



Queen West recognized for work in support of Syrian refugee resettlement initiative

*Living Our Values: From Margin to Centre*

• QUEEN WEST •  
CENTRAL TORONTO COMMUNITY  
HEALTH CENTRE

Annual Report • 2015-2016



# MESSAGE FROM THE BOARD PRESIDENT & EXECUTIVE DIRECTOR



PRESIDENT,  
Kelley Myers

*It requires relentless efforts to bring more equity, justice and provision of responsive health and wellness supports to individuals and communities often marginalized by income inequality, stigma and discrimination. At Queen West – Central Toronto Community Health Centre we do this every day by committing all we do to improve access, health and preventive care, building community and making visible the experiences of those we serve and those who need our services. In short, we call upon the analysis of feminist scholar bell hooks as we work to live our values by ensuring that we continually focus on those people and issues that are on the margins by moving them to the centre. By doing so we are part of what hooks calls a “broader yet more inclusive” critique of social inequality and practices which contribute to poor health outcomes for many individuals, groups and communities.*



EXECUTIVE  
DIRECTOR,  
Angela Robertson

*We come from an over 45 year history of providing inter-professional care to residents facing many marginalizing challenges. We spoke out then, and now, about the impact of poverty and homelessness on health. For over 20 years we have been speaking out about the need for harm reduction services for individuals struggling with substance use issues and their need for non-judgemental health care and support. We are allies with Indigenous clients and communities to speak to the significant and persistent inequities that Indigenous Peoples face that are linked to the social, cultural and political impacts of colonization. At the same time our work through the Niiwin Wendaanamak – Four Winds program we affirm the strength and resilience of Indigenous Peoples in the face of persistent inequality.*

*This year when Canada was called upon to live its values by opening its doors to Syrian refugees our Centre did not hesitate to join the effort. We collaborated with four other CHCs and the Crossroads Refugee Health Clinic to provide health services to the arriving government assisted refugees. We also provided system coordination and navigation support with other COSTI Immigrant Services and other social support and settlement services. For our services to Syrian refugees, we and other community partners were recognized by COSTI and the award was presented to the Centre by Governor General of Canada, The Right Honourable David Johnston.*

*We have long reflected on the value of nurse supervised injection services for people who inject illicit substances and we focus on the needs of our clients in the face of the steady increase in overdose related deaths in*

the city. As one of the busiest harm reduction programs in Toronto, we thoughtfully declared our intention to be one of the three proposed sites for the development of supervised injection services, along with The Works, a program of Toronto Public Health, and South Riverdale CHC. We believe that raising awareness about substance use, harm reduction and overdose is critical in saving lives because doing so takes drug use out of the closet and puts it where it belongs; on the public health and community well-being agenda, ensuring that individuals, families, friends and services are supported and lives saved. Again, moving from the margins to the centre ensures that those lives and preventable deaths are made visible.

We have also been thinking strategically about our place and the voice of our clients in this evolving health and community care system as the primary- and community-care sectors are increasingly called upon to work as part of an integrated system to achieve key health-system goals related to access, quality, health outcomes, and value for money. We made the decision to explore voluntary integration with Parkdale CHC. Our belief is that the integration of the two CHCs will create an organization that has increased capacity for innovation and responsiveness in serving our priority populations. Through integration, we will also achieve the government's vision and focus on population health planning with a lens on marginalized populations as well as strengthen leadership and governance in the primary and community care sector. We are engaged in consultation with our clients, staff and community partners about the potential benefits and concerns regarding service integration.

We hosted Toronto Central LHIN's consultation with our clients in February 2016. We focused on hearing from Indigenous clients, clients living with mental health and substance use issues, and those who are low income earners to provide input in the development of the province's Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario. We firmly believe that meaningful changes to the system will come when those at the margins have a greater voice and involvement in shaping the agenda. We were pleased that feedback from our consultation was put forward in a supplementary report and clients from our Centre were asked to join the Toronto Central LHIN's Citizen's Panel.

The work and success of the Centre would not be possible without the commitment of staff and the Board of Directors to the values of the organization and for your contribution, we say thank you. We say thank you as well to our funders, partners, and donors for your unwavering support and belief in our ability to deliver services to our clients and communities.



# MISSION, VISION, VALUES

## MISSION STATEMENT

The Central Toronto Community Health Centres delivers holistic, integrated, needs based primary health services and supports to improve the well being and quality of life of individuals and communities who are at risk and/or face barriers in accessing high quality health care services and supports by engaging our partners and the community.

## VISION

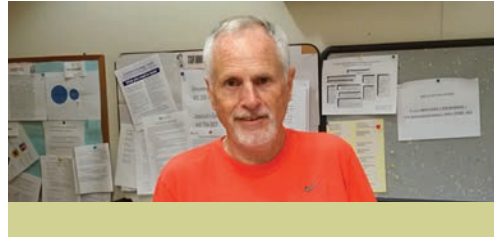
A model of urban health care for people where and when they need it.

