



REACH

Community Health Centre

Celebrating nearly 50 years of community health in community hands.

Medical, Pharmacy, Counselling & Administration

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Annual Report 2017

REACH Community Health Centre

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OUR VISION, MISSION AND VALUES

Our Directional Statement

“We provide primary health care¹ predominantly to the residents of East Vancouver² in order to reduce health inequities and promote healthy communities.”

Our Vision

A sustainable, healthy community

Our Mission Statement

REACH Community Health Centre is a community³-governed organization that believes that good health is a state of physical, mental and social well-being. We provide innovative, high-quality primary health and dental care, social and educational services to support the physical and mental health and well-being of our community and the individuals within it.

Our Values Statement

1. Access

We believe that all people, regardless of gender, race, ability, sexual orientation, ethnicity, age or other economic or developmental factors should have access to an appropriate and wide range of integrated health and social services.

2. Equity

We are committed to reducing health inequities through our programs, services and advocacy. We recognize the profound impact that economic, social and environmental factors - such as adequate incomes, strong social support systems, safe physical environments, adequate housing and healthy eco-systems - have on people's health. Accordingly, we give special consideration to those who because of gender, race, ability, sexual orientation, ethnicity, age or other economic or developmental factors may not have adequate access to health and care.

3. Respect

We believe in the dignity and self-worth of all people. We strive to create an environment that is free from discrimination and harassment and where respect and tolerance are practiced and upheld, and where the client's autonomy, voice and right to informed consent are respected. We endeavor to recognize and support all cultural perspectives on health and healing. We believe in client-centred care and the importance of engaging clients and their families or significant others as partners in the process of health and healing. We understand that health status

¹ Primary health care (PHC) is the first level of contact with the health system to promote health, prevent illness, care for common illnesses, and manage ongoing health problems. PHC extends beyond the traditional health sector and includes all human services that play a part in addressing the interrelated factors that affect health. It includes but is not limited to health promotion, illness prevention, home support, dental care, social and educational services and community engagement, community rehabilitation, pre-hospital emergency medical services, and coordination and referral to public health services such as water, light, food, disease control.

² Per policy statement on Membership where East Vancouver is defined as “On the north by Burrard Inlet, south to 49th Avenue; and east from Ontario Street to Boundary Road”. (Note this is separate from restrictions arising from funding contracts.)

³ Community: can mean a group that resides in a specific locality or groups which share common cultural or social perspectives or needs that are distinct in some respect from the larger society within which they exist. REACH, situated in East Vancouver, defines our communities in both ways.

improves when a person has a greater sense of control over their life situation and thus we are committed to facilitating the empowerment of clients, as individuals and collectively.

4. Quality

We acknowledge that a person's health must be understood holistically, with an appreciation for the interrelationship of physical, social, emotional and spiritual aspects. Accordingly, we strive to provide a comprehensive range of evidence-informed services⁴ that are appropriate to our clients' health and social needs, focusing on primary health care and encompassing health promotion and prevention, first contact care, and management of long-term and chronic illness and disabilities. We value interdisciplinary care and collaborative working relations amongst providers, including complementary and traditional healers. We recognise the importance of offering a variety of service delivery mechanisms that are effective and appropriate for the clients we serve.

5. Community Participation

Recognizing the important role a community plays in the health of its residents and our goal of being responsive to community needs and issues, we invest in developing community partnerships and engagement, encourage community development, and provide community health education. We believe that our diverse communities can and should inform the work of REACH. Conversely, an important function of REACH is to support this engagement. Community boards and committees provide a mechanism for centres to be responsive to the needs of their respective communities, and for communities to develop a sense of ownership over "their" centres.

6. Communication

Recognizing the impact of social and economic health status on population health, we will take steps to educate our community and partners about the importance of addressing health inequities and support our service providers to provide proactive care.

⁵ Evidence-informed services integrate a commitment to evidence based medicine (EBM). EBM refers to the best research evidence that combines systematic, realist and other review methods; randomized clinical trials and other methods of research utilizing clinical expertise, patient values and critical appraisal methods. We value reflective practice models and shared care models.

