ANNUAL REPORT 2020-2021



PARKDALE QUEEN WEST Community Health Centre

RY

5Ps clients preparing for an outdoor group program



VISION INCLUSIVE COMMUNITIES. RESPONSIVE HEALTHCARE. HEALTHIER LIVES.

MISSION

PROVIDING EQUITABLE, ACCESSIBLE URBAN HEALTHCARE FOR PEOPLE WHERE, WHEN AND HOW THEY NEED IT.

VALUES CLIENT-CENTRED.

COMMUNITY RESPONSIVENESS. SOCIAL JUSTICE. EQUITY AND ACCESS. CAPACITY BUILDING.



Lisa Druchok President



Angela Robertson Executive Director

A MESSAGE FROM THE PRESIDENT AND EXECUTIVE DIRECTOR

Over the past year, Parkdale Queen West Community Health Centre's staff and Board of Directors have been working to live up to our mission by Acting Now to Secure Recovery for All!

The COVID-19 pandemic continued to be challenging for people in the Parkdale and Queen West communities. The

pandemic worsened health disparities caused by systemic racism and poverty. People lost their jobs and many worked exposed to added health risks. Overdose rates and deaths increased as the poisoned drug supply became even more toxic. Housing insecurity grew. It is well documented that the pandemic disproportionately affected marginalized communities and exacerbated existing inequality.

When governments shifted focus to addressing the health and economic fallout of the pandemic, Parkdale Queen West rooted our recovery efforts in our values and vision of inclusive communities. Our priority remained to care for the health and well-being of clients and address the deeper, structural causes of inequality.

As we reflect on the work and accomplishments of 2020, it is with deep gratitude to staff for their unending dedication to supporting clients and keeping Parkdale Queen West open during this intense and unprecedented time. Staff actively listened to clients' needs and responded with client-centred services and programs that provided community members with the continuous primary care, harm reduction and overdose prevention services, counselling, COVID-19 support, wellness checks, and health promotion programs needed to secure physical and mental health during the pandemic and for the future.

One of the ways Parkdale Queen West's work ensured that everyone is part of pandemic recovery is through the Mobile Health Clinic, powered by Telus *Health For Good* initiative. In January, the Mobile Health Clinic, in partnership with the University Health Network's (UHN) Social Medicine Program and Telus, started bringing essential primary care and harm reduction services directly to people in our community who are marginalized, homeless and have difficulty accessing quality health care services. The Mobile Health Clinic team addressed COVID-19 vaccine inequity by leading vaccination efforts locally in the Parkdale and Queen West communities with pop-up clinics and brought testing and immunization to clients of our partnering organizations across the Mid-West area. Nowhere is our work to secure recovery for all more evident than in efforts that led and supported work at the COVID-19 Isolation Recovery Site for people who are homeless or living in shelters. With the City of Toronto's Shelter, Support & Housing Administration, UHN, The Neighbourhood Group, and Inner-City Health Associates, PQWCHC brought harm reduction staffing complement to deliver the right kinds of supports to meet clients' needs so they could remain in isolation or quarantined. Since opening the service in April 2020, we have collectively supported over 3,000 clients.

This past year saw the expansion of the number of harm reduction services offered to save lives due to accidental overdose death as the toxic drug supply continues to be further contaminated. The Supervised Consumption Service (SCS) remained open throughout the pandemic, providing life-saving overdose support and drug checking services, and we completed construction of the new space for the SCS at our Parkdale location. Harm reduction workers brought services and supports to neighbouring encampment residents. Most notably, after successfully advocating with the Toronto Board of Health, harm reduction principles and practices were brought directly into shelters and temporary sheltering sites to respond to the increasing numbers of overdoses.

Throughout it all, Parkdale Queen West CHC's primary care, counselling and health promotion teams continued to deliver seamless quality care through innovative

virtual means. Those teams are seeing many new clients with increasingly complex health conditions and for the first time in many years, we unfortunately have a waiting list for counselling services. For the upcoming year we are looking at ways to expand our service capacity as we know COVID-19 isolation has exacerbated pre-existing health conditions giving rise to these increased service needs.

The work that we do and have been doing for the past four years was reviewed through our accreditation process in late

March. Accreditation provides an external review of our Centre's operations in relation to accepted standards of good practice and risk management. Standards address all aspects of the organization, including governance, management, programs and services. It is also a system to promote learning, improvement, excellence and innovation. It was a joy to hear the accreditors identified us as having "an abundance of strengths" as they confirmed our accreditation approval. We are proud of our accreditation and staff teams and the positive impact of their work on the clients we serve. A resounding congratulations and we look forward to our next accreditation in 2025.



Canadian Centre for Accreditation Excellence in community services

Centre canadien de l'agrément L'excellence en matière de services communautaires

The Board of Directors and staff would like to thank members, donors, supporters, and community members for believing in our work. Without your support the successes over the past year would not have been possible, thank you for helping us act to secure recovery for all!



PRIMARY CARE AND MENTAL HEALTH SERVICES

"I really liked the video format. It spared significant time and energy by avoiding the travel. I did come in for an in-person appointment, and that was also super helpful."

ADULTI

– PQW client

Who would have thought it would take a pandemic to force the province's healthcare system to embrace virtual

technology? When COVID-19 was declared a pandemic in March 2020, Parkdale Queen West began to immediately explore how to deliver care virtually in a way that was user-friendly to both clients and staff, and in ways that met privacy requirements under provincial legislation. The Ontario Information and Privacy Commissioner quickly responded to the pandemic by declaring that healthcare systems needed to follow privacy requirements to the best of its ability, even if not perfectly. The Ontario Medical Association released an analysis of available applications both in terms of usability and privacy and our primary care teams chose to use Doxy.me for virtual care, in addition to the old-fashioned telephone.



Given all the unknowns about the COVID-19 virus in the early days of the pandemic, such as how quickly or easily it spread, the transmission route (droplet vs. airborne), who was most at risk, etc., we tried as much as possible to limit the number of staff and clients on-site at our Centre. This meant that only about half of our Physicians, Nurse Practitioners and Nurses were on-site at any given time:

- Many of our allied health providers (Dietitians, Physiotherapists, Chiropodists) came into the centre 1-2 times a week.
- Appointments were spread out to ensure the waiting rooms could accommodate a 6-foot distance between clients.

We needed to order a substantial supply of Personal Protective Equipment (PPE), including masks, gloves, gowns, eye protection, and this became a challenge as the supply chain started to dry up.

