Pinecrest-Queensway Community Health Centre **Board of Directors Meeting**

Tuesday, September 19, 2023, 5:30pm to 7:30pm Location: Pinecrest Queensway Community Health Centre

PRESENT:	REGRETS:	STAFF:
Anna Dion (Virtual)	Corey Fortier	Michele Hynes, Interim CEO
CarolAnne Black	Scott Miller (Director, Corporate	Kymberly McIntosh, Corporate Services
Cathy Doolan	Services)	Lead
Janet Bowes	Sapna Mahajan	Robynn Collins, CDS Coordinator
Jill Skinner		Seyi Aribuki (Director, CDS)
Kwame Amoako		
Layal Younes Dewolf		
Sanjar Yunusov		
Stephen Williamson		

MINUTES

CALL TO ORDER

Moved: Sanjar

1) Confirmation of quorum

Summary: 9 Board members in attendance, quorum confirmed.

2) Declarations of conflict of interest

Summary: None declared. All Board members were reminded to provide signed copies of the confidentiality agreement for 2023-2024.

ITEM PRESENTOR STATUS

1) Consent Agenda

a. Approval of Agenda

Jill Skinner Approval **Summary:** The draft agenda for the meeting was reviewed and approved. Motion: To approve the agenda for the September 19, 2023 BOD meeting as presented. Seconded: Cathy Result: Carried

b. Approval of the Minutes

Jill Skinner Summary: The minutes from the last regular Board meeting held on Tuesday June 20, 2023, were reviewed, and approved.

Motion: To approve the minutes from the Tuesday, June 20, 2023, BOD meeting as presented.

Moved: Sanjar Seconded: Cathy Result: Carried

2) Board Orientation & Development

a. Board Orientation (CDS Health Promotion updates)

Robynn Collins Presentation

Summary: Robynn Collins, Coordinator with CDS provided updates to the Board on Health Promotion. Seyi Aribuki provided overview of CDS, Robynn Collins presented remainder of slides.

Open Discussion Points:

PQ is beginning to operate as a naloxone distribution centre – clarification provided on the role of PQ staff and training offered.

3) Business

a. Approval of 2022 AGM Minutes (EN) **Approval of 2022 AGM Minutes (FR)**

Jill Skinner **Approval Jill Skinner Approval** **Summary:** The minutes from September 13, 2022 AGM were reviewed with the addendum, and approved. Copies of both the French, and English minutes were sent to Janet Bowes, and Sanjar Yunusov for signature.

Motion: To approve the minutes from the September 13, 2022, AGM as presented with the addendum brought forth at the September 12, 2023, AGM.

Moved: Janet Bowes Seconded: Sanjar Yunusov Result: Carried

Abstain: Anna Dion, Stephen Williamson, CarolAnne Balck

b. Appointment of Committees

i. Appointment of the Nominating/ Governance Committee Cathy Doolan Approval

Summary: Generally, three Board members participate on this committee. The primary focus is on reviewing the Board composition, recruiting candidates for the next term, and initiating the nominations process for the elections of the officers to the Board. Members of the committee are Corey Fortier, Cathy Doolan, Jill Skinner, and Tamara Chipperfield (CEO).

Open Discussion Points:

- Corey Fortier, while unable to attend this meeting, had provided written correspondence reaffirming his interest in remaining on the Governance Committee.
- CarolAnne Black expressed an interest in joining the committee should a spot become vacant.

ii. Appointment of the Finance / Audit Committee Approval

Cathy Doolan

Summary: Generally, three Board members participate on this committee. Its mandate is to assist the Board in exercising its fiduciary obligations by providing strategic oversight on financial management issues within the purview of the Board of Directors including review, analysis, advice, and recommendations in the following areas: financial reporting, internal controls and management, compliance and audit. Members of the Committee were confirmed to be Stephen Williamson, Sanjar Yunusov, Jill Skinner, Scott Miller (Corporate Services Director), and Tamara Chipperfield (CEO).

c. Alliance Board Liaison

Cathy Doolan Discussion

Summary: Discussion surrounding the current Alliance Board Liaison (Cathy Doolan) and backup (Layal Younes Dewolf)

Open Discussion Points:

- It was noted that Cathy Doolan is in the last year of her term, and Layal Younes Dewolf is the current backup.
- It was determined that Janet Bowes will be the backup moving forward.
- Cathy Doolan is to send out information regarding the Alliance to orientate Board members on the position.
- Anna Dion expressed interest in learning the role, and potentially taking over the position in the future.

d. Board work plan

Jill Skinner

Information

Summary: The Work Plan, which outlines what business will be covered at each Board meeting, was reviewed.

Open Discussion Points:

• The Plan is to be revised, with the addition of Health Equity. The final draft is to be completed and discussed next month.

e. Operating plan review

Michele Hynes Information

Summary: General discussion on the operational plan roll-out and how PQ is moving forward.

Open Discussion Points:

- To be discussed on an ongoing basis still working toward an adequate dashboard for presentation.
- Board to provide feedback on the specifics that they would like presented in the presentation.

f. Board Matrix Cathy Doolan Discussion

Summary: Discussion on the results of the 2022/2023 Board of Directors Composition Matrix to be held until the next Governance Committee Meeting.

g. Board Annual Evaluation

Jill Skinner Discussion

Summary: Discussion on the results of the 2022/2023 Board of Directors Annual Evaluation to be held until the next Governance Committee Meeting.

h. Management Leave Policy

Michele Hynes Approval

Summary: Discussion and requested approval on the proposed policy for one additional week of leave for Managers.

Motion: To go in camera

Moved: Jill Skinner Seconded: Stephen Williamson Result: Carried

Discussion resumed.

Open Discussion Points:

- Board inquired into the fiscal impact does this new leave fall under "vacation payout" should the employee leave the organization. Legal opinion on the answer has been requested.
- Board has requested a draft copy of the policy for review.
- Overall, the board expressed support for this policy, but would like further information pior to granting approval.
- Motion to be deferred until October Board meeting

i. Board Recruitment

Cathy Doolan Discussion

Summary: Discussion regarding ongoing recruitment strategies to be differed until next Governance Committee meeting.

j. Policy Updates Pursuant to Bylaw Changes

Michele Hynes Discussion

Summary: Discussion on the updated PQ policies as they related to the recent Bylaw changes (Board Chair vs President). Changes have been made to all current PQ policies. Website updates have begun to reflect Board composition changes.

Open Discussion Points:

• Catchment area policy is to be updates as soon as possible, along with finalization of the staff representation policy.

4) Chief Executive Officers Report

Michele Hynes Information

Summary: The CEO reviewed current operations and updates since the last Board meeting in June.

5) Board Chair Report

Jill Skinner In

Information

Summary: Report facilitated by the Chair of the Board, provided an opportunity for members to ask questions pertaining to the agenda items covered, and other relevant governance or community issues.

6) Adjournment

Jill Skinner

Approval

Summary: Meeting was adjourned, and a meeting evaluation form to be sent to all Board members following the meeting.

Open Discussion Points:

Thank you to Michele Hynes, and Janet Bowes for all your hard work and dedication to PQCHC.