PRESIDENT'S REPORT

This has been a dynamic year at REACH. Our temporary sites, at Slocan and 10th Avenues, respectively, have provided opportunities and challenges for both the patients and the staff. Dental, Pharmacy and the Multicultural Family Centre have maintained or increased their operations this year. Medical has continued to care for those who have always been REACH patients and has welcomed many new and complex patients to our Centre, as required by our major funder, Vancouver Coastal Health.

On behalf of the Board, I thank the staff, those currently employed and those who have left over the last year, for the incredible work they have done under often stressful and trying circumstances.

The 2016 AGM asked the Board to do three things:

1. Reconsider the decision to offer medical care under fee-for-service funding.
2. Improve the patients' experience at medical reception.
3. Open the Board meetings to the members.

I am pleased to say that all three things were done.

The Board reconsidered the decision to offer medical care under the fee for service payment process. We have worked with our funder, Vancouver Coastal Health, to find a way to meet our obligations offering health care to our community under the alternative payment plan which funds salaried doctors.

REACH has introduced an on-line booking system, making it easier for patients to access health care services in a timely manner.

Finally, Board meetings are open to members, unless the meeting is being held in-camera.

The Board is working to incorporate practices that support the health care recommendations of the Truth and Reconciliation Commission. Over the next year we will assess all of our practices throughout the organization to ensure that we are part of the solution to the historic and current inequities faced by Indigenous people.

To those who served on the Board this year, thank you for your contributions. We have faced many challenges over the last twelve months with creativity, humour, and hard work. Jill Kelly, the current treasurer of the Board, is leaving after serving eight years. Jill's knowledge and advice has been immensely important to the Board's well being. Her contributions will be sorely missed.

Finally, I want to acknowledge the retirement of Dr. Sandi Witherspoon, a founding doctor of REACH Community Health Centre. Sandi's commitment to and work in REACH was unparalleled. We wish her well in her retirement.

Jane Turner, President of the Board of Directors

EXECUTIVE DIRECTOR'S REPORT

We began our year with some really significant challenges, some so daunting they threatened REACH as an organization. It seems so long ago that members of our medical team and staff felt so strongly that some moved to other opportunities or retired. Our new building was off schedule with a great vision for the future but having a difficult time coming to life and continuing the traditions of REACH as a centre for the delivery of health care services in our community. We have worked hard meeting the challenges in our contract with our major funding partner, Vancouver Coastal Health. This formed the backdrop for a challenging year at REACH.

I am so pleased to tell you that we have built strong working relationships in the medical department, based on respect and open dialogue as well as a recognition that we all work together for the care and support of patients. Sandi Witherspoon and other senior doctors welcomed four new, young, dynamic and dedicated physicians into the organization. We have leadership in youth services and the Opiate Replacement program is growing. We are reaching out again to our community and agencies, exploring and working toward meeting the needs of the community. In my view, best of all, we work together as a team and toward a fully integrated REACH, delivering care to a growing number of patients. Welcome to the new doctors and nurses, and good luck to those who have moved on with their professional lives. Congratulations particularly to Anna Russell and Gloria Yuen who are doing wonderful, new, and challenging activities in health care. Anna is studying to be a Nurse Practitioner, and Gloria is overseas for a year with Médecins Sans Frontières/Doctors without Borders. We will continue to look for opportunities to be influential in the health field and to be a leader in community health care.

Dental and Pharmacy have been through a challenging year as well. These two must be congratulated across a spectrum of operating successes. Both departments faced similar problems, trying to keep their respective organizations growing and delivering much-needed surplus to REACH. Afshin, our pharmacist, always positive and willing to go the extra mile, spent time in his car delivering medications to patients not able to get to our location. His department has grown and at the time of this writing he is preparing for the move back with a strong agenda to evolve services and meet a broader range of need. Maria, in Dental, was told to expect declining patient numbers and consequently a declining contribution to our overall productivity. Dental has had a small decline in patient volumes but has increased revenue and surplus. Her challenge has been to keep adequate staff in place to meet the demands of the dental facility. She has increased her staff in most areas and looks forward to the next year of growth. Pharmacy and Dental look forward to building a stronger interdisciplinary relationship, internally with all departments and with outside organizations and providers in our community.