As we moved from the first wave, second wave and third wave, the team modified its work as needed. Over time, more people came on-site to do in-person work, and by the end of March 2021, PPE became more plentiful. In February, primary care was finally offered access to COVID-19 vaccines and as we moved into April, most staff had received their first dose of vaccine. At the time of this report, 95% of Parkdale Queen West staff are fully vaccinated.

What was obvious during this year was the number of clients experiencing distress as a result of

COVID-19. Our primary care providers noted this, resulting in a significant increase in referrals to our mental health team. The counsellors also faced a deluge of external agencies and individuals asking to access our services. By early 2021, we had to stop taking external referrals because our list of internal clients waiting for service had increased substantially. Our year-end statistics show that the overall number of clients served was far below target, but the number of client interactions far exceeded the target. This demonstrates the significant distress our current clients were experiencing and the need to touch base with them more frequently.

⁶Our mental health team began delivering virtual service to clients in March 2020. The team chose to use Zoom for both individual and group counselling, as well as the phone for individual counselling sessions. The shift was distressing for some clients who prefer face-to-face interactions and was a relief to other clients who did not want to unnecessarily leave their homes because of COVID-19. And as with primary care clients, virtual care has proven to be a benefit and convenience to people who work outside of their home, as it eliminates travel time.

MOBILE HEALTH CLINIC -TELUS HEALTH FOR GOOD INITIATIVE

Parkdale Queen West's long-time dream of bringing mobile health services to our communities came at a most crucial time. In

January, our Mobile Health Clinic, in partnership with the University Health Network's Social Medicine Program and Telus, started bringing essential primary care and harm reduction services directly to people in our community who are marginalized, homeless and have difficulty accessing quality health care services.

Powered by Telus Health, the mobile clinic is equipped with all the components to work as a health clinic, including medical equipment and technology you would find in any other clinic:

- Wi-Fi to get access to clients' medical records;
- harm reduction supplies;
- a reception area for client intake and mental health support; and
- a physician/nursing workstation with an examination table.

The mobile clinic was delivered to Parkdale Queen West on January 11, 2021. It was ready for deployment (after we had it plated, insured and snow tires installed) on February 18, 2021. We had considerable media interest in the clinic and our clinic lead, Raymond Macaraeg, Nurse Practitioner, was interviewed by various news outlets including City News, CTV, Punjabi Television, and Toronto Life Magazine.

In Toronto, Community Health Centres had been identified to assist with mobile COVID testing and vaccine deployment. We chose to use our new Mobile Health Unit to assist in this endeavour. In partnership with University Health Network Social Medicine Program, Inner City Health Associates and Women's College Hospital, we attended (and continue to attend) dozens of shelters, boarding homes and other group living settings to offer vaccination to clients and staff. We brought the clinic to each testing/vaccine site we have attended. This was partly to socialize our partners to our new clinic, and partly to disperse harm reduction supplies, when appropriate and requested. The ramp up of services for early 2021 is demonstrated here:

INTERVENTION	TOTAL	JAN	FEB	MAR
Number of COVID-19 tests or assessment (2021)	170	11	39	120
Number of COVID-19 vaccinations (2021)	341	0	0	341

The mobile health unit will continue to deliver vaccine services throughout the Mid-West Toronto region and is planning to start delivering primary care in the fall of 2021.



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OUR COVID-19 VACCINATION EFFORTS

2,300 doses at sheltering sites

We have engaged with multiple vaccination efforts to increase access to vaccines, particularly for marginalized communities. Our vaccinating work has occurred throughout our catchment area and beyond.

- We have provided nearly 2,300 doses at encampments, sheltering and congregate living areas, and boarding homes, in partnership with University Health Network (UHN), Inner City Health Associates and Women's College Hospital.
- We have partnered with many community agencies to vaccinate their clients on-site and with trusted agency staff members present.

Vaccine rate increased in low uptake communities

Recognizing that some populations need particular interventions to address vaccine barriers and hesitancy, our team has led three vaccine clinics at our Parkdale location with a focus on the Hungarian-speaking Roma community. These events were in partnership with the Hungarianspeaking staff at Culturelink and West Neighbourhood House and included food, live music, and prizes for attending.

• We had seen low rates of vaccine uptake in this community but were able to deliver over 50 doses through these clinics.

We were also able to partner closely with Anishnawbe Health Toronto to bring an Indigenous-focused vaccine clinic to our Queen West location in order to vaccinate members of the Niiwin Wendaanimak wellness program.

• Over 100 doses were administered through these clinics.

Thousands vaccinated at weekend pop-ups

We ran a weekend pop-up for essential workers, migrants without OHIP and communities facing other barriers in partnership with the Workers Action Centre, Migrant Workers Alliance for Change and Women's College Hospital.

• Over 1,900 people were vaccinated.

We have further assisted in partnerships in priority neighbourhoods, particularly at clinics for Black, African, and Caribbean Communities (led by the Jamaican Canadian Association, CAFCAN, Black Creek CHC, UHN and their Social Medicine team and the Black Physicians Association of Ontario – Black Vaccinator Initiative).

• 1,000's of doses were administered.

We were also there supporting Black Creek CHC who led the first mass vaccination pop-up in mid April 2021 in Jane-Finch community, with over 2000 people immunized over a weekend.



Barrier-free clinics for clients

We started a weekly clinic at our Queen West location with a primary focus on our clients and other community members who would benefit from a small, barrier-free clinic.

- This included two clinic days dedicated to our clients aged 80+ and their caregivers.
- Nearly 500 doses were administered through these clinics.

Pictured above: Parkdale Queen West staff at COVID pop-up testing in the community

Large community pop-up clinics prove successful

We have also been able to scale up and support or lead large community pop-up clinics, including a clinic in partnership with the Toronto Public Library, Parkdale Branch and University Health Network.

• Nearly 500 people were vaccinated over a weekend at this clinic, all residents of Parkdale.

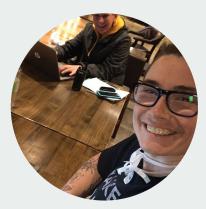
In partnership with Women's College Hospital, the Toronto District School Board, and Unison Health and Community Services, we supported a vaccine clinic at Parkdale Collegiate Institute.

• Over 1,000 people aged 12+ who lived, worked, or studied in Parkdale were vaccinated. This large ramp-up of vaccine effort has been possible through dedicated staffing support and strong community partnerships as well as deep trust from our clients and the wider community.

We acknowledge this and are grateful for the opportunity to do our part to increase vaccine access to communities who have been disproportionately impacted by the effects of COVID-19 and exacerbated by long standing structural inequalities.