Motion: To adjourn the September 19, 2023 BOD meeting.

Moved: Layal Younes DeWolf Seconded: Cathy Doolan Result: Carried

Pinecrest-Queensway Community Health Centre Board of Directors Meeting

Tuesday, October 17, 2023, 5:30pm to 7:30pm Location: Pinecrest Queensway Community Health Centre Room 351 Willow

PRESENT:	REGRETS:	STAFF:
Anna Dion	Kwame Amoako	Tamara Chipperfield, CEO
Carolanne Black		Kymberly McIntosh, Corporate Services
Cathy Doolan		Lead
Corey Fortier		Scott Miller, Director, Corporate Services
Janet Bowes		Katie MacNamara, Director, HR
Jill Skinner		
Layal Younes Dewolf		
Sanjar Yunusov		
Stephen Williamson		

MINUTES

CALL TO ORDER

1) Land Acknowledgement

Summary: PQ operates on the unceded and unsurrendered Territory of the Anishinabe Algonquin Nation. We strive as guests to respect and honour them as the caretakers of this territory, as their culture and presence continue to nurture this Land. We are privileged and filled with gratitude that we get to work and reside on the beautiful Anishnabee territory that covers 48 million acres from about Sudbury across to James Bay and all the way from Montreal to just east of Belleville. As a Board, we continue to support PQ staff efforts to reduce barriers experienced by Indigenous Peoples when accessing our services. The Truth & Reconcillliation Commission outlined 94 calls to action with numbers 18-24 specifically focused on healthcare. As CHC Board members we have responsibilities to understand and support reconciliation efforts in areas where we have control. For instance, we will be able to monitor our Health Equity Committee's work plan that continues to put focus on supporting leadership and staff through information sharing and training, assessing organization cultural competence and ongoing review of organizational policies and procedures. It is my hope that as Board members we will take a moment to personally consider what a land acknowledgement actually means and take the opportunity to become more aware of the impacts of colonialism on Indigenous people.

2) Board Chair Remarks

Summary: None.

3) Confirmation of quorum

Summary: 9 Board members in attendance, quorum confirmed.

4) Declarations of conflict of interest

Summary: None declared.

<u>ITEM</u> <u>PRESENTOR</u> <u>STATUS</u>

1) Consent Agenda

a. Approval of Agenda Jill Skinner Approval

Summary: The draft agenda for the meeting was reviewed and approved.

Motion: To approve the agenda for the October 17, 2023 BOD meeting as presented.

Moved: Stephen Williamson Seconded: Janet Bowes Result: Carried

b. Approval of the Minutes

Jill Skinner Approval

Summary: The minutes from the last regular Board meeting held on Tuesday June 20, 2023 were reviewed.

Motion: To approve the minutes from the Tuesday, September 19, 2023, BOD meeting as presented.

Moved: Stephen Williamson Seconded: Carolanne Black Result: Carried

2) Board Orientation & Development

a. Board Orientation (HR)

Katie McNamara

Presentation

Summary: Katie reviewed slides and provided overview of current and future direction for HR.

- Role of HR in the organization + specific responsibilities
- Departmental structure including staff introduction
- Focus on metrics and data within organization to highlight needs and identify areas of focus
- Reviewed next year's priorities and projects

Open Discussion Points:

- Psychological health and safety metrics cover paid staff of PQCHC excluding unpaid volunteers + students.
- Turnover related to compensation includes growth opportunities, and direct compensation increase.
- Board would like to see benchmarking between CHC's relating to turnover and recruitment.
- Internal comms committee suggested to ensure adequate communication within the organization.

3) Business

a. 2nd Quarter Financials

Scott Miller

Information

Summary: Internal server crash has caused delays in generating consolidated report. IT manager has confirmed that the files were recovered, and a comprehensive update will be provided at the November meeting.

Open Discussion Points:

- Finances are still in the same status as last year, and we are working on balancing books.
- Accountability to be placed more heavily on departments to be able to offset costs and to redistribute funds beyond those grant specific expenditures.
- Suggestion to increase fundraising opportunities, and to focus on grant writing and independent fundraising opportunities.
- Some of the challenges are due to ongoing legal considerations. We are aware of the issues and actively engaged in the planning and mitigation process.

b. Legislation Overview

Scott Miller

Information

Summary: To be included in next months' consolidated reports - PQ has met all legislative remittances.

c. Insurance Coverage

Scott Miller

Information

Summary: Update given to Board.

- Tendering process must be completed at minimum every 5 years, last preformed 2021.
- Many providers were approached and declined our coverage for various reasons.
- One indication from Chubb indicated that their minimum premium would be \$100,000, and that we'd need to place the Director's & Officer's cover elsewhere.
- We therefore selected Intact Insurance Company as our insurance provider (they were our existing provider)
- No changes were made to our coverages and the new contract was agreed upon for the April 1, 2023 to April 1, 2024 period.

d. **Emerging Issues and Opportunities**

Tamara Chipperfield Information

Summary: Report reviewed as written.

- Due to Time constraints, focus placed on HR, Finance, and IT.
- BOD to bring forward any questions pertaining to the report.

Open Discussion Points:

- IT: CHC collective improvement proposal are there additional funds available to make improvements? Resources are limited at this time, but we will be exploring that as an opportunity.
- If finances continue as they are, the ability to invest capital improvements will be limited what steps are being taken to address this? We have solved immediate issues as they arise, but there is no firm plan for large emergent expenses. We are actively exploring other options including leveraging the Alliance.
- PQ is working on advocacy and inclusion with other CHC's to further options to meet the needs of the organization. Update to be provided in November.

e. Board work plan

Cathy Doolan

Approval

Summary: The Work Plan, which outlines what business will be covered at each Board meeting, was reviewed.

• Small change made to wording – "Operating Plan Monitoring" changed to "Strategic Plan Monitoring"

Motion: To approve the work plan as presented

Moved: Sanjar Yunusov Seconded: Jill Skinner Result: Carried

f. Board Matrix Cathy Doolan Discussion

Summary: Summarized as presented.

- Highlighting a lack of representation of Indigenous and LGBTQ+ identifying members.
 - o To be noted in recruitment efforts.
- Matrix to be brought back to Governance Committee to guide recruitment efforts

g. **Board Annual Evaluation**

Cathy Doolan

Discussion

Summary: Reviewed as presented.

- Current survey to be revised and amended for next year.
- Themes found in responses to be combined and reviewed at each board meeting for discussion purposes.
 - Discussions to complement meeting Agendas i.e. If BOD training is on the agenda, questions and answers relating to training in the evaluation will be discussed.

h. Board Recruitment

Cathy Doolan

Discussion

Summary: Decision made to provide ongoing recruitment opportunities.

• Due to time constraints, this topic will be discussed further at next meeting.

i. Policy Updates:

i. Catchment Area

Cathy Doolan

Approval

Summary: Reviewed as presented.

Changed to: "members who are residents of, or work in, the communities served by the Organization."

Open Discussion Points:

• Board members in favour of changes to the policy as written.

Motion: To approve the Catchment Area policy as amended.