The focus of the Multicultural Family Centre (MFC) is to promote health and wellness and encourage marginalized and vulnerable members of the community to play an active role in their own health. By focusing on wellness, we provide services and support before health issues become serious. Research has demonstrated that health promotion and illness prevention go hand-in-hand to reduce unnecessary use of acute care services, and to increase the health status of our community. Since 1997, REACH has been funded by the Sharon Martin Community Health Fund (SMART Fund) to develop projects that empower communities who face cultural barriers to accessing health care to better identify and manage their own health needs. The SMART Fund recognizes that communities are the experts at identifying their health needs and finding their own solutions. This evidence-based approach guides the MFC's overall program development and implementation, including those supported by other funders. Our 2016/2017 evaluation data was collected through surveys in Spanish, Vietnamese, Tigrinya, Amharic, Arabic, and English, indicating achievement of the following SMART Fund mandated outcomes:

1. Members of immigrant and refugee communities have a safe space where they can connect with others to build healthy relationships.
2. Members of immigrant and refugee communities gain knowledge and skills for improving and maintaining their health and wellbeing.
3. Members of immigrant and refugee communities experience increased participation and integration with the community enhancing their sense of belonging.
4. Members of immigrant and refugee communities have increased confidence to manage aspects of their lives that determine their health.
5. Members of immigrant and refugee communities experience a sense of contribution to the program, their peers, and the community.

These outcomes were achieved through a variety of community led programs and services, including the CAI “Circles of Well-being: Bridging Cultures and Generations for Community Wellness” project. This project was launched in September 2016, after 3 months of engaging with partner agencies, and with seniors and youth from diverse cultural communities (Indigenous, Vietnamese, Latin American, and others) to collect data and design the program. The project engages at-risk older persons and community agencies in a strategy to address the risk factors that impact mental health and substance abuse. Using an over-arching model informed by Reconciliation, we are connecting seniors and youth in intergenerational activities and projects to promote seniors’ mental health and wellness. The cultural diversity of the participants is creating some significant moments of cross-cultural connection among the participants. Most of these activities are held at Britannia, our lead partner agency.

MFC and our Outreach coordinator work closely to renew and build our relationships with the community, with our patients, in medical, dental and in the pharmacy. No small task for us, given the two locations and our distance from the home of REACH on Commercial Drive. Over the past 12 months, we have renewed and reinvigorated our communications strategy with patients, through Facebook updates, email newsletters and patient surveying to find out how we’re doing in terms of providing service and meeting needs. These surveys have led to implementation of online booking, lessening the burden on our phone system and our front desk staff. REACH has also renewed our commitment to community by attending several regular community-focused, problem solving meetings at RICHER and Broadway Youth tables, keeping in touch with specific cases and broad community issues. Our Engagement and Outreach Coordinator, Dexter, has been attending GWAST, Youth Matters Planning Sessions, and Reconciliation in Action events, ensuring REACH is contributing to positive change in the neighborhood. REACH has begun to work with a number of these community partners to inform a brand-new youth clinic and programming upon the move back to the Drive. We hope to have much more to say about this over the coming year.

We attend WISH Drop-In Centre to provide on-site medical services and build trust amongst sex-trade workers, a population that is often difficult to connect with medical provision. We have provided clinic services out of locations such as Kettle, and will continue working to provide much-needed consultation and clinic services out of the Commercial location. We have provided Britannia with a computer for future use with telemedicine technology, allowing us to access difficult-to-reach youth in a space that’s comfortable for them. Telemedicine will be an important tool in the delivery of care for patients with mobility issues, for mental health programming and, we think, for youth services. This component of our outreach commitment to the community is focused on integration and support for patients across the spectrum of REACH services. We are ensuring that our community will have access to

services within our REACH walls and where we cannot deliver a specific need, we will connect with other organizations and partners to support the health care needs of the individuals and larger community.

At this writing we are fast approaching the day when we will be BACK ON THE DRIVE!! Really awful weather and some changes that were required to the original design have lengthened our time away from the Drive. It will truly be a first grade community health centre. As exciting as this is we have had some difficulty moving forward on the building's extra space and this will not be completed along with the centre. We are working toward a complementary use for the space aligned with the plans to develop a stronger youth presence in the community. We are looking forward to the grand re-opening of the building. A tentative date at the end of November for a special day with REACH is being planned.