PQW'S VERY OWN COVID-19 CHAMPIONS

While Parkdale Queen West staff and peer workers were all champions during this very difficult year, three stand out for special mention:



Gab Laurence, Manager Urban Health/Harm Reduction

People sometimes describe those devoted to their work as being "married to the job". Maybe not married, but certainly living with her work, Gab took up residence in a room on the top floor of the COVID-19 isolation hotel for several months at the start of the pandemic as the manager responsible for harm reduction supports and service. Gab's ongoing commitment to delivering quality harm reduction services to people who are marginalized and experience homelessness became ever so clear during these difficult times. Gab and the harm reduction team, in collaboration with partner organizations, have been instrumental in providing a welcoming and dignified space for people experiencing homelessness to recover from COVID-19



Raymond Macaraeg Nurse Practitioner

As the Operations Lead of our new mobile health clinic, Raymond and colleagues have brought testing and immunization to the communities we serve and clients of our partnering organizations across the Mid-West area from the start Bringing mobile services to people who are marginalized, homeless, and have difficulty accessing guality health care services has been a vision of Raymond for over 18 years. In keeping with our mission to 'providing equitable, accessible urban healthcare for people where, when and how they need it', Raymond adjusts his service hours, as early as 7:30 am, to accommodate COVID-19 testing and immunization for people living in shelters and who otherwise could not be reached



Cynthia Pun Physician

Cynthia was quick to respond to Parkdale Queen West's COVID-19 efforts early in 2020 by helping us access personal protective equipment (PPE) for staff and clients at a time when PPE was almost a "commodity". This much-needed resource helped staff deliver on-site services to clients and the larger community when many services were offered primarily through virtual platforms. In addition, Cynthia took a leading role in communicating to staff about all things related to COVID-19, both nationally and internationally. She created "Cynthia's corner", a staff portal, to keep staff abreast of the latest COVID-19 vaccine developments, all while challenging misinformation and bringing the best COVID-19 information available.



– POW client

HEALTH PROMOTION & COMMUNITY ENGAGEMENT

"I am very happy with how you all are handling COVID-19, from virtual appointments to constantly adapting to new changes to provide services and care. I am grateful for what you do and offer. I know you are doing the best you can given the circumstances." Health Promotion PQWCHC









Seniors from the WOW (Wonderful, Organized, Wiser) group meet virtually for an interactive theatre project.



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ADAPTING TO CHANGE IN A CHANGING ENVIRONMENT

For a team that does most of its work in-person, and in group settings, the pandemic necessitated a significant change to the way services are delivered. The team was

successfully able to move many programs onto virtual platforms while also ensuring that needed in-person services continued with appropriate safety measures put in place. Some services were paused in this period, namely all childcare services and any on-site meal or cooking programs. With the pause of some of our group programming, the Health Promotion team began doing regular wellness calls to clients who may have been isolated with the pandemic restrictions: Over a thousand wellness calls were made in the first six months of the pandemic.

In the summer of 2020, our team completed a survey with 165 clients, assessing their experiences of virtual services.

87% of respondents indicated that they were satisfied with virtual services and noted that they appreciated the convenience and reduction in wait times.

Some of the challenges identified with virtual services include:

- clients wanting a choice in either a phone, video, or in-person appointment,
- issues with technology, and
- a desire for more on-line or virtual options, such as appointment scheduling and messaging with providers.

We will incorporate this feedback into our ongoing virtual work.

SENIORS SERVICES

Our seniors program remained active this year,

albeit virtually. A large thank you to the New Horizons program for Seniors, which funded a program to teach seniors how to use tablets and navigate virtual platforms. Technology has been an instrumental way to continue providing support to low-income, marginalized and socially isolated seniors. Many of the programs that seniors had accessed inperson continued virtually, including our weekly social and educational group, popular theatre programming, and regular exercise programming. The weekly and ongoing programs, such as "Positivity and Learning" and "Apart but Together" have been highly successful and well attended.

According to many seniors attending, these programs have been their most important support during the first year of the pandemic crisis. Virtual programs have allowed them to remain in contact with their friends and Parkdale Queen West programs, while remaining physically and mentally active.

Still, we managed to offer in-person Nordic Pole Walking sessions for seniors during the fall of 2020. The Lake Shore Boulevard in Toronto provided the perfect venue to maintain required physical distance while breaking social isolation.





Video for Nail Technicians produced by the Nail Technicians Network.

HEALTHY NAIL SALON PROGRAM

Given the large impacts on the discount salon sector with the series of closures and lockdowns, the Healthy Nail Salon program was exceptionally

busy. The team conducted individual outreach to nail technicians during the COVID-19 pandemic closures, hosted webinars on government benefits and supports, and initiated a formal membership drive for the Nail Technicians Network (NTN) to increase the reach of the program: we currently have 75 formal members. Nail technicians were invited to participate in a photovoice project documenting their experiences of the pandemic.



The Healthy Nail Salon program has also ensured that there was a strong liaison with salons and government agencies related to safe re-opening of the sector. This included conducting a scan of the cleaning products and practices used in response to COVID-19 and the creation of a guide for salons on how to follow enhanced disinfecting and cleaning guidelines while also protecting the occupational health of workers in the salons. In addition, they produced a video, showcasing the NTN for recruitment of new NTN members. Follow this link to watch the video: https://www.youtube.com/watch?v=sYsmiDIY8yc

The rise in anti-Asian racism connected with COVID-19 was felt heavily in the discount salon sector and impacted upon the mental health and wellbeing of many workers. We engaged with

capacity building with the peer outreach team to support workers with mental health struggles and experiences with anti-Asian racism, hosted a webinar on coping with anti-Asian racism in salons, and created a pocket guide for workers on how to respond to incidents of anti-Asian racism at work and in the community.

Through media interviews, podcast appearances, guest lectures in college programs, and ongoing partnership work, we continue to expand the reach and voice of the NTN. Our team was instrumental in supporting the new Manicure and Pedicure certificate training program with the Centre for Immigrant and Community Services. Thank you to our partners and granting agencies for ensuring that this important work continues.

PERINATAL PROGRAMS

Adjusting our perinatal programs from inperson, group, programming to a virtual environment has been quite a shift for staff and clients, but we have made it work! To

ensure that clients could receive the level of attention that they had received in person, our staff teams did one-on-one case management visits (virtually and in-person) as well as bi-monthly group virtual education sessions and in-person visits or drop-offs of essential items such as grocery cards, newborn supplies, and food from our food bank.

Food insecurity has increased during the pandemic, and this has been felt deeply by our perinatal program participants. Our regular food bank distribution through 5Ps was augmented through non-perishable food hamper donations from Feed Ontario, the purchase of Good Food Boxes for families, and increased grocery cards for program participants.