Moved: Jill Skinner Seconded: Anna Dion Result: Carried

ii. Staff Representation

Cathy Doolan

Approval

Summary: Reviewed as presented.

- Board requested to remove point 7 regarding staff joining Board committees amendment made
- BOD in favour of policy as written.

Motion: To approve the staff representation policy as written, with the removal of point 7.

Moved: Layal Younes Dewolf Seconded: Carolanne Black Result: Carried

iii. Management Leave

Cathy Doolan

Approval

Summary: Reviewed as presented – references have been added into the briefing note for review.

• Board requested to go in camera.

Motion: Board to go in camera			
Moved: Stephen Williamson Carried: Corey Fortier Result: Carried			
Motion: To approve the addition of one extra week of leave for managers as written.			
Result: Motion approved in camera.			

4) Alliance Board Liaison Updates

Cathy Doolan Information

Summary: Reviewed CHC's work.

Virtual Board Liaisons and Chairs meeting: Low Barrier Harm Reduction and Safer Supply Services: What Boards Need to Know - November 1 | 5:30-7:30 p.m.

Register: https://ca01web.zoom.us/meeting/register/u5cldu2vrDovE9ABE-hEfauFoji12DTLJ5PL

Health System Changes webinar - November 23 | 5:30-7 p.m.

Register: https://ca01web.zoom.us/meeting/register/u5Uvc-ivqzosGdxBe9TEDLCGm3FVnHCu0YjI

5) Chief Executive Officers Report

Tamara Chipperfield Information

Result: Carried

Summary: Reviewed as presented.

Moved: Corey Fortier

- Updates provided on CEO Onboarding and Orientation
- OHT updates given with director tendering notice
- Brief discussion on compensation increase to specific members, and inability to match hospital increases.
- Short overview of Community Voices Forum presented

6) Adjournment	Jill Skinner	Approval
Summary: Meeting adjourned, and a meeting evaluation form to be sent to a	all Board members.	
Motion: To adjourn the October 17, 2023 BOD meeting at 19:58.		

Seconded: Sanjar Yunusov

Pinecrest-Queensway Community Health Centre Board of Directors Meeting

Tuesday, November 21, 2023, 5:30pm to 7:30pm

Location: Pinecrest Queensway Community Health Centre Employment Services (2529 Carling Ave 2nd Floor)

PRESENT:	REGRETS:	STAFF:
Anna Dion	Stephen Williamson	Tamara Chipperfield, CEO
Carolanne Black	Cathy Doolan	Kymberly McIntosh, Corporate Services
Corey Fortier		Lead
Janet Bowes (Virtual)		Scott Miller, Director, Corporate Services
Jill Skinner		Louise Logue
Layal Younes Dewolf		
Sanjar Yunusov		
Kwame Amoako (Virtual)		

MINUTES

CALL TO ORDERSTATUSTIME LIMIT1) Land Acknowledgement (Louise Logue)Information5

Kwey. I would like to begin by acknowledging that the JoJo Aki (Land) on which we are privileged to gather is the traditional unceded territory of the Algonquin Anishinabeg People. The Algonquin Anishinabeg People have occupied and have been guardians of this land since time immemorial. We are grateful to have the opportunity to be present on this territory and extend our hand of friendship as a gesture of recognition for peaceful coexistence. We further acknowledge their longstanding relationship with their spiritual and natural connection to their homelands which remains unceded. We acknowledge their traditional knowledge keepers who have shared and continue to share the wisdom of the past as a cornerstone for understanding between our respective Nations for the present and future generations. Kichi migwech.

2) Board Development – <u>Indigenous Population Learning</u> (Louise Logue)

Discussion

25

Summary:

- Land acknowledgement at entrance of all buildings to show honour.
- Identification of graves was the beginning of recognition elders and knowledge keepers tell us we are thankful that they have been welcomed by ancestors.
- 200% increase of indigenous women in custody, and an unprecedented number of indigenous populations in jails (highest incarceration rate).
- Indigenous population is falling through the cracks, and unable to receive supports victimized women, children not in schools, folks needing to enter shelters etc.
- Ketegaunseebee largest populated reserve, with its own health care, police service, etc.
- 55% of Indigenous populations up north does not have clean drinking water.
- Up north, all supplies are extremely expensive, and migration happens for supplies and housing
 - o Indigenous resources when coming south are scant, which contributes to socioeconomic concerns and perpetuates disparagement and inequities.
 - Teachers, healthcare professionals etc. leave the reserve due to the high cost of living which limits those resources to the community.
- The Indian Act still controls what can happen on the reservation unable to own land, have jobs unsanctioned by the government, can displace living situations for other purposes (Uranium mines etc.).
- Children sent off reservation for schooling, and often stay.

Discussion:

- Wabano Culture Night open to the public please join!
- Panooksmith.ca
- Board would like to have a discussion on Calls to Action, and how we are implementing these principals.

3) Board Chair Remarks Information 5

Summary: No remarks.

4) Confirmation of quorum

Information

1

Summary: Quorum Confirmed.

5) Declarations of conflict of interest

Information

1

1

Summary: None Declared.

<u>ITEM</u> <u>STATUS</u> <u>TIME LIMIT</u>

1) Consent Agenda

a. <u>Approval of Agenda</u> Approval

b. <u>Approval of the Minutes</u>

Summary: To approve the Agenda from the Tuesday, November 22, 2023, 5:30pm to 7:30pm meeting as presented. To approve

the minutes from the Tuesday, October 17, 2023, 5:30pm to 7:30pm meeting as presented.

Discussion:

- Consent Agenda policy being taken to Governance Committee to balance information versus discussion.
- No concerns regarding the agenda or minutes, approved as presented.

2) Board Orientation & Development

30

60

a. Board Orientation

Presentation

3) Business

a. 2nd Quarter Financials + Legislation Overview (Scott)

Information

i. Briefing Note

Summary:

- Financial pressures felt last fiscal have continued to be of concern. All revenue Streams in place, with the caveat that we are waiting on the funding for the 2% increase for HCP's.
- Thinking for senior leadership team to be revised and considered at an organizational level versus program specific concerns. These discussions are being had with senior leadership currently.
- Confident that this year we will be able to balance book and allocate costs back to programs.
- Working with managers and directors to make that happen and adjust the thinking to redevelop the financial model.
- 37% of funding coming from MOH, this is closer to 70-80% for other CHC's.

Discussion:

- Feedback positive on format of data provided to the Board
- No funding being redistributed to donors currently.
 - MCCSS flexible ad reallocation of funding being explored
- 2% increase has been factored into budgeted numbers despite not actually receiving the funding yet
 - o This is at the direction of the funder, but the funds are still to be allocated and the messaging remains consistent
- Bigger pressure points are the one-time payouts this is still an ongoing concern as there are 1-2 potential claims.
 - o Professional liability via Insurance being leveraged which lowers costs and lessens the fiscal burden.
 - o Insurance costs may rise, but this is an expected risk of increase.
- CHC's putting pressure on Alliance and OHT to help support funding and cyber security costs.
- We are also working with staff to ensure we are up to date on current ransomware and potential phishing schemes.