## VALUES

- Client centeredness
- Accessibility
- Social inclusion and Justice
- Quality/Excellence/Innovation
- Capacity building

## CTCHC BOARD OF DIRECTORS

- Kelley Myers, *President*
- Karen Lior, *Vice President*
- Lisa Druchok, *Secretary*
- Lois Fine, *Treasurer*
- Marc-Andre Hermanstyne
- Nancy Ng
- Peter Leslie
- Shannon Saunders



## RETIREMENT ANNOUNCEMENT

### Dr. William (Willie) Black an embodiment of our Values

Dr. Black has been a beloved figure of the Queen West family for over 33 years and was one of the very first physicians hired. He has helped to shape Queen West to what it is today and was our first doctor providing services at Strachan House. He is much loved by his clients, many of whom have been seeing him since they were young. His retirement is a big loss for our community. Dr. Black truly embodies our values as an organization and his dedication to the most vulnerable people of this community will be greatly missed. He is always willing to lend a hand, work late and often manages to squeeze in 3-4 clients into one single appointment slot! He never hesitates to jump on his bike regardless of the weather to see his fragile, homebound clients who wait to see his friendly face on Thursday mornings.

***We wish Willie the very best in his retirement!  
Good luck and keep on biking!***

## STRATEGIC DIRECTIONS

### 1. Client Centred Collaborative Care and Services:

- Improve priority client access to all of Queen West health care
- Improve health outcomes and service experience for Queen West clients

### 2. Healthy Organization:

- Promote a safe, healthy, viable, competent and effective organization

### 3. Partnerships:

- Maintain and develop strategic reciprocal community partnerships



## SYRIAN REFUGEE RESPONSE



*In the fall of 2015, shortly after the newly elected federal government announced their intention to re-settle 25,000 Syrian Refugees, Queen West, was asked by the Crossroads Clinic at Women's College Hospital and COSTI Immigrant Services, to assist and respond to the anticipated health care needs of the Syrian Refugees that were expected to arrive to Canada in early 2016.*

By the end of January 2016, Queen West's Primary Care team took a lead role in responding to the needs of many of the families who arrived in Toronto and were temporarily housed at Studio 6 Hotel, one of the downtown hotel sites receiving refugee families daily, for over a four month period. Queen West's Primary Care team saw a total of **170 Syrian Refugees**. Queen West was able to quickly mobilize, coordinate and accompany many Syrian refugee patients to specialist appointments, labs and other follow-up appointments, as system navigation for the newly arrived refugees would otherwise prove difficult. Queen West also quickly partnered with Toronto Public Health and mobilized clinics for immunizations, dental and other screenings.

By the end of April 2016, most families from Studio 6 had found housing and have since

settled and found health care closer to where they currently reside. Several families still remain with us and Queen West recently registered its first privately sponsored Syrian Refugee family through the Crossroads Clinic. At the end of May 2016, Queen West received and other health service providers received an award of thanks from COSTI Immigrant Services for the work our teams did in supporting newly arrived Syrian Refugees. The Award was presented to Filomena Gonzalez, Medical Secretary and Alexander Glover, Family Physician, in the presence of His Excellency the Right Honourable David Johnston, Governor General of Canada.

Thanks to all the staff who made it possible for this group of newcomers to have an experience of welcome with dignity at Queen West as they start the rebuilding of lives fractured by war and the displacement it brings.



## SUPERVISED INJECTION SERVICES: RESPONDING TO CLIENTS NEEDS & OVERDOSE IN OUR COMMUNITY



*Queen West in March of 2016 announced with Toronto Public Health “The Works” program and South Riverdale Community Health Centre our intention to advance planning for the addition of a small-scale – three injection counter, nurse supervised injection service to our existing harm reduction and health services for people who inject drugs.*

The proposed service will be located on the ground floor within the agency’s existing program space with no change to the exterior of the building. Clients of the service will have direct referral access to the Centre’s health, dental, counselling and wellness programs and will also receive information and referrals to external health, social and drug treatment supports/services.

The space for the service will include an intake/reception desk, room for assessment and treatment, an injection room with three supervised injection booths and an adjoining post-injection room totaling about 500 square feet of space.

We have long reflected on the value of integrated nurse supervised injection services for people who inject illicit substances and in 2012 we participated in The Toronto and Ottawa Supervised Consumption Assessment Study (TOSCA) and the Health Canada I-TRACK SURVEY. I-Track is an enhanced surveillance system that monitors the prevalence of HIV, Hepatitis C and other related infections as well as the associated risk behaviours among people who inject drugs. Queen West clients who participated in the studies told researchers and us that they wanted and would use an integrated supervised injection service. The TOSCA study found that Toronto would benefit



“As a patient of this centre for over 35 years, my family and I have benefitted from consistent and caring health services. I am pleased that people living with HIV-AIDS and addictions are included in the provision of services to neighbours of the Queen West – Central Toronto Community Health Centre.”

– Mary

from having multiple sites and that these sites should ideally be integrated into existing health services that are already working with people who inject illicit drugs. The survey also found that a significant amount of Queen West clients are injecting in public spaces. Over a third of clients reported public injecting in the past six months, and 15% said that they inject in public “most often.” Almost a third reported injecting every day and 29% reported regularly (from one to three or more times a week).