Our partnership with the University of Toronto continues and has led to several academic publications related to infant feeding, family food insecurity, and perinatal program participation.

A virtual Mother's Day celebration – Nothing short of inspiring was the 5Ps virtual Mother's Day celebration. Staff put together a heart-warming PowerPoint presentation based on poems and pictures that clients shared about what motherhood/parenthood meant for them. These included stories of loss and pregnancy during the pandemic, including the story of a whole family with children who contracted COVID. Prior to the virtual meeting, clients received a mailed-out gift card and a poem.

> to you who have a child to you who are expecting to you who have had a loss to you who did not choose this to you who cannot be with your child no matter how you came to be a mother or caregiver we see you, we are thinking of you, we send gratitude & care for you on Mother's Day / Parent's Day

NIIWIN WENDAANIMAK (FOUR WINDS) WELLNESS PROGRAM

Words from the Niiwin Wendaanimak staff team

Thank you to our community partners that have supported our members throughout the COVID period with hand drumming and singing, ongoing ceremonies with our Elders, building a sacred fire pit in the garden at the Parkdale site and providing food cards from the Indigenous COVID Response team. Membership numbers have been consistent, and we have continued to provide meals and do outreach on the streets as well as gatherings at Alexandra Park.

Through a grant from Park People, we were able to:

Highlight the Elders Mural Walk to Lower Simcoe Street and hold our Indigenous Day Celebrations/Ceremony to honor Nibi (water) and Aki (Mother Earth) at Trillium Park while honoring one of our seniors in her dance out to community. Ceremony has been more critical in this time, and we are fortunate to have been able to focus on this as an ongoing spiritual healing modality for our people. We have been able to hold regular Equinox and Solstice Celebrations at each location throughout the pandemic, welcoming traditional dance and drumming demonstrations, traditional feast, and giveaways to our members. We have recently begun to offer monthly Moon painting workshops with members as our Counsellor/Case Manager is also trained in art therapy.

Through a grant from the City of Toronto, we were able

to: Expand our program offerings to include more harm reduction education and cultural wellness workshops – such as beading, hide glove-making, and salve-making – and cultural teachings around water and fire, the drum, two spirit roles, and berries. With these funds, we were also able to hold more Sacred Fires and have hired a Traditional Knowledge Keeper to be available to members.



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BAAMAAPII (SEE YOU AGAIN) BEAUTIFUL ONES

By Karen Seidel, Indigenous Counsellor/ Case Manager

I would like to share a piece I painted to honour the 215 Secwepemc children at Kamloops Residential School, Vivian Recollet received a poem/prayer from Jacob Wemigwans of Wiikwemkoong Unceded Territory First Nation. Using the platform of art, I created a backdrop for the poem to depict the flight and release of all 215 orange spirits. The Thunderbird guides the children while making way their way home back to the spirit world. I wasn't sure about giving space to the school, however, it's a fact they existed. It doesn't get centre stage, nor did I give time/detail to the building. The roots and underbelly of the school begin to separate from the land, as we begin to heal and acknowledge.

Since creating this piece, the number of uncovered graves has risen from 215 to well over a thousand. The Truth and Reconciliation Commission estimates an additional 3,200 graves to be discovered. Though the number may rise, we will not forget those lost in transition between earth and spirit world. Each unveiling releases a child's spirit to fly away home. Baamaapii beautiful ones.

Poem by Jacob Wemigwans Wiikwemikoong Anishinaabemowin Group - June 2, 2021 Piichi Zhesewat limikiik asthe thunder beines Walk Back Asthe thunder beines Walk Back Gitkamik Neveap giizhigoong From the ground back to the heavens Nevaap ni Giivenat ninda niizhwaak shi ndaaswi Shinaanan Jijaakwan Ataking home 215 Spirits Mii gegwa gii maajtaamgak gimiwang and. it Started to Fairl Shkakimakwe gey gii Miwi Mother earth is crying Also Noondwaan niibina anishinaa bem biibaa gidemnit She hears the outcry of the Many Anishinaabek noo Powenesigan Maaiidoon ezhi Maanaadendimaa genii

K noo privienesigan mbajidoon ezhi maanaadendima mysmudge takes the Sodness I feel bizindimaa bekaatek I listen to the Stillness Ndoo NoondWaa de'igan I hear the drum hinoa winh de

a child's heartbeat Mi JiingWewe nim Kii the thunder rumbles dishKoo binoojiinh mowesidebtoot like the Pitter Patter of a child running by gekpii Kii digoshinom bekaadendimowining You finally reach Your Peace

Providing harm reduction supplies at one of the City of Toronto shelters

ale Queen

oile Hea

URBAN HEALTH SERVICES – HARM REDUCTION, UNSHELTERED AND HOMELESSNESS

"There is an honest sense of being cared for when I use your services. Parkdale has a strong and growing presence of community support and social organization and outreach (it's needed). Parkdale Queen West CHC is a beacon of and portal to some of these services."

– PQW client

TELUS Hea

THIS YEAR WAS NOT BUSINESS AS USUAL

SAFE CONSUMPTION SERVICE (SCS)/CONSUMPTION & TREATMENT SERVICE (CTS)

Overall, COVID-19 had a large impact on the operations of the SCS/CTS, most notably the decline in attendance in our service. Physical distancing guidelines necessitated a reduction in the number of consumption booths available. We have temporarily removed our "chill out" space and added a temporary consumption booth, thereby only reducing availability by one booth. Additionally, changing demographics in Toronto had an impact on the overall service trends for the SCS/CTS Parkdale site. The expansion of COVID-19 sheltering hotels moved many regular service users out of Toronto's west end. Increasing homeless encampments in the neighbourhood brought new clients into the SCS/CTS service.

Ontario's Chief Coroner reports that from April 2020 to March 2021, there were 2,684 opioidrelated deaths across the province—a 76% increase over the previous year that saw 1,524 deaths. Alarmingly, in March 2021 alone, 246 confirmed and probable opioid-related deaths were reported. Urgent action is needed, and Harm Reduction policy makers and drug users have been advocating for interventions such as supporting safer supply and decriminalization.

In response to COVID-19 safety precautions, SCS/CTS staff adapted overdose response interventions to decrease any potential concern with the use of high flow oxygen in the service. This was particularly important as high flow oxygen requires the use of a N95 mask and it was almost impossible to purchase these at the height of the pandemic, as most suppliers (including the provincial stockpiles) were reserving N95s for hospital and long-term care use. By providing earlier interventions to decreasing vitals, SCS/CTS staff administer supplemental oxygen with a flow rate under 6L administered via nasal cannula when people's oxygen saturation percentage is the midhigh 80s. This has proven to be an effective way to provide overdose intervention and was a key learning around less invasive overdose response.