Motion: To approve Q2 Financials as Presented.

Moved: Corey Fortier | Seconded: Layal Younes Dewolf | Result: Carried

b. <u>Legislation Affecting CHC's</u> (Tamara)

Summary: Reviewed document as presented. No changes from 2022.

Discussion:

- Policy on calling Social Services to be reviewed considering recent data to support decreased efficacy of low-risk calls.
 - c. PQCHC Lease agreement 1365 Richmond Road (Scott)

Information

Summary:

- Negotiations around expiration of current lease (March 2025), with initial discussions not being well received.
- Initially our current landlord requested a demolition clause (with 6 months notice) in addition to a \$1.20 psf rent increase. We have worked with our leasing consultants (CBRE) to negotiate a more favorable agreement.
- The current lease agreement that we are seeking Board approval to execute involves a modest \$0.25 psf rent increase as well as the elimination of any demolition clause. It also allows for a further 5-year lease extension that would be available to PQCHC to March 2035 which provides much-needed stability and security in our space requirements.

Discussion:

- Current square footage is 37 000, which amounts to an 8000-10 000 bump in rent.
- Demolition clause removal secures the space to 2035, which is excellent for security
- Lincoln-heights redevelopment discussion on PQ's radar and being followed closely.
- If building is sold, we cannot be displaced.
- The lease that we have currently has a 5-year extension clause, which we have exercised, and we have renegotiated to include an additional 5-year extension which will take us 2035.
- PQ has explored additional options in terms of leaving our current office space.
 - What input/ requirement from the board would be necessary should a move happen?

Motion: Motion to approve this proposed lease renewal agreement with our current landlord (Paradigm Properties Inc.) for a further 5 year term at \$17.75 psf with a further option to extend for 5 years attached to it.

Moved: Carolanne Black Seconded: Sanjar Yunusov Result: Carried

d. Risk Management Monitoring (Scott)

Information

Summary:

- Should another wave or new virus present itself, not all our staff providing client-facing essential services are fit-tested for N95 masks. We are currently in discussion to identify essential personnel.
- Implementation of new funding and service delivery models in Employment Services, significant transformations are underway within the department. The management team is working to strengthen procedure and to ease any strain the transition may have on staff.
- We have an increased volume of open positions for a variety of factors; staff leaving positions to higher paying sector jobs as well as increases in leave of absences i.e. Sickness. The significant turnover coupled with the absence of centralized data and information storage policies, leading to knowledge loss from passwords to crucial partnerships.
- PQCHC enters fiscal 2023-24 with some remaining items that could result in creating financial pressures on the organization.
- Poor IT infrastructure, stemming from degrading servers, poses operational and security risks for our organization.
 Operationally, aging servers are prone to increased downtime and performance issues, hindering operations. We have requested emergency funding to help cover these costs.
- PQ was able provide an 8% increase to First Words clinicians in November, we were unable to match the 11% increase that CHEO has offered to their clinicians.
- The lease for our 1365 site is up in March 2025.
- On a regular basis, program level discussions are occurring to highlight and address any risk factors that may be present.

e. Board Recruitment (Cathy)

Discussion

Summary: Update form Jill Skinner in Cathy Doolan's Absence

- Cathy to prepare a Briefing Note for review by the Recruitment/Gov Committee and ultimately the Board.
 - Plan to be recruiting a couple of new members early in the new year.

f. Governing for Health Equity Training (Jill)

Discussion

i. <u>Heath Equity Charter Self-Assessment Report</u>

Discussion

Summary: Decision to be made on how training will be handled.

Discussion:

- To complete training independently, and meet virtually to connect on training
- Kymberly to provide training resources for Board to complete over the next 2 meetings
 - Module 1 and 2 to discuss at the January Board Meeting or within 1 week
 - Module 3 and 4 to discuss at the February Board Meeting or within 1 week

g. Annual Evaluation: Training and Development (Jill)

Discussion

Summary: To review Annual Evaluation as it relates to Training and Development.

Discussion:

- Board Orientation:
 - o Onboarding felt insufficient more robust onboarding process required.
 - o Information provided on Alliance and community resources, but not relating specifically to PQ.
 - o Missed Board accountability to PQ and additional information on the programs offered.
 - Executive committee meeting for new members/ orientation to familiarize themselves.
 - Kymberly and Tamara to review onboarding for the Board, and revise process.

4) Chief Executive Officer's Report (Tamara)

Information

10

Summary:

- SUAP Grant through Health Canada (4-year grant opportunity) being developed with community partners (Brittania Woods, OCH, Salus) to be submitted by November 22.
- Pathways open to scale-up discussions, and PQ is under consideration.
- OHT meeting to discuss what MOU's look like as we are not on leadership committee.
- Market compensation review Working with Directors to discuss key messaging as difficult discussions with staff arise once full report is shared with all PQ employees.
- Kymberly to send out invite to Board of Directors for Holiday Party.

Discussion:

- Sarah Hobbs willing to facilitate an all CHC Board discussion surrounding compensation report
- The Alliance has not yet developed an advocacy or media campaign, it is on their radar from the Alliance Conference.
- Board members interested in attending MPP meetings.

5) Alliance Board Liaison Updates (Cathy)

Information

5

Summary: Jill Skinner to update in Cathy Doolan's absence.

- Reminder to Board members that there is a Systems Changes Webinar on the 23rd.
 - Kymberly to send link out again.

6) Adjournment Approval 1

Motion: To adjourn the November 21, 2023 meeting at 7:30pm		
Moved: Carolanne Black Seconded: Sanjar Yunusov Result: Carried		



Pinecrest-Queensway Community Health Centre Board of Directors Meeting

Tuesday, January 16, 2024, 5:30pm to 7:30pm Location: Pinecrest-Queensway Employment Services (2529 Carling Ave 2nd Floor)

PRESENT:	REGRETS:	STAFF:
Anna Dion	Kwame Amoako	Tamara Chipperfield, CEO
Carolanne Black		Kymberly McIntosh, Corporate Services
Corey Fortier		Lead
Janet Bowes (Virtual)		Scott Miller, Director, Corporate Services
Jill Skinner		Katie McNamara, Director, HR
Layal Younes Dewolf		Seyi Aribuki, Director, CDS
Sanjar Yunusov		
Stephen Williamson		
Cathy Doolan		

AGENDA

CALL TO ORDERSTATUSTIME LIMIT1) Land Acknowledgement (Corey)Information5

It is so important that PQ's commitment to reconciliation is modeled at the governance level and that we take the time to ensure we are being authentic with how we engage down this path. I so appreciated having Louise Logue come last meeting for an incredible Board Development session, she left us this great land acknowledgement which I will read again tonight.