Research notes that people who inject illicit substances experience health disparities compared to the general population, and are at high risk of blood borne infections, other morbidity (e.g. overdose, liver disease) and death. These harms persist in part due to the lack of access to appropriate health services.

We also know from hospital emergency and EMS/emergency medical services data that our catchment/ the M5V postal code area have higher rates of emergency department visits associated with drug use and mental health issues. There is an increase in the number of people dying from overdose in Toronto, and in our catchment area a network of agencies have been tracking these deaths. In 2015 alone we experienced over 10 overdose related deaths and see them as utterly premature and preventable.

We know that nurse supervised injection services saves lives. They are a public health response to an individual and public health concern. We recognize that not all individuals are ready or able to stop injecting illicit drugs, therefore supervised injection services are an important part of a public health approach that can reduce the harms associated with injection drug use. We believe SIS must be on the public health and community well-being agenda, ensuring that individuals, families, friends and services are supported and lives saved.

# DEEPENING OUR COMMITMENT AND SOLIDARITY WITH INDIGENOUS PEOPLES:

## NIIWIN WENDAANAMAK – FOUR WINDS PROGRAM



*Indigenous Peoples in Canada experience significant and persistent inequities that effect their health, social and community well-being. Indigenous agencies in Toronto have taken important steps to address the structural origins of inequity by increasing local community control over underlying social, economic, political and cultural conditions.*

The self-determination of Indigenous Peoples exemplifies strength and resilience in the face of persistent inequality.

Queen West believes there is a necessary role for non-Indigenous organizations to be allies with Indigenous Peoples to create and adopt new approaches outside of the models provided by broader mainstream Canadian society to address the root causes of inequity. To that end Queen West has expanded our role over the last year as allies in supporting Indigenous People's access to culturally responsive health promotion and wellness services.



Queen West recognizes that Indigenous communities like other communities have varied needs requiring a range of responses and Queen West can assist in filling the gaps in care and service approaches. Queen West in collaboration with Indigenous Elders and community partners The Ontario Aboriginal HIV/AIDS Strategy – (OAHAS), Evangel Hall, West Neighbourhood House, St. Stephens Community House (SSCH), Native Canadian Centre of Toronto (NCCT) and Southern Ontario Aboriginal Diabetes Initiative (SOADI) as well as Indigenous Peers formed a West End Indigenous Advisory Council which oversees the programs provided to the local Indigenous communities. The program provides:

- increased access and attachment to culturally responsive primary care,
- mental health and substance use supports for homeless and at-risk Indigenous adults and youth in downtown Toronto; and
- identifying gaps and needs in the current system and approach to care

The Niiwin Wendaanamak – Four Winds Program is unique; it is an Indigenous Only space in a non-Indigenous organization;



“I am so grateful for the Queen West Community Health Centre for the Four Winds and all nurses, doctors and all staff.”

specifically designed for the homeless and under-housed Indigenous communities in the neighbourhood. The program integrates a harm reduction approach and opens the door for community members who live with substance use issues with the opportunity to participate and reconnect with their Traditional Teaching and participate in Elder lead Circles. To ensure that the program remains effective and responsive we have undertaken an evaluation of the program in conversation with Indigenous Elders, clients, staff and partner agencies. The findings will help us understand what the gaps are in services and supports, and the effectiveness of this model for the community.

This past year has seen growth in the membership as well as new Elders coming to do teachings, ceremony & passing on cultural knowledge to the members, we also have four peers in the program & Indigenous community providers are coming in to do workshops, attachment to primary care is a highlight, ensuring that the Indigenous people have access to health care services.

The partnership with Evangel Hall & Meeting Place saw a huge turnout for the First Nations Day joint Celebration BBQ, with the Big Drum, Dancing, Nish rappers, Women’s Hand Drummers, scone making, three sister’s soup, and fun for all the community of Queen/Bathurst.



**216**  
Self-identified Indigenous  
Clients Served

**47**  
New Clients Connected  
to Primary Care

**92%**  
Of Clients Report Increased  
Attachment to Supports

# YOUTH PROGRAMMING



Includes both The Trip! Program which provides harm reduction information & materials to youth in the dance music and party scene and The Empower Program a youth led arts based HIV prevention program.

## OUTREACH & HEALTH PROMOTION

- Street Outreach programming to homeless & street involved people which offers harm reduction supplies & information and referral. It is also an important way to connect homeless/ street involved people who use drugs to primary care services.
- Case management, client support & counselling to youth & adults with complex needs is provided by the client support workers. This program also includes ongoing client support including client accompaniment, an ID clinic & housing clinic through joint partnership programming.
- A voice mail service for people who are homeless or can't afford a phone.
- Multi agency peer training: The HIV Outreach Coordinators at Queen West organized a set of 20 trainings, facilitated in-house and by a number of skilled external and internal facilitators, for Queen West's Harm Reduction Outreach workers, Peer Support workers and Satellite workers, as well as harm reduction workers from various agencies across the GTA, including Black CAP, John Howard Society, Parkdale CHC, Sistering, and Syme-Woolner Neighbourhood & Family Centre. Topics included Harm Reduction 101, Hepatitis C 101, Drugs 101 & Overdose Prevention, Active Listening, Boundaries and Communication, and Crisis Prevention/ De-Escalation. The trainings were very well received and created opportunities for relationship building and collaboration to increase community service capacity. Please call us to arrange a training with your team or clients.