We have seen an increase in Benzodiazepines in the drug supply and this had a significant impact on the SCS/CTS service. Long periods of deep, unrousable sedation are accompanied by an after effect of confusion and amnesia. These states can last over an hour. These long periods of unresponsiveness are not always accompanied by a decrease in vitals and require vigilant monitoring by SCS/CTS staff and can impact service access by other clients through longer wait times or inaccessible service.



Access to information for many SCS/CTS clients related to COVID-19 was more limited. We found many clients had misinformation or did not take precautions seriously. The need for targeted education campaigns and various mediums is critical for the folks we support who may have limited access to on line media or television and may have varying literacy skills. The SCS/CTS undertook educational interventions thought fact sheets, poster creation, talking points and one-to-one information sharing with clients.

Pictured left: Staff from Inner City Health Associates and Parkdale Queen West working together at the Recovery Sites where we opened overdose prevention services

Personal protective equipment requirements meant that staff had to engage with clients with additional physical barriers. For people who are unsheltered/homeless, use substances, and experience mental health challenges, many experienced the restrictions and barriers negatively and had a difficult time relating and connecting to supports and services. We also focused on ways we could increase clients' sense of connectedness to the service. Some interventions included increasing access to food supports, maintaining washroom access for the community and being more flexible with time limits at booths.

We supported **218**

overdose interventions that otherwise could have resulted in fatalities.

QUEEN WEST Community Health Centre ccessib Safer Opioid Supply funding announcement for Toronto sites. Left to right: Julie Dzerowicz, MP; Jason Altenberg, South Riverdale CHC; Emmet O'Reilly, South Riverdale CHC; Nathaniel Erskine-Smith, MP, Angela Robertson, Parkdale Queen West CHC, Arif Varani, MP; Adam Vaughan, MP; Councillor Joe Cressy

SAFER OPIOID SUPPLY (SOS)

Parkdale Queen West received SUAP (Substance Use and Addictions Program) pilot funding from Health Canada to support the scaling up of safer opioid supply (SOS) work, which we began on a small scale in early 2019, led by MD Nanky

Rai. Safer supply refers to providing prescribed medications as a safer alternative to the toxic street drug supply to people who are at high risk of overdose. Safer supply services can help prevent overdoses and help people improve their quality of life. Our robust multidisciplinary team includes MD's, NP's, RN's, RPN's, a Case Manager and Health Navigators to support people with their various health and social needs. Most of our clients access daily dispensing through the pharmacy.

Unique to our Parkdale site, we have the "Observed Arm" of the program for five to six SOS clients who have significant health and substance complexities. In this space, client doses are observed by our two RPNs. Once clients stabilize in this part of the program, they move to daily dispense.

• We have seen over 100 clients come through the SOS program over the pilot period; and

• We expect to see 175 over the next funding period, ending March 2023.

We continue to work on finding opportunities to sustain the program and ask for our community to advocate for provincial health system to fund SOS programs. As we continue to experience exceedingly high demands for SOS, we managed to secure project funding to expand these services. We are in the process of building out our SOS Mobile Team who are tasked with supporting people in shelter/respite/recovery site and encampments to address some of the continuity of care gaps for people with limited access to SOS in those settings. The teams rely on the expertise and guidance of our community advisory groups, made up of individuals currently accessing SOS services, who help provide invaluable insight to help us continuously improve our services. We have exciting times ahead as we continue to grow and develop innovative health and social services for people who use drugs informed by people who use drugs.

INTEGRATED PREVENTION AND HARM REDUCTION INITIATIVE (IPHARE)

iPHARE is a City of Toronto-funded, multi-pronged collaboration that was developed in response to the substantial rise in fatal opioid overdoses and shelter-related deaths during the pandemic. Since December 2020, Parkdale Queen West has partnered with five community health services, including three CHC's and six shelter operators across the GTA as well as integrated peer services in response to this crisis.

The iPHARE Harm Reduction Coordinator team provides low-barrier client-centered programming, tools, training and services within physical distancing shelters with the goal of increasing harm reduction support within shelters, decreasing stigma and isolation affiliated with substance use, and linking residents to clinical care and social supports.

Since iPHARE's induction:

771	residents connected to harm reduction clinical supports, inclusive of SOS connections.
479	shelter staff trained in overdose prevention, response and harm reduction interventions including Oxygen use.

2,318 resident check-ins and engagements including connections to employment, housing, and counselling services.

Additionally, iPHARE Harm Reduction Coordinators implemented mail-order HIV self-tests, developed resident discussion and social groups related to health, substance use and harm reduction and implemented kit access and disposal services.



"You guys are amazing! The staff here are really great, you guys really do an amazing job and we appreciate it".

- PQW client about the Managed Alcohol Program

COVID-19 RECOVERY SITES

On April 7, 2020, Parkdale Queen West Community Health Centre, in collaboration with The City of Toronto, Inner City Health Associates, University Health Network and The Neighbourhood Group, received the first clients at the COVID Recovery and Isolation Hotel Program.

On day one all the services and supports available now were not in place just yet. We knew that folks were going to need harm reduction support and we could predict certain trends from experience. What we could not predict was anything about how COVID was going to impact the people we would be supporting. Everything was unprecedented.

The Harm Reduction team at the hotel did intakes with each client to determine specific needs for supports. Initially, there was barrierfree access to supplies and disposal equipment and soon after opening, we started managed alcohol programming to provide clients with the necessary support to isolate safely and in comfort.

During the first wave, we had a constant flow of clients in need of harm reduction support with alcohol and substance use as well as huge waves of clients who were coming to the site from refugee shelters. These clients needed much of the same supports, and we were able to adapt them to meet their specific circumstances. Harm Reduction workers were engaged in case management centred on immigration. There were many clients for whom their first stop in Canada was the isolation and recovery hotel: they would come immediately after landing at the airport. The team worked closely with the refugee shelters to offer the smoothest referral experience as possible.

By May it was clear that we needed an exemption to operate an Urgent Public Health Needs Site and offer an

overdose prevention service. This coincided with the end of the first wave and the opening of a second site that would focus on "Query" clients. These were people who were awaiting test results or who were close contacts of someone who had tested positive and needed to isolate for 14 days. We had overdose prevention services set up in both sites along with risk-mitigation prescribing.