"Kwey. I would like to begin by acknowledging that the JoJo Aki {Land} on which we are privileged to gather is the traditional unceded territory of the Algonquin Anishinabeg People. The Algonquin Anishinabeg People have occupied and have been guardians of this land since time immemorial. We are grateful to have the opportunity to be present on this territory and extend our hand of friendship as a gesture of recognition for peaceful coexistence. We further acknowledge their longstanding relationship with their spiritual and natural connection to their homelands which remains unceded. We acknowledge their traditional knowledge keepers who have shared and continue to share the wisdom of the past as a cornerstone for understanding between our respective Nations for the present and future generations. Kichi miigwech"

I know one thread that links all of us around this table is deep passion for community. I believe it is our opportunity, and indeed our duty, to ensure we engage authentically with the indigenous communities that call Ottawa home. I recognize this land as unceded Algonquin territory, I also recognize it has the largest population of Inuit outside of Inuit Nunangat which is the term for their land spanning from Labrador to the Yukon. There are many other first nations and Métis who also call Ottawa home. I hope we can continue this journey to ensure PQ and its staff engage authentically with these communities, so they feel invited, safe, and confident in accessing our services. Inclusion benefits everyone, and by better understanding the Truth and Reconciliation Committee's calls to action, by better understanding the history and lived experience of indigenous community members, and by committing to be allies and partners with indigenous rights holders I know we can improve our community for all who live in it. So I will end with sharing one Call to action for us to reflect upon.

22. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.

2) Board Chair Remarks (Welcome staff representatives Samantha and Barbara)

Information

5

Welcome to our staff representatives – we are so thankful to welcome you back. Samantha and Barb introduced themselves and provided background on their roles and both expressed excitement to be part of the Board as staff representatives.

3) Confirmation of quorum

Information

1

Quorum confirmed.

4) Declarations of conflict of interest

Information

1

None declared.

<u>ITEM</u>			<u>STATUS</u>	TIME LIMIT
1) Consent Agenda	a			
a. <u>Approv</u>	val of Agenda		Approval	1
b. <u>Approv</u>	val of the Minutes		Approval	2
Motion: To approve the consent agenda as presented				
Moved: Anna Dion		Seconded: Corey Fortier	Result: Carried	

2) Board Orientation & Development

30

a. Board Orientation (Seyi)

i. PQCHC Community Needs Assessment

Presentation

Summary: The Needs Assessment was initiated to support the following strategic goals: Better understand whom we serve and who is in our catchment, Innovate programming to promote health equity across our catchment, Engage and involve the community in service design and delivery, Work together to address the Social Determinants of Health, Practice-evidence-informed service delivery, Improve internal pathways and referrals.

The objectives of the CNS include: assess the community's emerging needs, paying particular attention to community voices and neighbourhoods not typically captured in previous surveys, compare neighbourhoods by their health status, the health behaviours of residents, and the social determinants of health to identify priorities for programs, services, and community engagement, compare neighbourhoods by their access to recreational resources, social services, food resources, affordable housing, and health services in order to identify gaps in service and opportunities to strengthen stakeholder engagement, build the capacity to track changes in health needs, the social determinants of health, population demographics, and health services in and across neighbourhoods; and, Dialogues with residents, community partners and other stakeholders to share evidence about where future community investment could have the greatest impact.

13 Focus Groups were scheduled across the catchment area. 1 was cancelled due to low sign-up. Each discussion was scheduled not to exceed two hours. There were 2 co-facilitators and a note-taker for each group. 91 unique participants registered and a total of 90 participants attended the 12 focus groups across the catchment area. Focus Group participants were provided with a \$25 Walmart gift card with transportation and/or childcare where applicable. Light food and refreshments were provided. The key issues included the following:

Access to Primary Care

- Untimely and disjointed care based on the limited number of available appointments, short duration of appointments, and lack of follow-up.
- Undocumented immigrants, refugee claimants, and asylum seekers have limited health care options because of OHIP barriers.
- Health Care Connect does not maintain a consistently updated list of PCPs, and some connections offered by the site are invalid.

- Even if one is attached to a PCP, care is not always accessible because of barriers between the PCP and patient in language, technology use, culture, age, physical distance, and gender.

Food Security

- Food banks were seen as an essential asset, but some food received was considered inedible (expired, mouldy, unsuitable for children or seniors) or culturally inappropriate.
- The experience of using food banks varied inconsistently depending on the worker the participants interacted with.
- Food bank catchment areas were arbitrary in some cases, forcing residents to use a food bank farther away even if another food resource was closer to their home.

Access to Affordable and Appropriate Housing

- Census data indicates that "only" 7.2% of PQ households live in overcrowded housing and 7.5% of households live in housing in need of major repairs. However, focus group participants indicated that building maintenance, overcrowding, and infestations are major concerns. This is compounded by a lack of awareness on tenant rights and discrimination by landlords based on tenant gender, single-parent status, and race.
- Newcomers face extraordinary barriers to renting due to language barriers, lack of credit history, and lack of previous landlord references.
- The social housing application process is overly bureaucratic, requires high literacy to navigate, and the long wait times lasting years discourage applications.

Living with Low Income

- Government transfers from ODSP and OW are too low to cover the cost of living, especially for food. The current system disincentivizes finding work, especially in couple households where ODSP benefits are reduced if a partner has employment income.
- Living on a low income correlates with poor mental health and self-esteem; individuals and families feel "lesser than" their peers and believe that their reputation in the community is negatively impacted.
- The eligibility criteria for low-income programs (e.g. government transfers, bus passes) are difficult to navigate with too much red tape. Many programs that were implemented during the pandemic have been recently shuttered, perpetuating the cycle of hardship.
- In every PQ neighbourhood except Laurentian, the percentage of total income received from government transfers (e.g. OW, ODSP) was greater than that of Ottawa.

Employment and Employability

- In alignment with Census data showing that more workers take public transit, residents consider access to reliable and frequent public transit has been reduced in low-income neighbourhoods following recent route realignments.
- Job seekers reported discrimination by employers based on appearance and the neighbourhood they are from.
- Being able to maintain a job is interconnected with the peace of mind that comes from adequate housing, a safe neighbourhood, and sufficient community supports. These factors are often not present for residents.
- 17.4% of commuters living in PQ neighbourhoods take public transit to work, compared to 11.2% of Ottawa commuters.

Community Safety and Security

- There is a sense that there can be no community safety and security without first confronting mental health and addictions issues, especially in social housing.
- Fear of discrimination and abuse based on race, religion, sexual orientation, and gender identity is a major concern among residents, especially at schools and in community settings. This aligns with police data showing that reported hate crimes in Ottawa have risen by more than 300% between 2019 and 2022.
- There is a lack of spaces that residents can go to, at any time of day, if they are feeling unsafe at home or in their building. This is compounded by long housing waitlists that make it difficult to move out of a home environment perceived as dangerous.
- The lack of trust with authority figures (e.g. the police, CAS, OCH) stems from a perceived lack of responsiveness by police, first responders who are not known in the community, and a lack of visible measures to ensure accountability when they interact with the public.

Community Connections

- Social isolation was identified as a major barrier to positive mental health and a sense of belonging, especially after the pandemic. Seniors and newcomers are particularly vulnerable to isolation.

- Feelings of being othered (e.g. discrimination, threats, bullying) post a significant barrier to forming connections with others in the community.
- Communication barriers can create difficulties in forming connections, whether these barriers are based on age, language, gender, culture, or disability. A digital divide also exists if one does not use social media channels or the Internet.
- Residents already know how to create and sustain a community, so it is more of a question of having the proper resources, support, and safe spaces to do so.

