! Excellent supportive preceptors, incredible opportunities to work with patients in a variety of settings. The structured reflective exercise (social accountability workbook) greatly enhanced my learning... - this was truly one of the best medical education experiences I've had!*

## **Faculty Appointments at the University of Toronto**

In the past fiscal year, we have streamlined 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.

### **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.

### **Moving Forward**

#### ***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.

#### ***Education Guidelines and Policies***

We will be developing ICHA education guidelines based on the CPSO policy paper "Professional Responsibilities in Medical Education."

## **Dr. Naheed Dosani, MD CFPC (PC), PEACH Lead Physician**

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

PEACH Team:

- 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)

## **Program Highlights**

The PEACH program served a record number of people this past year. In total, the PEACH team served 113 unique clients with life-limiting disease representing a 24% increase from the previous year. At any given time, 70 to 80 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 25 sites, including rooming houses, shelters, supportive housing, drop-in centers, in addition to non-traditional transitional spaces (e.g. streets, parks).

## **Medical Education & Research**

For the second year in a row, the team delivered the 'Palliative Care in the Inner City: Integrating Social Accountability and Clinical Care for Marginalized Populations' elective for medical trainees. The elective training opportunity integrates clinical palliative care of structurally vulnerable populations with concepts around advocacy & social accountability. This unique educational experience is very popular at ICHA and is booked well into the next fiscal year. For the second year running, the 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 continues to be the first of its kind, worldwide.

Through a collaboration with the Li Ka Shing-Centre for Healthcare Analytics, Research and Training at St Michael's Hospital, PEACH team members co-authored two publications focused on data driven equity analytics in palliative care for structurally vulnerable populations.

## Supporting a Compassionate Community

Given the significant moral distress & compassion fatigue that exists within the homelessness sector, for its second year, the PEACH program conducted 'Grief Circles' at over 15 affiliated sites. Led by the PEACH team, these group bereavement sessions allow frontline service providers to remember those they have served, reflect on their care and reinvest into self-care so they can better support future clients. Meanwhile, requests for the 'Good Wishes Program' again grew dramatically this past year. The initiative, a partnership between the PEACH Program and Haven Toronto (a drop-in center for elderly homeless men), provides gifts as a psychosocial intervention to address total suffering, to support homeless individuals with their end-of-life journeys. The program was featured in a CBC News TV & web story that received international attention during the 2019 holiday season.



*PEACH client Richard sculpts angels out of soap after living on the streets for several decades. Richard received support through the PEACH Good Wishes program ('A special gift': Toronto doctor helps grant holiday wishes to homeless facing terminal illness, CBC News)*

# POPULATION HEALTH

## **Dr. Aaron Orkin, MD CCFP (EM) FCFP FRCPC, Population Health Lead**

Since its inception, ICHA aimed to weave its foundational clinical work together with strategic initiatives designed to understand and address the health needs of people experiencing homelessness at the population and community level. ICHA launched a Population Health portfolio in October 2020 to advance this work and enhance collaborations with population health partners across the health and homelessness sectors.

Dedicated leadership and population health personnel will bring the population health approach to bear on all aspects of our work as an organization, to ensure that our efforts and resources deliver balanced and measurable benefits for individual patients and the community as a whole. The launch of ICHA's Population Health work reinforces our organizational commitment to the Quadruple Aim and a range of system-level initiatives designed to improve population health.

In the remainder of the 2019-2020 fiscal year, new population health initiatives included:

- Integration of population health priorities and services into ICHA's new strategic plan;

- Launching a clinical population health consultation service available to support shelters, ICHA providers, and ICHA patients/clients;
- Engagement and collaboration with key population health partners including public health agencies, regional health care organizations;
- Engagement and leadership in the formation of local Ontario Health Teams (OHT), including efforts to prioritize the needs of people experiencing homelessness in Toronto OHTs;
- Programs to define and enhance data sharing with agencies such as individual shelter partners, the City of Toronto, and ICES; and
- Education and learning opportunities for public health trainees (graduate and post-graduate).

ICHA appointed Dr. Aaron Orkin in October 2019 to lead and develop this portfolio as its first dedicated Population Health Lead. Aaron is a Public Health and Preventive Medicine physician and Ontario’s first fellowship-trained Clinical Population Medicine specialist. He enters this role at Population Health lead after several years practicing with ICHA in the Seaton House Infirmary.

## RESEARCH & QI

ICHA was approached to participate in several innovative research and QI projects in our last fiscal year. A total of seven proposals were put forward, of which two projects began study activity in the last fiscal year. [The SOONER study](#), led by Dr. Aaron Orkin engaged with the Inner City Family Health Team to study the feasibility of point -of-care overdose education and naloxone distribution. Healing Circles was our other project, led by Drs. Naheed Dosani, Alissa Tedesco and Jaqueline Caverhill, to explore provider attitudes towards the use of Healing Circles following deaths of structurally vulnerable palliative care patients. 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		
Agincourt Community Services	Fred Victor Centre	O’dei min Clinic/NCFS
Birchmount Residence	Gateway Shelter	PEACH
Christie Refugee Centre	Good Shepherd	Reconnect
COSTI – Edwards Hotel	Homes First - Scarborough Shelter	Robertson House
Dan Harrison Building (TCH)	Homes First – QE Respite	Sanctuary
Dixon Hall Respite Centre	Homes First – 545 Lakeshore Blvd W	Seventh Generation Midwives
Downsview Dells	Huntley Residence	St. Simons
	Jessie’s – The June Callwood Centre	Scarborough Village Residence
	Journey Home Hospice	Willowdale Welcome Centre

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	Street Haven
Canadian Centre for Victims of Torture	LOFT – Transitional Age Youth Program	Toronto Community Addiction Team
Evangeline	MATCH	Youth Without Shelter
HOPE Wellesley Place Employment Services	Maxwell Meighen Shelter	
HOPE Ontario Works Scarborough Site	Multi-Disciplinary Outreach Team	

# MEMBERS & STAFF

### Membership Update

A very big thank you to our departing ICHA physicians:

- |                        |                     |
|------------------------|---------------------|
| Dr. Benjamin Trepanier | Dr. Benoit Bergeron |
| Dr. Christopher Tam    | Dr. Laila Jamal     |

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

- | <u>Primary Care</u> | <u>Psychiatry</u> |
|---------------------|-------------------|
| Dr. Caroline Jeon   | Dr. Joanna Barlas |
| Dr. Vinchala Bala   | Dr. Afarin Kohan  |

### **Executive & Operations Team 2019/20**

Andrew Bond, Medical Director

Shivaneer Nadarajah, Director of Operations

Priya Vasa, Research, Evidence and Quality Lead

Alena Ravestein, Clinical Services and Privacy Specialist

Deborah Pink, Education Lead

Sasha Hill, PEACH Coordinator and Community Nurse

Naheed Dosani, PEACH Lead

Cathy Yeung, Accounting Specialist

Kirsten Dixon, Seaton House Lead

Shannon Hirsch, Executive Assistant

Aaron Orkin, Population Medicine Lead

Lindsay Miles, Virtual Office Assistant