# HARM REDUCTION & HOMELESSNESS PROGRAMS



The Harm Reduction & Homelessness Team provides support to some of the most vulnerable and marginalized clients in our community; clients who are homeless and street-involved, living with substance use issues, youth at-risk, clients living with chronic illnesses of HCV and HIV and Indigenous Peoples, most of whom live with the trauma of residential school and experiences of homelessness.

**New Clients 672**

**Client Encounters 3,366**

**Needles Distributed 368,545**

**Return Rate of Used Needles 123%**

**People Provided with HIV Anonymous Testing 319**

# PRIMARY CARE HIGHLIGHTS



## Clinical Outreach – Caring for Those Clients Who are Most Vulnerable

At Queen West, we believe in ensuring that we “live” our values when developing programs and services to serve our communities. Client centeredness and accessibility are important features of our primary care clinic. In responding to the needs of our population, we are able to offer care outside of our walls to the most vulnerable of clients. We now have clinical services on site at various locations, from shelters to drop-in centres.

### STRACHAN HOUSE

Strachan House located in west Toronto is a shelter that provides temporary housing for clients who are homeless or street involved operated by Homes First Society. Many of these clients are living with substance use and or mental health issues and thus have multiple barriers to accessing health care services. Many often go without seeking care for weeks and months because they feel disconnected or alienated from the health care system as a whole and don't feel comfortable in a typical medical office setting. Our caring clinicians including a physician and registered nurse from the Diabetes Education program provide on-site care once a week in a space that is familiar to these clients. Clients see the same faces every week and they are able to build trust with our team.



“I am able to see my MD, counsellor and psychiatrist all in one facility and they all communicate with one another clearly.”

“These clients tend to fall through the cracks of the health care system, not seeking medical attention when they need it. Queen West CTCHC has been providing medical and harm reduction services for many years. We understand the importance of meeting the clients where they are at, with our staff utilizing their many skills addressing the clients’ health concerns, while building rapport and trust with them, attributes that clients living at Strachan House will attest that they do not receive regularly elsewhere.”

– Tiffany Dadula-Jardin, Registered Nurse,  
Diabetes Education Program

#### THE MEETING PLACE – WEST NEIGHBOURHOOD HOUSE

The Meeting Place located at the corner of Queen and Bathurst is a drop in centre that serves clients who are homeless, have difficulty accessing housing, healthcare and social supports. Even though The Meeting Place is merely steps away from Queen West, the clients are not always trusting of “the system” enough to come to our clinic to seek care. So, to enable responsiveness, we make our services portable and have a physician who visits the drop in once a week to provide primary care services. The clients feel at ease talking to and getting advice from their doctor in a more trusting and ‘social setting’. Many of these clients who go on to establish a rapport with our clinical staff begin to feel more comfortable and often access other services at Queen West.

#### CENTRAL TORONTO YOUTH SERVICES (CTYS) AND YMCA HOUSE

Similar clinical outreach services are offered to our vulnerable youth communities. CTYS is community based mental health centre for youth. A physician provides primary care

on site on a regular basis for youth who typically would put off seeking care and face barriers to accessing care in traditional clinical settings.

Also serving the marginalized youth communities is the YMCA house’s drop-in centre at Vanauley Street. A Queen West nurse practitioner provides much needed primary care services for these youth who often face mental health issues, substance use and homelessness. Often these same youth, once stabilized will continue to see the nurse practitioner at Queen West with whom they have developed a strong therapeutic relationship.

#### Improving Cancer Screening Rates among Vulnerable Populations

In late 2015, Queen West along with 6 other CHCs within the Toronto Central LHIN embarked on a joint Quality Improvement collaboration. One of the first tasks of the collaborative was to improve cancer screening rates among our primary care clients, many of whom fall into the under/never screened populations and therefore at risk for late detection and poor treatment outcomes.

It has been long established that low cancer screening rates are tied to the social determinants of health. Therefore the Queen West team has been analyzing socio-demographic data that we collect at registration to better understand and to look for trends as they relate to the rates of screening of vulnerable populations at our clinic. Our next step will be to identify barriers for these population groups and with the help of our health promotion staff, we will be developing strategies to reach this under/never screened populations to ensure that they are better informed of the benefits of early screening. We began this work by hosting a talking circle with Indigenous clients in the Four Winds program in collaboration with Cancer



T-shirt making in Women's Harm Reduction Group



L-R: Client, Executive Director with Councillor Joe Cressy and MPP Han Dong at Health Fair

Care Ontario, looking at culturally safe and responsive strategies to increase awareness and promote screenings.

### **Embedding Case Management for Client with Complex Needs**

Last year, we embedded a primary care case manager within the primary care team to support clinicians who often have to offer system navigation assistance such as providing information on housing and social supports at clinical appointments. This type of support is vital in enabling effectiveness of medical care, however often takes up a lot of the clinician's time, leaving them little time to address clinical issues and/or limiting the clinicians from seeing more clients in need. The primary care case manager has been able to address these issues and provide support to the clients and the clinicians. In the first quarter of its creation, the position was able to assist 78 unique clients with 276 encounters.