The focus group process is just the first step. Program based needs assessments will continue, and this knowledge will be translated into action through our programs at PQ and with partners/service providers in the area.

Discussion: What are the next steps? The immediate next steps are focused on communication. We will be presenting this information at the upcoming staff meeting, and it will be shared widely through all available channels and to the attendees. We will then work with partners to leverage resources and meet the needs of our community members.

Will we continue with CNS to make comparative assessments and quantify improvements? Yes, we will repeat the process down the road, but we will also continue engaging the community in the immediate to keep a pulse on themes and encourage engagement.

Does PQ have a formalized evaluation process for determining how to best make use of limited resources? In a broad sense, we do our best to make program goals and decisions with a focus on strategic direction, while meeting the needs of the communities. If we are unable to meet the needs given our capacity, we make use of and leverage community partnerships to limit any gaps in service.

3) Business 60

a. <u>Guarding Minds at Work Update</u> (Katie M)

Information/Discussion

Summary: Employee feedback plays a key role in our continuous improvement and growth as an organization. One of the tools that helps us assess and improve the overall psychological health of our employees is the Psychological Health and Safety Survey.

In 2020, we first introduced this survey in Guiding Minds at Work format. It is a confidential and well-validated survey tool that focuses on psychological safety.

2020 was a challenging year and this survey helped us assess the psychological health and safety of our employees and we were able to determine 3 areas of focus as an organization for the upcoming years.

Based on the results, our Focus Areas in 2020 were: Promoting Balance, Supporting Clear Leadership and Expectations, Fostering Continued Engagement. In our 2023 survey results, there is a similar need to focus on Balance, Recognition & Reward, Workload Management and Psychological Competencies and Demands. Since our survey conducted in 2020, our healthcare sector as whole has experienced higher level burnout and many systemic issues have come forward. This is reflected in our 2023 survey. The past couple of years were challenging years for PQ but things are now moving in a positive direction. This is reflected in our most recent feedback mechanisms: new hire check-ins, exit interviews, CEO survey and EDI survey. Most areas in 2023 survey are rated higher with a need for improvement compared to 2020.

Areas of Focus in 2024: Need to focus actions and efforts to make an impact, Factors not insular – improvements in one area can/often affect others, Consider our strategy, resources, what's within our control, Recognition and Reward, Balance & Workload Management, Psychological Competencies and Demands.

Timelines: Leadership Discussion – Jan 19, 2024, Employee Engagement Discussion – Jan 24, 2024, All Staff Presentation – Feb 15, 2024, Individual Team Presentations and Discussion – Feb & Mar 2024, Organizational Action Plan Roll-out – Feb 2024 onwards

Discussion:

Why do surveys not happen more frequently? We prioritize action between surveys to show and impart meaningful change from results, and to try to maintain high response rates.

Summary: Information on this topic has been sent to board members via email due to time constraints.

c. Board of Directors' and Officers' Liability (Scott)

Information

Summary: Information on this topic has been sent to board members via email due to time constraints.

d. Alliance and Call for Resolutions

Information

i. Board to Board meeting with CHC's on Alliance Compensation

Summary: Reminder to Board members of the Board-to-Board meeting with CHC's and the Alliance, on Alliance Compensation recommendations and next steps.

e. Volunteer Ottawa "Ask and Expert"

Information

Approval

Approval

Information

Information Information

Summary: Reminder to the Board on the upcoming training Q&A opportunity being hosted by Volunteer Ottawa. The session is free and will be held virtually, and it will be an opportunity to ask an expert any questions you may have about non-profit boards.

f. <u>Board Recruitment</u> Briefing Note

ii. Expression of interest
iii. Slideshow
iv. Handbook (WIP)
v. Mentorship

Summary: At the December 12, 2023, Nominating Committee meeting, it was agreed that the Committee would present a briefing note to the Board on their recommendations for new member recruitment. Currently, the Board has 10 Directors. The by-laws require a minimum of 9 and a maximum of 13 Directors. Further, the by-laws provide that at least 6 Directors must reside or work in communities served by PQ, and that the Board have a minimum of 2 francophones. The current composition satisfies these requirements. Cathy Doolan's 6-year term is set to expire at the end of 2024, and Janet Bowes 6- year term is set to expire in 2025, which will drop the current composition from 10 to 8 should no other members leave the Board.

The Committee recommends initiating a recruitment process in early 2024 with the goal of recruiting 2-3 members with diverse backgrounds and life experience including: persons with disabilities; racialized persons; members of the 2SLGBTQ+community; and Indigenous persons. It is also recommended that, at this time, we recruit Directors with the following skills/experience: Legal skills/experience, preferably in the non-profit sector, Governance and equity experience as a Board member in the not-for-profit sector, Health Care System Transformation.

Process and next steps:

- Seek Personal Recommendations: Ask Board members if they know potential candidates fitting the above-cited criteria.
- Targeted Outreach: Explore avenues/websites to reach underrepresented groups such as those noted above.
- Follow up with HR consultant Mike ??? regarding a potential candidate from Roger Neilson House/CHEO. We need to determine her interest and gather more information on her skills/experience.
- Community Representatives: Consult Tamara/Michele for potential community representatives from PQ-served communities.
- Online Presence: In the long run, it is suggested that we consider posting recruitment posters on the website. At this time, however, the Committee is recommending we focus on attracting candidates with specific skills/life experience that are currently needed on the Board.
- Volunteer Interviews: Seek volunteers for candidate interviews, potentially drawing from the Nominating Committee initially and later from the Board.

The Committee recommends the Board actively engage in the recruitment process to ensure a diverse and skilled composition for the 2024-2025 term. This approach aligns with the organization's commitment to inclusivity, equity, and effective governance.

Action items: Would like ongoing Board Recruitment page added to the website, would like HR Director to review posting.

Motion: To begin the recruitment process with the intention of onboarding at least 3 new members with diverse backgrounds and specific skillsets relating to PQ needs. To have HR Director review the job description and, on approval, to post the volunteer position.

Moved: Janet Bowes | Seconded: Layal Younes Dewolf | Result: Carried

g. <u>Consent Agenda Policy</u> (Jill)

Approval

Summary: At every board meeting, at least a few items come to the agenda that do not need any discussion or debate either because they are routine procedures or are already consented to unanimously. A consent agenda allows the board to approve all these items together without discussion or individual motions. Depending upon the organization, this can free up anywhere from a few minutes to a half hour for more substantial discussion.

While routine items do not currently take up more than a few minutes, the consent agenda option can be a very effective way of maximizing the time available for more substantive discussion. For example, PQCHC's Finance and Governance Committees are becoming more active and minutes/reports from these groups could be included in a consent agenda, when they do not require Board debate or discussion.

As a starting point, the following motion could be adopted: "That a consent agenda may be presented by the chair at the beginning of a meeting of the Board. Items may be removed from the consent agenda on the request of any one member. Items not removed may be adopted by general consent without debate. Removed items may be taken up either immediately after the consent agenda or placed later on the agenda at the discretion of the assembly."