The final challenge mentioned at the beginning of the narrative was the relationship with the Vancouver Coastal Health. Their help and guidance has been invaluable as we have moved through the year. Clear, straightforward, and sometimes challenging conversations and some interesting negotiations over the year have led to renewal of our funding. The agreement meets our immediate needs and sets out goals for our organization. I have had a good experience working with the health authority. We have learned a lot about the demands they face and how we can work together in our community to deliver the best of possible health care. We are working with VCH on a number of fronts. This relationship has improved and we will work to improve their trust and confidence as we move through the next year.

Geoffrey Trafford, Executive Director

TREASURER'S REPORT

REACH financial results are very strong for 2016-17. Despite staff working in temporary locations, all departments improved their financial performance. Kudos to all the staff!

Operations show an increase in revenue after direct expenses of \$380,000 over the previous year. After accounting for administrative expenses and the extra cost of leasing temporary space in three different locations, net surplus improved by about the same amount, to \$270,000. This was especially welcome, since our budget had predicted a loss for the year of about \$200,000.

The renovation of our home on Commercial Drive is moving along. At year end, we had spent \$3.9 million, or just over half of the total construction budget. VanCity Credit Union had advanced \$3 million of our total approved mortgage of \$6.8 million, and REACH covered the balance. Over the past two years, we undertook leasehold improvements on the temporary locations at a cost of about \$400,000. These costs were recorded as capital assets at the time the work was done, and they will be fully expensed by the time we move back home.

Once construction is complete and we move back to Commercial Drive, repayment will begin on the mortgage, so your board has been working diligently on plans and budgets to ensure sufficient funds for that repayment.

This is my last report as Treasurer, as I have completed the maximum number of board terms (serving 8 years). It has been a pleasure to be able to contribute to such a special community resource. I want to thank the Finance Committee members, Neal Jennings and Abbe Nielsen, for their hard work and commitment, as well as Geoff Trafford, Yumi Sakamoto and Henry Yuen for staff support over the year.

Jill Kelly, Treasurer and Finance Committee Chair

CONDENSED STATEMENT OF REVENUES AND EXPENDITURES AND MEMBER'S EQUITY FOR THE YEAR ENDED MARCH 31, 2017

	2017	2016
Revenue		
	\$	\$
Medical Grants	2,854,429	2,614,621
Dental Fees	1,696,537	1,536,861
Pharmacy Sales	686,545	688,295
Multicultural Family Services	460,269	407,998
Other	17,036	84,062
	5,714,816	5,331,837
Expenses		
Salaries and Benefits	3,554,984	3,509,976
Direct Services and Supplies	488,218	591,597
Administration	1,082,912	895,275
	5,126,114	4,996,848
Net Assets		
Net Revenue over Expenditures	270,461	(104,869)
Internally restricted for contingency purposes	512,761	605,302
Invested in property and equipment	1,208,951	1,221,279
	\$	\$
Total Net Assets	1,992,173	1,721,712

EXECUTIVE AND GOVERNANCE REPORT

Members of the Committee in 2016/17

Jane Turner (chair)

Colleen Fuller

Jill Kelly

Ruth Herman

Geoffrey Trafford (staff)

The executive met frequently over the last year to:

1. Oversee the functions of the Board.
2. Plan for the future of REACH in its renovated location on Commercial Drive.
3. Review the work of the Executive Director.

In its capacity to generally coordinate the functions of the Board, the Executive Committee met monthly to plan the Board meetings, give feedback and direction to the Executive Director, and to review the actions of the many committees of the Board.

The Executive Committee, along with staff, has developed a plan for the expansion and integration of REACH's medical services that would: add a youth substance abuse and mental health clinic; a medication review clinic to help patients understand and rationalize their pharmaceutical use to only what is needed; and a chronic care management program for patients. While currently in the latter part of the planning stage, the vision and practice offered through this plan will be taken to government in the near future as a pilot project. The Executive Committee would like to thank Dr. Clare Heffernan for her support and advice on this project.