As Ontario entered the second wave of COVID, both sites amalgamated and operated at the original Recovery and Isolation program site. As the third wave arrived in early 2021, the site was quickly at capacity and there were periods where the numbers and the impact on the community was greater than at any other time during the pandemic. The parallel dual pandemic of the overdose crisis and lethal drug supply has been constant over the past year, and the recovery and isolation teams have remained committed to combatting both pandemics. Services provided included an overdose prevention site (OPS) for Query and for COVID-positive clients, ongoing managed alcohol programming, and the addition of a "harm reduction menu" at the point of intake. In this way, all new clients understood the full range of supports available to them.

Working together, the partners created a model of health and social care, multiple avenues for clients to express their needs and access high-quality social interactions that have been critical to keeping people safely in place. **To-date we have supported over 1,569 clients for over 15,000 days of care.** A thank you to the team of peer workers from The Neighbourhood Group, who led the bulk of the social care work through their support providing wellness checks, social interactions and accompaniment for smoke breaks. Unending thanks as well to the community partners who re-deployed their staff to work at the Recovery Site(s). Staff came from Toronto North Support Services, Breakaway, Casey House, Cota, LAMP CHC, South Riverdale CHC, and staffing agencies Unitas and Taslan.

The recovery site originally operated under a University Health Network hospital designation but as of July 1, 2021, has transferred authority to the City of Toronto as a shelter operator. In addition to the isolation and recovery program, there are now 3 floors being used as a sheltering site. This program has a full complement of harm reduction supports including Overdose



Gab Laurence, Manager, Harm Reduction Services and Richard Kikot, Supervisor, Harm Reduction Services, COVID Recovery Sites

Prevention and Response centred around our injection site, managed alcohol program, and risk mitigation prescribing (shorter term safer supply). With the shelter program comes added housing and case management support with the aim of increasing stability for folks using the service with permanent housing as the goal.

COVID-19 has amplified the urgent need for a range of sustainable affordable and supportive housing solutions and changes in the emergency shelter system to ensure physical distancing and infection prevention and control protocols. As we provide these emergency supports, we also commit to using the lessons learned from this work to inform creating longer-term solutions and system changes to the conditions faced by those in our city who are unsheltered and homeless.

SERVICE IMPACT

000

OVERALL SERVICE UTILIZATION

14,314 ACTIVE CLIENTS

1,340 597

11,896

New primary care clients

New primary care clients - priority population*

Individual face-to-face primary care encounters

30^A

Anonymous HIV testing

* priority population (homeless, youth 15-29, newcomer >5 years, mental health & substance use, income >\$25,000)

DENTAL - PARKDALE

Dental services are provided through partnership with Toronto Public Health (TPH) & George Brown College – West End Oral Health Clinic (WEOHC)

NO CLINICS DUE TO COVID

262

DENTAL - QUEEN WEST

229 Unique clients served

Individual client encounters



ILLNESS PREVENTION/ CHRONIC DISEASE MANAGEMENT RATES



Provincial CHCs= 68%

54[%]

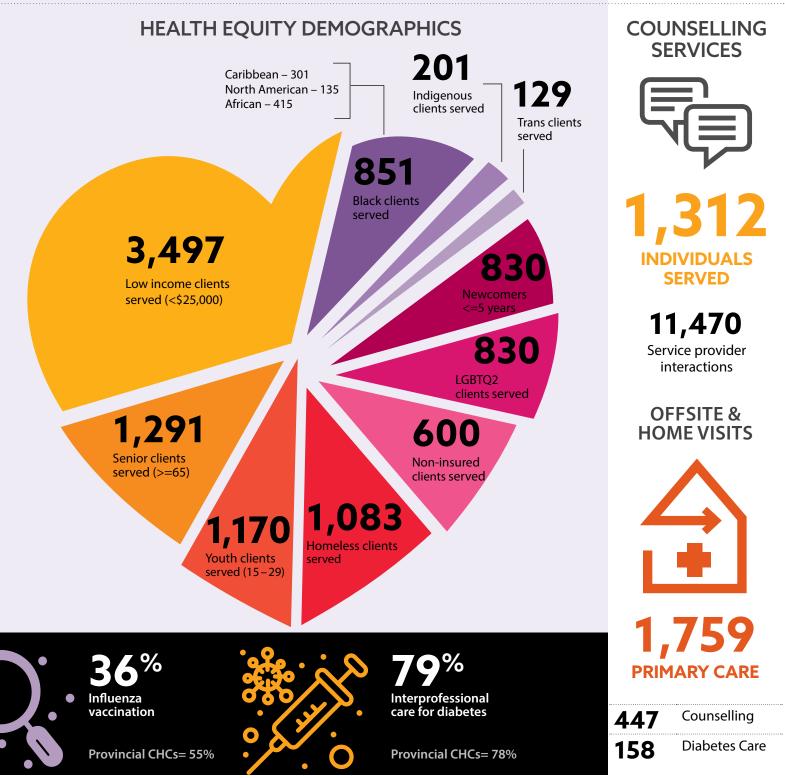
Colorectal cancer screening

Provincial CHCs= 67%



Provincial CHCs= 61%

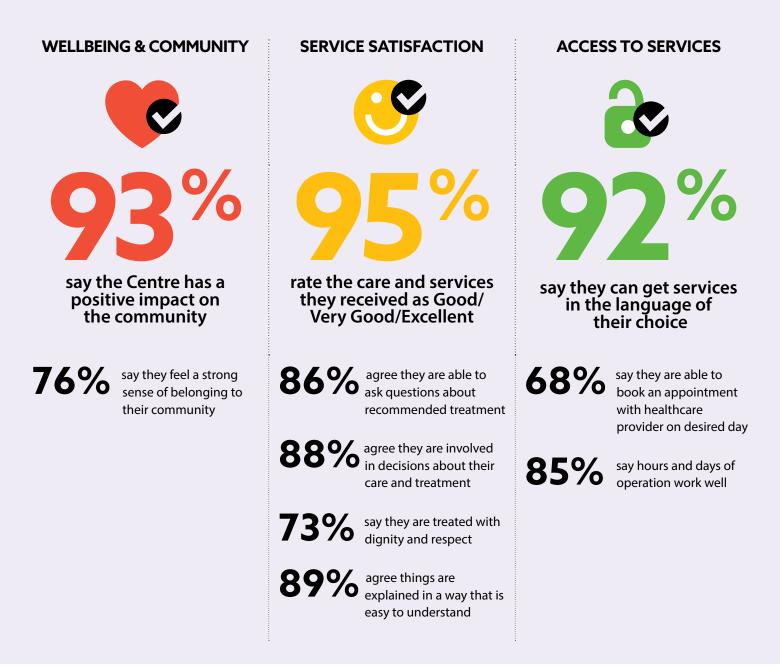
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CLIENT SURVEY: WHAT OUR CLIENTS HAVE TO SAY