This is only a snapshot of the services we offer within primary care. Other population specific programs include Diabetes Education, Trans-Specific Care, Hep C treatment and Anonymous HIV testing. Our dedicated team of medical secretaries, nurses, nurse practitioners, physicians, health promoters,

dietitian and case managers have worked tirelessly to continue to provide our clients with quality and compassionate care.

### **Reduced Fee Dental Services**

This past year, the dental clinic at Queen West had 1,287 client visits and performed over 2,800 dental procedures to 686 individuals. We offer basic dental services such as fillings, cleanings, extractions, x-rays, crowns, bridges and complete dental exams at a reduced rate. We also welcome clients who are on social assistance including Ontario Works and ODSP. Our dental professionals and receptionist work hard to ensure that we are able to serve our communities with good quality dental care in a timely manner. For more information, please visit our website or call the dental clinic line at 416-703-8481.

**"I do not feel judged.  
Staff are/have always  
been professional  
and kind/friendly."**



## COUNSELLING & MENTAL HEALTH SERVICES



The Counselling Team provides a range of emotional, mental health and case management services to our priority populations: individuals living with mental health and addictions; homeless youth and adults; marginalized seniors; parents who are street involved; low income seniors and individuals and families living in poverty, which includes immigrants and refugees.

A major shift we made this year is that our counselling services are specifically targeting this range of marginalized communities.

As well we needed to develop a Model of Care that added to the existing 16 session frame, to create access for individuals not able to work with consistent appointments over a longer term. Also the Clinical Team and Homeless/Harm Reductions teams required a more immediate referral process for clients who were more vulnerable. We have added to the 16 session model a 6-8 sessions as well as single sessions.

The team developed **Enhanced Access Strategies** such as:

- A Counselling Intake Rotational Schedule four days a week, to fast track an assessment and linkage to a counsellor
- Walk-in hours offered for at-risk adults and youth

- Off-site counselling supports to Eva's youth at their shelter
- Shorter-term psycho-educational groups, such as a modified "Skills for Safer Living Group" to support individuals living with suicide ideation
- Closing group for individuals who have completed cycle of counselling, to plan for integration of skills and next steps for wellness
- Supporting a harm reduction program, the Women's Drop In, where a counsellor offers an educational session on mental health issues as requested by the participants

This year we are piloting different strategies and compared to our last fiscal year, we have increased the number of clients we have supported by 20% since last year.

It is important to us that we can provide services that fit the needs of a range of populations who cannot afford counselling services, nor have a health plan.

**Total Distinct Clients  
seen by Counselling Team: 909**

**Total Individual  
Client Support Contacts: 5,629**

## FROM A CLIENT...

Over the past six months I have started to find my bearings again and to re-establish a life that is meaningful. A major part of my recovery has been my decision to give back to the organizations that brought me back from the edge of suicide. Without a doubt, I would not be writing this piece if it weren't for the care I received at Queen West. How do you capture in words the role of the counselling, health care and support staff – the very sanctity of trauma-informed care. I went from having a major career at a leading charity to spending 19 months in a homeless shelter. I could not have survived without the support of the staff at Queen West. I felt welcomed from the very first meeting with my intake worker who said "wherever you end up living in the future, this will always be your home". Then she asked if she could give me a hug. I love hugs. I knew from that moment that I had found the people and organization that would protect me. I was right. Week after week, I knew that for one hour I was safe. I could let my guard down and tell the truth about the terror I was experiencing in the shelter. When everything I knew about life was being shattered, I struggled to make it for counselling because I knew it was the one place I was being heard and understood. Despite the setbacks because of the volatility of being homeless, I made progress. I came to understand the full impact of the traumas I had experienced. I found my voice. I learned how I want to live my life going forward and how I want to contribute to society. It could not have happened without the counselling support that paced my recovery at the level I could bear. It would not have happened without the medical team who listened to and respected my personal space and dignity. It would not have happened if I hadn't been welcomed each and every time by support staff who greeted me with a smile and professional, highly responsive service. I cannot imagine where I would have ended up if I had not been linked with Queen West. They have been a beautiful partner in my recovery. I am forever grateful.

— Carol

## GST BREASTFEEDING SUPPORT GROUP

Great Start Together (GST) Perinatal Program is a weekly program for pregnant women and new mothers. The program consists of 6 community partners: Queen West CTCHC, Toronto Western Hospital, Toronto Public Health, St. Stephen's Community House and Scadding Court Community Centre. This partnership provides a one stop shopping to address various needs of participants. The multilingual staffs provide the following: community and health information, referrals, settlement service, individual advocacy, counselling, health services, interpretation, educational workshops, and volunteer opportunities.

Breastfeeding support group peers



Last year, in collaboration with the Healthy Beginning (HB) Perinatal Program at the STOP Community Food Centre, we got a one year funding to establish a breastfeeding support group at each site through capacity building. The purpose of the group was to provide an informal, peer-led community-based and culturally appropriate support for mothers. The support group aimed to improve breastfeeding knowledge, attitude, confidence and practices, and reducing social isolation through peer support.