Motion: To approve the Consent Agenda Policy as presented

Moved: Carolanne Black Seconded: Corey Fortier Result: Carried

h. Governing for Health Equity Training (Jill)

Discussion

Summary: Information on this topic has been sent to board members via email due to time constraints.

4) Chief Executive Officer's Report (Tamara)

Information

10

Summary: Information on this topic has been sent to board members via email due to time constraints.

5) Alliance Board Liaison Updates (Cathy)

Information

5

Summary: Information on this topic has been sent to board members via email due to time constraints.

6) Adjournment Approva/ 1

Meeting informally adjourned due to time constraints.

Motion: to adjourn the January 16, 2024 meeting at 7:30

Moved: Seconded: Carried:



Pinecrest-Queensway Community Health Centre Board of Directors Meeting

Tuesday, February 20, 2024, 5:30pm to 7:30pm Location: Pinecrest-Queensway Employment Services (2529 Carling Ave 2nd Floor)

PRESENT:	REGRETS:	STAFF:
Anna Dion	Carolanne Black	Tamara Chipperfield, CEO
Corey Fortier		Kymberly McIntosh, Corporate Services
Janet Bowes (Virtual)		Lead
Jill Skinner		Scott Miller, Director, Corporate Services
Layal Younes Dewolf (Virtual)		Barbara Whalen, Staff Representative
Sanjar Yunusov		Samantha Garrett, Staff Representative
Stephen Williamson (Virtual)		Michelle Hurtubise, Guest Speaker
Cathy Doolan		
Kwame Amoako		

CALL TO ORDER STATUS TIME LIMIT

1) Land Acknowledgement

Information

5

I would like to begin by acknowledging that the JoJo Aki {Land} on which we are privileged to gather is the traditional unceded territory of the Algonquin Anishinabeg People. The Algonquin Anishinabeg People have occupied and have been guardians of this land since time immemorial. We are grateful to have the opportunity to be present on this territory and extend our hand of friendship as a gesture of recognition for peaceful coexistence. We further acknowledge their longstanding relationship with their spiritual and natural connection to their homelands which remains unceded. We acknowledge their traditional knowledge keepers who have shared and continue to share the wisdom of the past as a cornerstone for understanding between our respective Nations for the present and future generations.

2) Board Chair Remarks	Information	1
None.		
3) Confirmation of quorum	Information	1
Quorum confirmed.	•	
4) Declarations of conflict of interest	Information	1
None declared.		

ITEM STATUS TIME LIMIT

1) Board Orientation & Development

a. <u>Board Governance Training</u> (Michelle Hurtubise) Information 60

As a governor (director), you should ask......
How do I actually govern an organization?

What is my job as a governor? What are my responsibilities?

How does the Board work?

What are the rules?

What do we do? What may we not do?

What is governance?

To rule, direct, control, conduct, influence, check & monitor (dictionary defn)

To govern - > government

Every organization has governors

A board governs for owners

What is a Board's job?

On behalf of the ownership

To ensure that the organization

Achieves what it is supposed to

And avoids what is unacceptable

The Board governs for the owners:

To ensure there is a fair swap

Of inputs, resources/money into the organization

For the outputs/services/outcomes produced

Key concepts:

Outcomes

Power and Authority

Accountability

Outcomes in Organizations:

A purpose as set out in the mission and letters patent

Something is to be achieved.... Thus

Through its work, services, programs is to produce these outcomes or results

The board, on behalf of the owners decides what results are to be achieved

Target Outcomes:

Provides: What: Information, Education, Support; With: Staff, Volunteers Buildings, Equipment

Through: Programs

For: Who

Struggling with: Quality, Evidence, Standards, Image, Funding

So that organizations can experience: More, Less, Better, Improved, Reduced, Strengthened, Greater

Power and Authority:

The Board has legitimate and formal

- Power &
- Authority to use the power

Granted under the law

- Its letters patent & articles of incorporation

To operate the organization

- Using policies to communicate its directions

To manage its power & authority, the board:

Delegates some of its power

Sets outcomes to be achieved

Sets standards & limits to be followed Accounts for the board's use of its power ALL through the policies (decisions) the board sets

A Board should always ask:

By-Laws?? Current? Reviewed last?

How does the board transfer its power? Which policies?

How do you manage/control the use of power? Which policies?

What policies (rules, expectations, limits) guide the board's work?

Accountability:

The Board is accountable for

- The Board's
- The staff and volunteers and
- The agency's

Use of power & authority

This accountability is achieved through

- Setting outcomes & standards
- Active & ongoing monitoring / checking

The board is accountable to a variety of stakeholders

First and foremost, the "owners" – who may or may not be those who benefit from the outcomes achieved Second, other stakeholders – partners, the community, government, funders

Third, the staff, volunteers and others involved in the organization

To be accountable the board

Monitors the agency's (ED/CEO)

- Use of power and authority
- Achievement of outcomes or results
- Adherence to standards and limits

Monitors the board's

- Own performance - activities & behaviour

Report to the owners/stakeholders

Accountability?

What monitoring or checking do you do?

How do you evaluate the achievement of outcomes?

Do you conduct a CEO performance review? Does it include 360 feedback?

How do you monitor and evaluate the board's performance?

How do you report results to owners & stakeholders?

What is policy?

A course of action that is chosen from among other courses of action

A stated decision

The board makes choices about what the organization will and will not do

A board chooses a policy, a course of action, on behalf of the ownership

Policies are written in the policy and procedure manual

Current policies are mixed – written in Carver model (end statement) and in organization model.

Suggestion: Identify gaps, identify policy standard, ensure policy consistency

Creating Policy:

Knowing the values involved and the purpose of the policy

Knowing what your real choices are

Evaluating choices - pros& cons

Choosing the course of action – deciding

Writing the policy

Monitoring, reviewing and revising the policy

Writing Policy:

Setting policy at broadest level first

Moving into smaller issues in sequence

Moving in as far as need to

Once satisfied with the level of detail ... the Executive Director or committees take over from there

Remember, Policies:

Are choices and decisions

Are the expression of what is important

The board speaks through policies

The board alone writes board policies

The board delegates power through policies

The board monitors policy compliance

Good Governance:

Gathering information

Setting outcomes -> the end results

Making good decisions -> policies

Delegating power and authority

Monitoring agency performance

Monitoring board performance

Report on work done

Discussion:

- Evaluation tool suggestion to measure Board efficacy?
- Difficult to distinguish between operational and governance. How can we develop exhaustive policy?
- Policies should be strategic in direction, but not so constraining that there is no leeway for the CEO.
- Funding governed by contracts, which makes rigid policy around spending ineffective and redundant.

i. Discussion deferred to next meeting March 19, 2024

- Policy perhaps govern new agreements, as opposed to overseeing current agreements.
- Focus on mutual trust and not overly burdened by policy, but should have policies to support decision making process.
- What's next? Can we receive a written report on gaps? **Kymberly and Tamara to reach out to Michelle for feedback and potentially a copy of Centretown's policies.**
- Kymberly to schedule a Governance meeting to review policy planning
- Stephen to give presentation on finance updates at next Board meeting Board members to email Stephen with requests for training on specific items.
- Can we bring back committee updates? Finance and Governance discussions not brought to general members.

