



# Annual Report

GUELPH COMMUNITY HEALTH CENTRE 2010-2011 [www.guelphchc.ca](http://www.guelphchc.ca)

## A New Era and a New Perspective *A Message from the Board of Directors*

### Guelph CHC Board of Directors

#### Executive:

President:  
Margaret Hedley  
Vice President:  
Michael Nightingale  
Secretary:  
Jennifer Maddock  
Treasurer:  
Jim Bonk  
Member-at-Large:  
Charles Davidson

#### Directors

Stacey Armstrong  
Cathy Downer  
Pat Giles  
Bruce Ryan  
Mitra Salarvand  
Joan Todd  
Brenda Whiteside

#### Our Vision

Guelph CHC will be a valued leader in a community supportive of those with barriers to well being.

#### Our Mission

We provide innovative primary health services and community programs, mainly for our priority groups, using an interdisciplinary team approach, collaborating with community partners.

#### Main Office

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Guelph ON N1H 8N9  
TEL 519-821-6638  
FAX 519-821-6148

**This year, the Board of Directors gave considerable attention to the Priority Population Review** with Joan Todd leading the steering committee for the project. This review was introduced in the 2009-2010 Annual Report and described in the Guelph CHC Spring 2011 Newsletter. The review report is now in the hands of the board and an overview is the topic of the presentation at the 2010-2011 Annual General Meeting. The challenge now is to consider the consultant's final report and its implications for clients, staff, community partners and the community as a whole to determine the policy position to direct the services of Guelph CHC. Thank you to Public Interest Strategy & Communications and all who participated in the review.

The Balanced Score Card is the tool used by staff to develop and monitor the operational plan of Guelph CHC. It is organized according to the strategic goals set by the Board of Directors. The board uses the annual report on the Balanced Score Card to determine how well Guelph CHC is progressing towards its goals. This year the Board of Directors received the report showing that many services exceeded the targets for the year. We commend the staff for the quality of services they provide and are confident that Guelph CHC is prepared to address the changing challenges of serving our community.



Thank you, goodbye and good luck to Konnie Peet as she embarks on the next stage of her career. Konnie is now CEO of Shalom Manor and Gardens in Grimsby. The board members, staff, volunteers and community partners have enjoyed working with Konnie as she led the growth and development of Guelph CHC. This Annual Report demonstrates some of her achievements during her 16 years with us. The Board of Directors acknowledges Konnie's tireless energy, her sincere caring and her ability to challenge us to do the right thing. Best wishes.

A new era begins for Guelph CHC with a new perspective about our community's needs and challenges, and a new Executive Director to lead us through the next steps to realizing our vision.

~Margaret Hedley



Guelph CHC  
growing healthy together

## Learning for Growth

*A message from the Executive Director*

Knowledge, learning and growth have been a significant focus for the staff of Guelph CHC this past year. This is an area within the Balanced Score Card approach to planning that the agency chose to focus on this past year.

Over 300 service users completed our revised client satisfaction survey and while overall satisfaction with our services is very high, people wanted a bigger facility in the Shelldale Centre, reduced waiting times for appointments and the ability to take on new clients.



*Making the 5k run a family affair*

We were pleased when the Ministry of Health approved our application to enlarge our space from 1,000 to 5,000 sq ft. Work on this

addition should be completed in the fall of 2011.

Other changes and improvements at Shelldale included the implementation of an “advanced access” client booking system by the clinical staff. This has reduced waiting time and planning is underway to implement a similar system in our downtown clinic. Preparation for our accreditation was a beneficial opportunity for reflection on how we learn and grow in the agency. Staff interview teams identified changes that have been made to the locations, content and types of programs based on user surveys, analyses of demographic trends. When it came to our service planning, the Shelldale and We Breastfeed advisory groups are two of many groups that have provided good direction.

In response to a need identified by local outreach workers and others, the WWLHIN has chosen to support us with a pilot project to look at increasing access to community based psychiatry. The efforts of Guelph CHC staff, clients and the community were rewarded when they came together to support a common goal. It is certainly uplifting, when good advice and direction informs new programming.

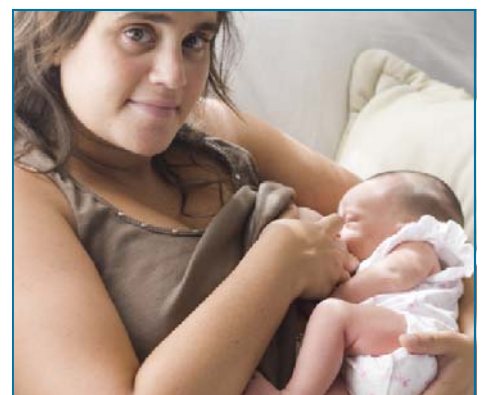
On a sunny day last September,



*Konnie (L) with colleague Nancy Mykitschak*

Guelph CHC exceeded its fundraising target for its 10th anniversary 5km run and raised over \$20,000 to support Early Childhood programs. Events like these are what have made me proud to be associated with the Guelph. Finally, it was with much mixed emotion that I submitted my resignation in March. But as I move on, I know that I am leaving an organization that has a strong foundation based on decades of learning and growth rooted in the community’s needs and dreams. This will position Guelph CHC well for decades to come.