Parkdale Queen West strives to provide the best possible care and services for our clients. As part of our continuous care service improvement efforts, we conduct an annual Client Satisfaction Survey to help us understand what we are doing well and what we could improve. This is what they told us:



CLIENT PROFILE

WHAT WE ARE DOING WELL

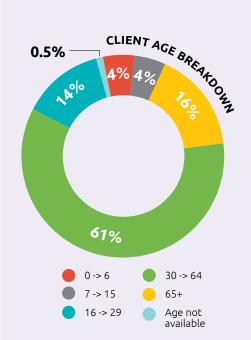
Providers treat clients who use substances with respect and dignity
Respect for clients' autonomy
Good at connecting to external services and organizations
Consistent, high-quality services even during COVID, while also adapting as needed, offering virtual and in-person appointments
Providing services that meet varying needs and inclusive of vulnerable and marginalized populations
Holistic, wrap-around approach to care
Providing free access to services that are fee-based elsewhere and might otherwise be unaffordable

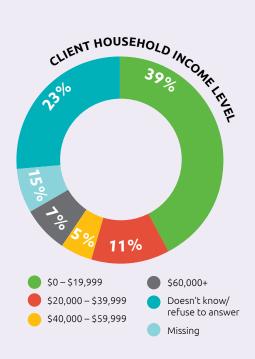
Outreach and harm reduction services

Services are relevant to the community and meet their needs, feeling of connectedness to the community

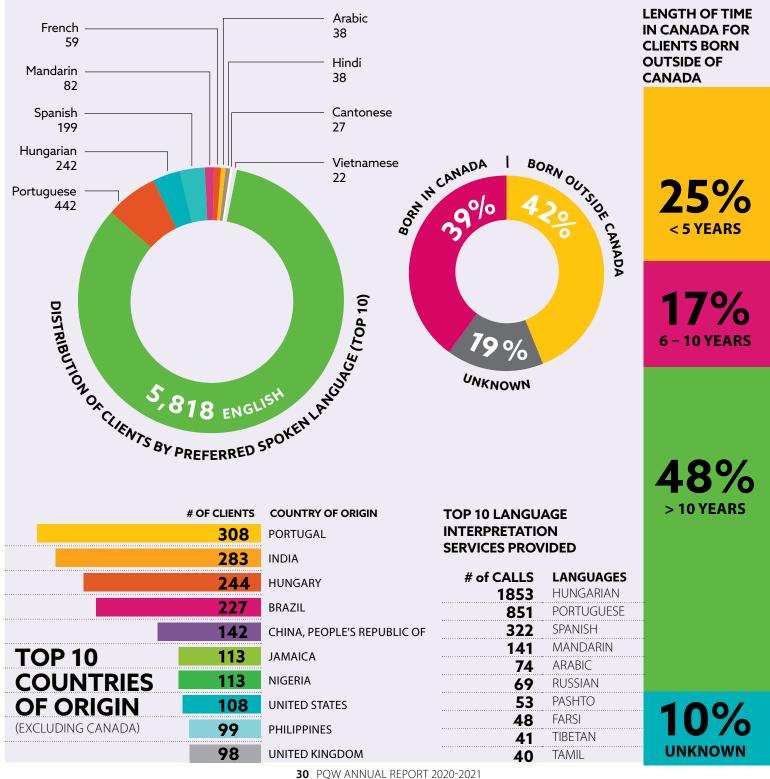
WHAT WE CAN DO BETTER

Better communication between providers and reception staff
Reduce appointment wait-time and in reception area
Providing for more blood work to be done on-site
Ability to get in-person appointments with primary care during COVID
Increase mental health services, especially because of COVID, and remove limits on number of counselling sessions
Increase Trans competency among staff
Make phone system easier to navigate and reduce wait-times on the phone
Better communication about what programs and services are offered
Faster and easier transition to new provider when providers leave/ retire and better communication of this
Make website more user friendly; set up online booking or email communication for booking or quick requests





CLIENT PROFILE

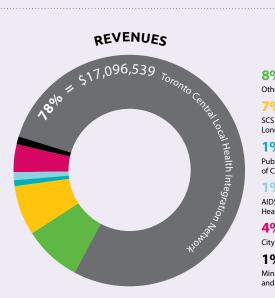


FINANCIAL SUMMARY PROFILE

SUMMARY STATEMENT OF FINANCIAL POSITION for year ended March 31, 2021 ASSETS		2021		2020
Current assets				
Cash and short-term deposit	\$	3,362,067	\$	2,394,701
Accounts receivable and prepaid expenses	_	2,125,177		1,258,384
		5,487,244		3,653,085
Long-term investments		723,862		
Property and equipment		6,691,205		6,855,253
		12,902,311		10,508,338
LIABILITIES				
Current liabilities				
Accounts payable – accrued liabilities and deferred revenue		3,926,034		2,291,930
Accounts payable – Toronto Central LHIN and MOHLTC	_	1,659,033		775,047
		5,585,067		3,066,977
Deferred capital contribution		6,769,632		6,904,958
		12,354,699		9,971,935
NET ASSETS				
Unfunded payroll obligations		(281,701)		(263,644)
Other activities – unrestricted		829,314		800,047
		547,613		536,403
		12,902,312		10,508,338
SUMMARY STATEMENT OF OPERATIONS for year ended March 31, 2021				
REVENUES				
Toronto Central Local Integration Network (TCLHIN)	\$	17,096,539	\$	13,861,050
Ministry of Health and Long Term Care – AIDS Bureau		256,505		301,731
Ministry of Health and Long Term Care – SCS		1,464,448		1,574,968
City of Toronto		882,969		270,262
Public Health Agency of Canada (PHAC)		263,650		263,850
Ministry of Community and Social Services (MCSS)		189,529		180,706
Other grants, fees and other income		1,818,072		1,166,958
Total revenues		21,971,712		17,619,525
EXPENSES				
Salaries and benefits		15,898,598		1/ 079 592
Occupancy costs		934,664		14,078,583 934,547
General and operating		934,004 5,107,773		2,579,475
Depreciation expense		19,467		2,379,473
		21,960,502		
Total expenditures				
Total expenditures Excess of revenues over expenses for the year	\$	\$11,210	Ş	17,612,709 \$6,816

This is a summary of the Audited Financial Statements by Hilborn, LLP. Complete audited financial statements available upon request from the office of the Executive Director.