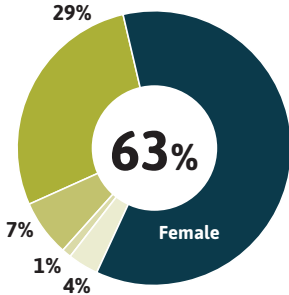
The breastfeeding support group was held once weekly on the same day as the perinatal program in order to make access easier for our participants. Since our peers were multilingual, the group was conducted in English, Mandarin/Cantonese, and Spanish. The peers were successful in creating an open and safe environment for the participants to share their knowledge and experiences. It was observed that the group had become a forum for problem solving, learning and networking with each other.

# CLIENT EXPERIENCE SURVEY 2015

## DEMOGRAPHICS

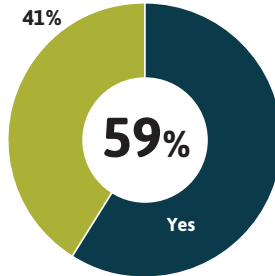
### Gender Distribution\*

Female 63%  
 Male 29%  
 Trans 7%  
 Intersex 1%  
 Other 4%



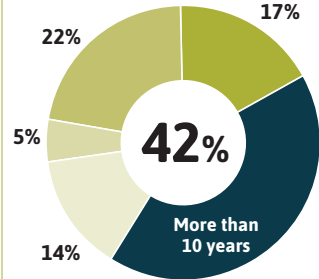
### Were you born in Canada?

Yes 59%  
 No 41%



### If you were not born in Canada, how long have you lived in Canada?

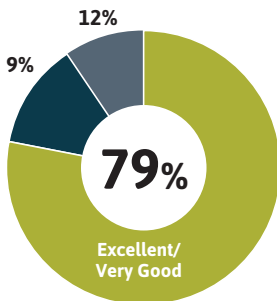
More than 10 years 42%  
 5-10 years 14%  
 3-5 years 22%  
 1-3 years 17%  
 Less than 1 year 5%



## SERVICE SATISFACTION

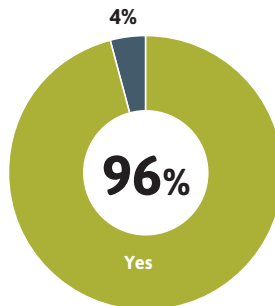
### Clients' rating of care & services they received

Excellent/Very Good 79%  
 Good 12%  
 Fair/Poor 9%



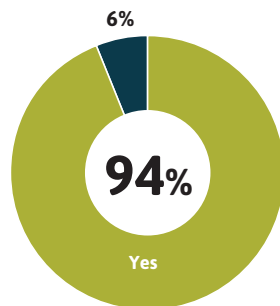
### I feel comfortable & welcomed at Queen West

Yes 96%  
 No 4%



### The hours & days Queen West CTCHC is open works well for me\*\*

Yes 94%  
 No 6%

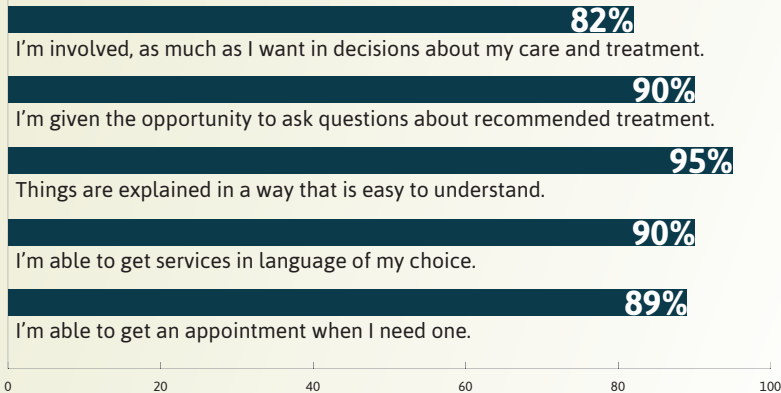


\*4% of respondents self-identified multiple gender identities as well as included information regarding sexual orientation which is reflective of intersecting identities.

\*\*4% of respondents who answered no said that evenings and weekends would work better for them.

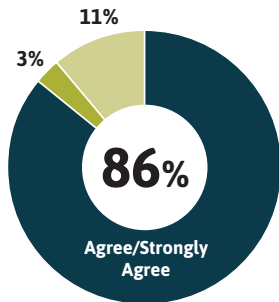


## SERVICE SATISFACTION



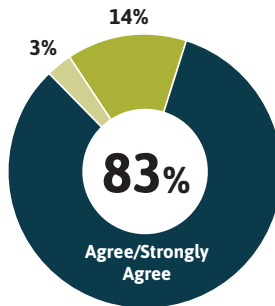
Queen West programs and services help me manage and improve my health & well-being

Agree/Strongly Agree 86%  
 Neither Agree Nor Disagree 11%  
 Disagree/Strongly Disagree 3%