The Executive recommended renewing the acting Executive Director's contract until June 30, 2018. Geoff Trafford accepted this renewal and is now the ED of REACH. The Executive thanks Geoff for his work and support of our vision for the future of REACH.

Jane Turner, Executive and Governance Committee Chair

NEW BUILDING COMMITTEE REPORT

Members of the Committee in 2016/17

Jim LeMaistre (chair)

Jo Fox

Linda Read

Michael Ma

Geoff Trafford (staff)

The focus for the year has been to move the renovation of our building toward completion. There have been delays, a result of early difficulties with permitting and unforeseen complications brought about by severe weather at a time when the building remained open to the elements. The building was 55% complete at the end of March and the schedule called for final completion in October of 2017. Aside from changes made to design and the delay issues, there was an added cost to rough in the commercial retail unit which added scope to the use of the space for future tenants and/or our health-related use.

The majority of underground services were completed during the year as was concrete work, window installation and roofing. Electrical work was progressing as expected. As at this writing the building is approaching completion and we expect to meet the aforementioned schedule for occupancy.

Jim LeMaistre, The New Building Committee

PROGRAM PLANNING AND EVALUATION COMMITTEE REPORT

Members of the Committee in 2016/17

Caroline Brunt (resigned mid-term from the Board)

Jane Turner (acting chair)

Jim LeMaistre

Ruth Herman

Geoff Trafford (staff)

The PPEC approved the development of an expansion of services available to medical patients as outlined in the Executive Committee report. This was the major focus for program and planning work of REACH this year.

Jane Turner, Program Planning and Evaluation Committee Chair

HUMAN RESOURCE COMMITTEE REPORT

Members of the Committee in 2016/17

Jill Kelly (chair)

Bill Hood

Karen Dean

Jane Turner

Geoff Trafford (staff)

The mandate of the HR Committee is to make recommendations and assist the Board on the effective implementation and application of sound human resource policies that are aligned with the Organization's Values, Vision, Mission and Strategic Direction.

The Committee supports and advises the Executive Director on staff issues. The Committee also makes recommendations to the Board on human resources development strategy.

The Committee met several times during the year. The top priority for the Committee for the past year was to work with the Executive Director to ensure that REACH is a fair and respectful employer. The main items considered included overall staff compensation and benefits, human resources policies, specific staffing issues as they arise (such as new positions, leaves of absence, etc.), and staff evaluation process.

Jill Kelly, Human Resource Committee Chair

OUTREACH COMMITTEE REPORT

Members of the Committee in 2016/17

Colleen Fuller (Chair)

Bill Hood

Penny Street

Barry Morris

Scott Clark

Shari LaLiberte

Dexter McMillan (staff)

Geoff Trafford (staff)

In late 2016, the Outreach Committee began to focus on ways to deepen our relationship with the Grandview Woodland and East Vancouver community. This has included work with other organizations to build an east-side collaboration among community centres (for example, RayCam, Britannia, Hastings, Strathcona, and Trout Lake) and other groups such as the Grandview-Woodland Area Service Team. We are also supporting efforts to address the social determinants of health among Vancouver's vulnerable populations. The Outreach Committee has also been working more collaboratively with the RICHER Society (Responsive Intersectoral Child/Community Health Education and Research Initiative), Youth Matters, Our Place, the Aboriginal Life in Vancouver Enhancement Society (ALIVE), and Britannia. A priority is to collaborate with these organizations to address the gap in health status between segments of the population, including between Aboriginal and non-Aboriginal members of the community.

The Outreach Committee is also working closely with the Metro Vancouver Alliance. REACH is a founding member of the MVA which, in 2017, established a health strategy team which we are leading. During the election campaign, the MVA health team presented a number of recommendations to leaders of the NDP and the Green Party that, if adopted, would significantly increase the number of community health centres (CHC) in BC. During the MVA election assembly in April – attended by more than 1,000 people – both parties agreed to support the establishment of 20 new community health centres by 2020 which would be globally funded. Global funding would enable groups like REACH to expand the programs we provide to include, among other things, youth mental health and addiction services; de-prescribing and medication reviews; smoking prevention and cessation programs; and weight-loss and nutrition programs.