CORPORATE INFORMATION



BOARD OF DIRECTORS 2020 - 2021

Lisa Druchok, President Shelina Ali, Vice President Lois Fine, Treasurer Bernard King, Secretary John LeFave, Director Kelly Dobbin, Director Nicole Mihajlovic, Director Shahilaa Devaraja, Director

Resigned Marc André Hermanstyne, Vice President Dean Bere, Director

8% = \$1,818,072 Other grants

7% = \$1,464,488SCS – Ministry of Health and Long Term Care

1% = \$263.650Public Health Agency of Canada

1% = \$256,505AIDS Bureau - Ministry of Health and Long-Term Care

4% = \$882,969 City of Toronto

1% = \$189,529 Ministry of Children, Community and Social Services

FUNDERS

Parkdale Queen West CHC wishes to thank all donors for so generously supporting our work over the past year.



Toronto Central Local Health Integration Network



Ministry of HEALTH AND LONG TERM CARE

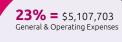
Ministry of CHILDREN, COMMUNITY AND SOCIAL SERVICES





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EXPENSES



4% = \$934,664 Occupancy Costs

73% = \$15,898,598 Salaries & Benefits





La Fondation Emmanuelle Gattuso





Fondation Trillium de l'Ontario



STAFF PROFILE SPOTLIGHT

A good troublemaker: Celebrating Angela Robertson



Angela Robertson, Parkdale Queen West's inspiring leader and the best 'good troublemaker', was recognized this year for her outstanding leadership and contributions to advancing health equity.

The Alliance for Healthier Communities awarded Angela with the Denise Brooks Health Equity Champion Award at its Annual General Meeting in June. This award recognizes an individual who demonstrates outstanding contributions to dismantling barriers to equitable health and championing policies and interventions that challenge discrimination and oppression and address social conditions causing health inequities.

The award recognizes individuals – like Angela – who have made outstanding contributions to poverty reduction, advancing social justice, and who show a strong commitment to anti-oppression, including commitment to addressing racism against Black and Indigenous people.

The Dalla Lana School of Public Health in partnership with Closing the Gap Healthcare, also recognized Angela's extraordinary contributions to advancing health equity during the pandemic through its Pillars of the Pandemic series. The series was created to honour the contributions that health and healthcare professionals and volunteers across Ontario have made to public health and healthcare during the COVID-19 pandemic. Angela's contributions include advocacy and planning for collecting socio-demographic data related to COVID-19 cases, ensuring unsheltered and homeless populations and CHC community testing teams were prioritized for access to vaccinations, leading community, and advancing development of a Black Health Plan and integration of anti-black and anti Indigenous racism strategies in COVID and recovery work.

Angela works tirelessly to dismantle discrimination, oppression, and barriers to equitable health: work that saw people receive dignified care at the COVID recovery sites, the launch of the mobile health bus, a growing vaccination program and expanding harm reduction services based on what people need. The Board of Directors for Parkdale Queen West CHC cannot think of anyone who is more deserving of recognition for these efforts and is grateful for the opportunity to support Angela as she continues to "make good trouble".

MORE THAN 40 YEARS OF SERVICE TO OUR COMMUNITIES

Parkdale Queen West CHC clients and staff have the benefit of being supported by staff with long tenure in the organization, with many joining when the Centres that merged were founded, and many having worked with the Centres for 15 years and more.

Some of those staff have left or retired. We thank them for their long history of serving our communities and for their commitment to providing care in the community health centre model.

ROSIE HENDERSON, NURSE PRACTITIONER QUEEN WEST SITE



Retired in January 2021 after 46 years of dedicated service to the communities of Parkdale Queen West CHC. Rosie provided healthcare to generations of family members, watched clients grow up and move through

challenges and celebrations. Rosie provided parent childminding relief support, grief support, clinical and emotional care, particularly those in the Alexandra Park community where she started and had deep roots caring for generations in a single family.

40 YEARS – Continued on next page

MARY ROSE MACDONALD, PHYSICIAN PARKDALE SITE



Retired in February 2021 after over 32 years of compassionate care to the community of clients in the Parkdale neighbourhood. In the early 1990s Mary Rose and her colleagues laid the foundations of the strong harm reduction program now at Parkdale Queen West. Mary Rose contributed to the opening of the first

Methadone treatment clinic in Ontario at the Parkdale site, and shared the vision for a mobile health clinic as part of the Centre's homelessness response. Mary Rose's foundational contribution enabled the building of a Supervised Consumption Service, the implementation of a Safer Opioid Supply program and the launch of our Mobile Health service supported by Telus Health.

ED LEE, PHYSICIAN PARKDALE SITE



Retired April 2021 after over 30 years of providing compassionate healthcare to the community of clients in the Parkdale neighbourhood. Added to the list of Toronto's HIV primary care physicians, Ed provided nonjudgmental, responsive HIV primary care to hundreds of community members. Ed's work was

instrumental at the first Canadian Accessible AIDS Treatment research report launch in 2001, which led to establishing the compassionate drug program at People With AIDS. He continued to support other innovation programs such as The Blue Door Clinic, a walk-in clinic for people with HIV who do not have health insurance or immigration status in Canada.

KINSEY LEWIS, COUNSELLOR QUEEN WEST SITE



Retired from Queen West in April 2021 after 22 years providing trauma support to hundreds of clients. Kinsey started as a Counsellor in the SHOUT clinic, providing counselling supports to homeless and street-involved young people. Kinsey has been an anchor to many clients and been both a witness and support carrying them

through unspeakable trauma. One client upon hearing of Kinsey's retirement shared "...without her kindness and encouragement... I hate to say it but I probably wouldn't be here today. Kinsey allowed me to open up and share all the horrible things that happened to me without any judgement from her only understanding, solutions and gentle guidance". We will miss Kinsey's sage counsel on organizational matters and her direction on self-care.

ANTHONY LINTON, REGISTERED NURSE QUEEN WEST SITE



Left in June 2021 after 26 years of dedicated service to the Parkdale Queen West communities. Anthony started at the former SHOUT Clinic, providing primary care services to homeless and street involved youth. Anthony initiated a primary care clinic for homeless clients and worked together with

colleagues to offer low barrier, primary care access to some of our most marginalized clients. Anthony's leadership in initiating some of our current long-standing programs includes the Point of Care and HIV anonymous testing program and our urgent care PINC (patients in need) clinic.



PARKDALE QUEEN WEST CONTACT INFORMATION



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PARKDALE SITE

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QUEEN WEST SITE

168 Bathurst Street Toronto, ON M5V 2R4 Tel: 416.703.8482 Fax: (Admin) 416.703.7832 Fax: (Clinical) 416.703.8479



Ontario's Community Health Centres Every One Matters.