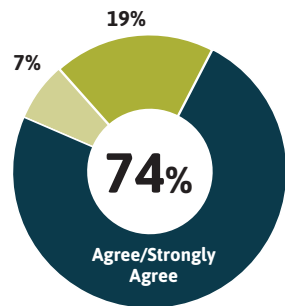
I would refer a family member or friend to Queen West

Agree/Strongly Agree 83%  
 Neither Agree Nor Disagree 14%  
 Disagree/Strongly Disagree 3%



I know how to make a suggestion or a complaint

Agree/Strongly Agree 74%  
 Neither Agree Nor Disagree 19%  
 Disagree/Strongly Disagree 7%



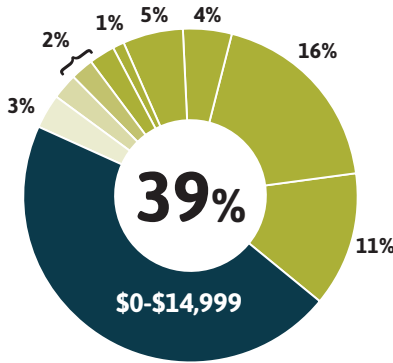
### AREAS FOR IMPROVEMENT:

- Increase hours of operation (especially Tuesdays, evening and weekends)
- Slow down and communicate better to avoid appointment booking errors
- Better supervision of waiting areas (address safety issues quickly and decrease commotion/noise)
- Hire staffs who are reflective of the communities we serve (i.e. hire Indigenous doctors/providers)
- Hire more doctors and counsellors in order to increase available appointments and decrease wait times
- Offer long term counselling and more frequent counselling appointments (once a month is not enough)
- Increase Naturopathic Clinic services
- Give patients take home meds
- Offer support groups and classes, housing services and winter programs, information and services for seniors and education, programs and services for transgender/sexual (trans) individuals
- Provide more food (i.e. free meals and food drives) and water
- Email program calendar, schedules, brochures and event/program flyers to clients

# A YEAR IN REVIEW

## THE AVERAGE ANNUAL HOUSEHOLD INCOME OF OUR CLIENTS SEEN IN 2015/16

\$0-\$14,999	39%
\$15,000-\$19,999	3%
\$20,000-\$24,999	2%
\$25,000-\$29,999	2%
\$30,000-\$34,999	2%
\$35,000-\$39,999	1%
\$40,000-\$59,999	5%
\$60,000 or greater	4%
98 Do not know	16%
99 Do not want to answer	11%



## OUR CLIENTS DEMOGRAPHICS

Non-Insured  
**582**

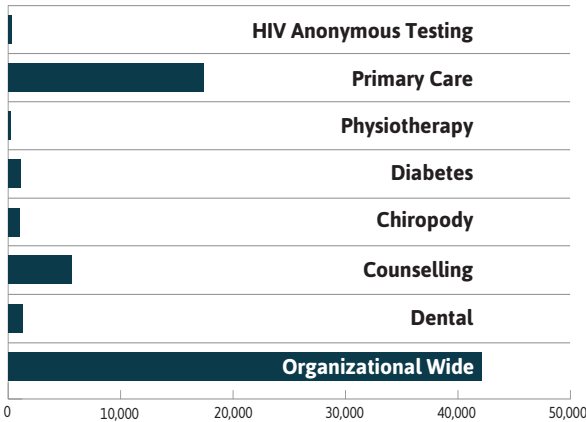
Homeless  
**871**

Indigenous  
**216**

Syrian Refugees  
**144**

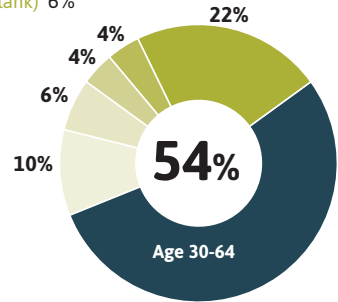
## SERVICE IMPACT

■ Client Interactions



## THE AGE OF OUR CLIENT COMMUNITY

Age 0-6	4%
Age 7-15	4%
Age 16-29	22%
Age 30-64	54%
Age 65+	10%
N/A (blank)	6%



## New Primary Care Clients

**1,039**

**82%**

**Priority Clients**  
Homeless, youth, refugee/immigrant, mental health & Substance use issues, low income.

## OFFSITE & HOME VISITS

Primary Care  
**1,009**

Counselling  
**154**

Diabetes  
**61**

## TOP 10 LANGUAGE INTERPRETATION SERVICE PROVIDED

- Portuguese
- Arabic
- Mandarin
- Spanish
- Cantonese
- Hungarian
- ASL
- Pashto
- Italian
- Farsi