The two political parties also supported the establishment of a “Partnership Table” to advise the government on how to move forward with the reform of BC's primary health care system. The Outreach Committee has been meeting with different organizations in our catchment area to encourage them to get involved so that our community has a strong and representative voice at this table. The response from the community has been very positive, with a great deal of interest in working to expand the number of CHCs in Vancouver as well as across the province.

Our committee has been able to draw on activists in East Vancouver who want to work with us to strengthen our presence in the community. For example, the Vancouver Community College (VCC) Bachelor of Science in Nursing program has been working with us since 2013 and their students and faculty both have made a tremendous contribution to our efforts to strengthen our relationship with groups and individuals in the community. The Committee has worked with our community partners over the last year to understand what is described as a “place-based framework” and how this approach can be incorporated into the work that REACH is doing. A place-based approach is a different way to build inclusive strategies that support the health and well-being of communities

and the individuals who live in them. Place-based strategies aim to strengthen collaboration and accountability, and deepen leadership and organizational capacity in the community in order to improve the lives of children and families. Such an approach focuses not only on how to ensure we have access to health care services, but on the determinants of health: economic security, safe and affordable housing, access to education, safe streets, social justice, public transit and healthy neighborhoods.

We are working to understand how REACH can change the way we work and how our relationships with the community matter. We thank all of the people who have participated on the Outreach Committee during 2016/17 and invite members who are interested to join with us for what promises to be a busy and interesting year.

Colleen Fuller, Outreach Committee Chair

KEY PERFORMANCE INDICATORS

Dept	Indicators	2014-2015	2015-2016	2016-2017
Medical	Physician Panel Size (D-74)	4,376	4,568	4,312
	Total Appointments (D-82)	27,324	28,072	23,961
	Physician Visits	21,593	21,786	18,603
	Nurse Visits	4,845	4,945	3,962
	Social Worker Visits	438	982	524
	Counsellor Visits	448	359	872
	New Patients (D-77)	649	554	441
	Staff FTE	15.9	16.96	15.52
Pharmacy	Caseload	No Data	2,480	2,547
	Prescriptions Filled	20,796	18,547	20,048
	Total Consultations	2,950	No Data	5,122
	Staff FTE	1.0	1.0	1.0
Dental	Total Visits	10,172	9,349	7,733
	Panel Size (in past year)	2,952	2,732	2,627
	# of Patients on Active Recall	1,078	1,069	1,555
	Total # of Recall Visits	1,230	1,183	1,067
	Staff FTE	13.7	13.7	11
	Subsidy Spending Against Budget	\$235,155	\$246,764	\$305,714
MFC	Service Contacts	19,097	17,975	16,148
	Participants	2,444	2,589	2,333
	# of Group Sessions	765	756	503
	Staff FTE	5.4	5.4	5.6
Admin	Staff FTE	4.9	5	4.6

SPECIAL THANKS TO OUR SUPPORTERS, VOLUNTEERS AND FUNDERS

We would like to express a sincere thank you to our members, our staff, Board of Directors, clients, donors, volunteers and partners for their generosity and confidence in the work that we do, and for supporting the concept of community health care in action!

- Vancouver Coastal Health, SMART Fund
- Community Action Initiative
- Vancouver Park Board
- Vancouver Coastal Health, Primary Care
- British Columbia Gaming Commission
- United Way of the Lower Mainland
- BC Council for Families
- Service Canada
- Telus
- BC Ministry of Jobs Tourism and Skills Training: Welcome BC
- Province of BC Community Action Initiative
- BC Dental Association
- Line One
- City of Vancouver
- Citizenship and Immigration Canada
- City of Vancouver
- Green Shield Canada

Our colleagues and consultants who helped us this year.

- Britannia Community service Centre
- BCIT School of Nursing
- Kiwassa Neighbourhood House
- Volunteers with Basics4Health
- University of British Columbia, University of Victoria, Humboldt State University of Social Work
- Burnaby Family Life
- AMSSA
- MOSIAC
- Watari
- SFU Friends of Simon
- SUCCESS
- Frontier College