*~ Konnie Peet*



*A WE Breastfeed Participant*

# Priority Population Review

**Tony Boston, of Public Interest Strategy & Communications, presents** the Priority Population Review Report at this year's Annual General Meeting. The report describes challenges facing delivery of primary health care services to the Guelph CHC's priority populations, based on an environmental scan and community consultation, and makes recommendations for action. The recommendations include actions that affect the whole community, from individual clients and staff members to the leadership of the health systems of Guelph. The board intends to consider the data and the implications of the

recommendations for all those who are affected, along with other information the board can gather from the Centre's staff and the Board's own contacts within the community. On receiving the report in June 2011, the Board committed itself to an extensive review, in hopes of reaching a decision on a suitable policy position regarding its services in the fall of 2011.

The summary and the full report, along with a message from the Board process for addressing it, will be available on the Guelph CHC website ([www.guelphchc.ca](http://www.guelphchc.ca)) or by contacting the Executive Assistant on (519) 821-6638 ext 332



*I wish to take this opportunity to thank the many people who contributed to the review of GCHC priorities and present services offered.*

*The Public Interest Research team under the leadership of Tony Boston was professional and respectful of the diversity of groups served. Their inclusive approach and sensitivity to participants was exceptional.*

*The steering committee, composed of staff members, two community partners: Trellis and Guelph Family Health Team, and two board members, contributed greatly to discussions and guidance for research team.*

*The willingness of Guelph CHC clients and many community partners to freely express their concerns and anxieties about change were greatly valued and made for a meaningful evaluation.*

*~Joan Todd,*

*Priority Population Review, Steering Committee Chair*

# Shelldale Expansions

**The Shelldale Satellite of Guelph CHC will soon** be moving to new and larger facilities to serve our clients more effectively in their neighbourhood.

In January 2011, after 6 years of hard work and preparation, the Ministry of Health and Long Term Care had approved our application for funding and we could begin construction of the much needed expansion to our satellite facility at the Shelldale Centre.

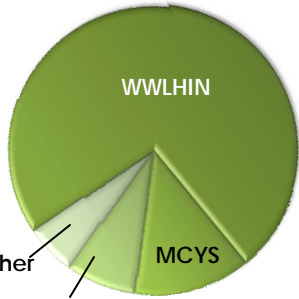


*June 2011 - Windows are installed*

With five exam and treatment rooms, a children's room and multiple rooms for counseling and nutrition services as well group rooms, the expansion will provide Guelph CHC an area 5 times larger than the present facility. Construction is progressing well and is on target to be completed in Fall. Please watch for the announcement of the opening of the facility so you can join us in our celebrations.

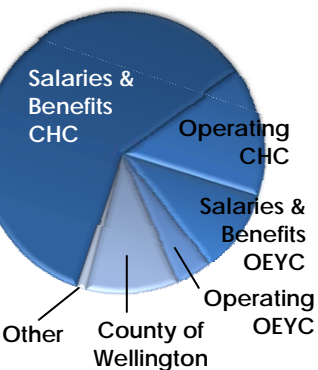
**FINANCIAL SUMMARY**

**2010/11 REVENUES**



Source	Percentage	Amount
Waterloo Wellington LHIN	73%	\$ 4,141,651
Ministry of Children & Youth Services	13%	\$ 726,207
County of Wellington	8%	\$ 446,789
Other	6%	\$ 316,612

**2010/11 EXPENSES**



Category	Percentage	Amount
Salaries & Benefits CHC	60%	\$ 3,369,055
Operating Expenses CHC	15%	\$ 827,768
Salaries & Benefits OEYC	9%	\$ 538,561
Operating Expenses OEYC	4%	\$ 232,563
County of Wellington	11%	\$ 595,065
Other	1%	\$ 57,681

## Community Based Psychiatry

### Strengthening Access in Guelph

In April 2011, Guelph CHC expanded the existing Concurrent Disorders program that has been based at the Wyndham Street location for the past 3 years. The expanded program provides psychiatric support to clients with barriers to accessing traditional psychiatric care. A further aim of the program is to provide psychiatric education, training and treatment advice to outreach workers and other professionals in Guelph.

**What are Concurrent Disorders?**

Concurrent Disorders describes a situation where an individual experiences any combination of mental health and substance use disorders. This term refers to a wide array of disorder combinations such as schizophrenia and cannabis dependence or chronic depression and gambling. Disorders may be active at the same time or at different times, in the present or in the past and symptoms may vary in intensity and form over time.

**What are the program benefits?**

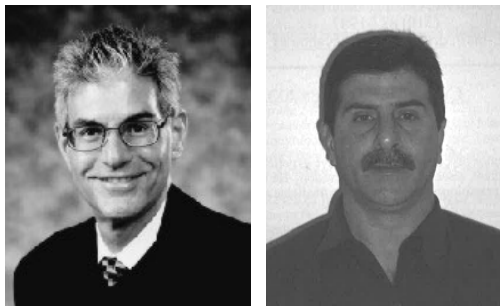
The expanded Concurrent Disorders program will decrease the severity of mental health and addiction related issues,



decrease the use of emergency service by providing outreach, primary care and psychiatric care and increase access to primary care. Currently, individuals without psychiatric care can only receive psychiatry through a hospital admission. This is unpleasant for the individual and costly to the healthcare system. Access to a Psychiatrist in the community provides a preferable alternative to a hospital admission. More importantly, an individual can begin treatment before going into crisis, thus preventing further trauma and avoiding other possible consequences such as criminal activity.

**Future Plans**

Following the completion of the pilot project in Fall 2011, Guelph CHC is hopeful the Waterloo Wellington LHIN will provide funding to make this expansion to the Concurrent Disorders program permanent.



*Dr Edgardo Perez (Left) and Dr Ernesto Marzoa (Right)*