# FINANCIAL SUMMARY

## SUMMARY BALANCE SHEET AS AT MARCH 31, 2016

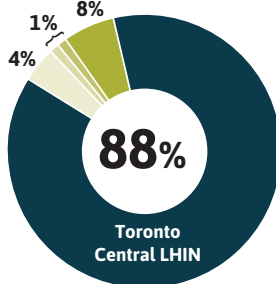
	2016	2015
<b>ASSETS</b>		
Current assets		
Cash and short-term deposit	\$ 441,689	\$ 485,534
Accounts receivable and prepaid expenses	302,411	211,091
	744,100	696,625
Property and equipment	4,117,948	4,267,666
	<b>4,862,048</b>	<b>4,964,291</b>
<b>LIABILITIES</b>		
Current Liabilities		
Accounts payable – accrued liabilities and deferred revenue	438,688	375,275
Accounts payable – Toronto Central LHIN	62,392	173,109
	501,080	548,384
Deferred capital contribution	4,099,523	4,226,195
	4,600,603	4,774,579
<b>NET ASSETS</b>		
Unfunded payroll obligations	(141,102)	(176,943)
Other activities – unrestricted	402,547	366,655
	261,445	189,712
	<b>4,862,048</b>	<b>4,964,291</b>

## SUMMARY STATEMENT OF OPERATIONS FOR YEAR ENDED MARCH 31, 2016

<b>Revenues</b>		
Toronto Central LHIN	\$ 6,889,370	\$ 6,772,216
City of Toronto	286,303	177,997
AIDS Bureau – MOHLTC	91,231	91,231
Public Health Agency of Canada	83,992	84,000
Other grants, fees and other income	448,057	559,297
	<b>7,798,953</b>	<b>7,684,741</b>
<b>Expenses</b>		
Salaries and benefits	6,293,179	6,382,033
Occupancy costs	320,382	373,516
General and operating	1,090,614	953,708
Depreciation expense	23,045	23,045
	<b>7,727,220</b>	<b>7,732,302</b>
Excess of revenues over expenses for the year	<b>\$ 71,733</b>	<b>\$ (47,561)</b>

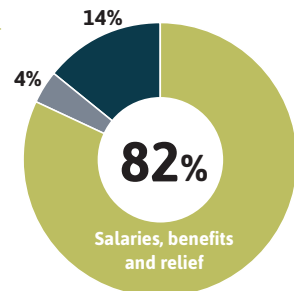
### REVENUES

Toronto Central LHIN	88%
Other grants	8%
Public Health Agency of Canada	1%
AIDS Bureau MOHLTC	1%
City of Toronto	4%

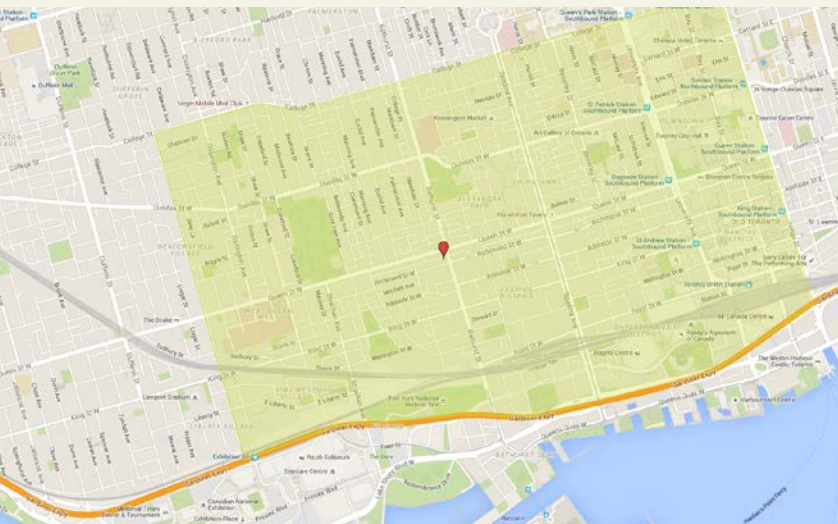


### EXPENSES

Salaries, benefits and relief	82%
General and operating	14%
Occupancy costs	4%



# QUEEN WEST – CENTRAL TORONTO COMMUNITY HEALTH CENTRE



## CATCHMENT AREA

Our services are available for people living in our catchment area which is: Dovercourt to Yonge, College to Lakeshore.

### FIND US

168 Bathurst Street  
Toronto ON M5V 2R4

### Counselling Services

Phone: (416) 703-8482

### Health Services

Phone: (416) 703-8480

### Dental Services

Phone: (416) 703-8481

### Community Programs

Phone: (416) 703-8482

### Administration

Phone: (416) 703-8482

VISIT US @ [www.ctchc.org](http://www.ctchc.org)

### Regular Hours are:

Mon. Fri.: 9:00 a.m. to 4:00 p.m.  
Tues.: 1:30 to 4:00 p.m.

### Second Floor Health Centre

#### Extended Hours are:

Mon./Wed./Thurs.: 8:00 a.m. to 8:00 p.m.  
Tues.: 1:30 to 8:00 p.m.  
Fri.: 8:00 a.m. to 5:00 p.m.

\*Appointments are required before 9:00 a.m. and after 4:00 p.m. to enter the centre.

### Dental Clinic Hours are:

Mon./Wed./Fri.: 9:00 a.m. to 12:00 p.m.  
and 1:30 to 5:00 p.m.  
Tues.: CLOSED  
Thurs.: 10:00 a.m. to 2:00 p.m.  
and 3:00 to 8:00 p.m.

### FUNDERS



Queen West  
Central Toronto  
Community Health Centre