2) Consent Agenda

	-		
a.	Approval of Agenda	Approval	1
b.	Approval of the <u>Minutes</u>	Approval	1
c.	Emerging Issues and Opportunities (Nov-Feb) report	Information	1
d.	<u>CEO Report</u>	Information	1
e.	<u>3rd Quarter Financials</u>	Information	1
f.	Discussion on Compensation Advocacy (Alliance Presentation in January)	Information	1

Summary:

Expectation is that documentation is reviewed ahead of time, and questions on these items will result in having them pulled from the Consent Agenda that will be added to business.

3) Business 35

a. Health Equity Training (Jill) Discussion

i. Pulse check on training status and discussion on how to move forward

Summary:

Looking for feedback on training, status of completion, and how we cna move forward.

Discussion:

- Concentration can be difficult due to the amount of information within the training. Also unsure how to retain the information, and how to apply it moving forward. Would prefer a shorter, more tailored presentation with specific asks and requirements of the Board.
- Will be useful in the review of policies would also like a more concrete "ask"
- Are there any Board members that would be willing to go through training and pull any important topics or points to present to Board members.
- Q: Large companies are reviewing application of EDI, and withdrawing support. Is this something that will be ongoing and relevant to us?
- A: Yes, it is integral to CHC's and NFP's and we will maintain this framework. We are also bound by the approved Alliance framework. Core value that we should continue to maintain.
- Board is looking for integration and tangibles versus just reviewing the material. How can we define what EDI means to us at a board level to drive policies, and how can it drive board work and approvals.
- How inclusionary and welcoming is the board, how do we define and how upfront are we about EDI and where we are in our journey. How well set up are we in our current structures, and what growth still needs to happen.
- Nathalie Duchesne provides support in Board EDI Tamara to connect with her in support of defining scope, where to start, and how to move forward.
- Board members to continue to move through modules in order to facilitate discussion on EDI.

b. Board Recruitment update (Jill/Cathy) Info

5. Board Recruitment apadte (5m) eatrly)

Information

2

10

Summary:

Posting is up on the website, Volunteer Ottawa, and Charity Village. Board members to also suggest and promote the posting to their circles and community members. Hoping for interviews prior to the summer in anticipation of the AGM.

- Board members to send in their status on returning for the next term, and to select a back-up for the interviewing panel.
- To post in community houses, send to all-staff, and and in multiple languages with addition of "all meetings and material is held in English"
 - c. Alliance Call for Resolutions

Approval

20

i. Substance Use Health Framework

Summary:

PQ took the lead on Substance Use Health Framework – moving the dial in terms of how we talk about substance use from a health perspective versus a stigmatizing Lense.

The Call: Pinecrest-Queensway Community Health Centre calls on the Alliance to adopt an explicit health-focused lens when it comes to substance use (Substance Use Health). This adoption will require integrating a spectrum of substance use into existing health promotion and chronic disease prevention programs, including non-use, beneficial use, low to high-risk use, medical use, and disorder.

WHEREAS

- 78% of people in Canada believe Substance Use Health is an urgent issue;
- 80% believe individuals need more access to Substance Use Health information and services to increase lifelong wellness (CAPSA & CCSA, 2023);

- 76% want more Mental Health and Substance Use Health services to be offered at the community level (MHCC, CAPSA, & CCSA, 2023); and

WHEREAS CHCs have expressed the need for more formal and strategic direction in promoting health across a spectrum of substance use.

BE IT RESOLVED that the members of the Alliance approve the adoption of a Substance Use Health framework, including promoting Substance Use Health with information, knowledge, services and supports for people who use substances across a spectrum of use (non- use, low to high-risk use, beneficial use, and substance use disorders.

BE IT FURTHER RESOLVED that the Alliance will provide ongoing support to members as they put a Substance Use Health framework into practice, including educational resources and materials, operational guidelines, training, and any other supports identified in consultation with the members.

BE IT FURTHER RESOLVED that the Alliance will organize a capacity-building training series on Substance Use Health for CHCs in Ontario.

BE IT FURTHER RESOLVED that the Alliance will include Substance Use Health as a thematic focus in its 2025 annual conference.

Discussion:

- Need one board as a seconder, but us to push the motion. Submission deadline is February 29

Motion: To approve the Substance Use Health Framework as presented.		
Moved: Anna Dion Seconded: Cathy Doolan Result: Carried		Result: Carried

ii. Lobbying

Summary:

WHEREAS community health service providers offer an important array of primary health care and health promotion services to the population; and

WHEREAS there is a strong need for better primary health care and health promotion services across the province; and

WHEREAS community health service providers offer an efficient and effective delivery of many urgent primary health care services which do not require an emergency room visit; and

WHEREAS the community health sector is facing a health human resources crisis exacerbated by the growing wage gap between community health care workers and health care workers in other areas and sectors and community health service providers urgently require additional core funding to adequately compensate and retain staff;

THEREFORE BE IT RESOLVED that this annual meeting endorses the plans by the Alliance to lobby governments regarding the shortfall in funding being experienced by its members; and

BE IT FURTHER RESOLVED that the Alliance coordinate a lobby of funding sources by local CHC and other health service provider boards to discuss shortfalls in current funding and further opportunities to contribute to primary health care and health promotion; and

BE IT FURTHER RESOLVED that the Alliance pay particular attention to lobbying the Province of Ontario and its legislature in addressing core funding requirements; and

BE IT FURTHER RESOLVED that the Alliance convene a committee to discuss broadening services and creating a common position on future potential roles of primary health care service

, ,		on? Tamara to confirm and revise if necessar	·y.
Is lobbying the correct word in this application? Tamara to confirm and revise if necessary <i>Motion: To approve support for the Alliance Call for Lobbying resolution – with confirmation</i>		tio	
	Moyed: Cathy Doolan	Secondad: Iill Skinner	R

Lobbying resolution – with confirmation that Lobbying is the correct wording.

Seconded: Jill Skinner Result: Carried Moved: Cathy Doolan

Alliance Board Liaison Updates (Cathy)

Information

2

Kymberly to forward slide from Cathy.

5) In-Camera (Standing Item)

There is a potential for items to be brought forward as necessary. Nothing this evening.

6) Adjournment Approval 1

Motion: To adjourn the February 20, 2024 meeting at 7:27. Moved: Sanjar Yunusov Seconded: Anna Dion Result: Carried



Pinecrest-Queensway Community Health Centre Board of Directors Meeting

Date: March 19, 2024 5:30-7:30

Location: Pinecrest-Queensway Employment Services (2529 Carling Ave 2nd Floor)

PRESENT:	REGRETS:	STAFF:
Anna Dion	Sanjar Yunusov	Tamara Chipperfield, CEO
Corey Fortier	Jill Skinner	Kymberly McIntosh, Corporate Services Lead
Janet Bowes	Kwame Amoako	Barbara Whalen, Staff Representative
Layal Younes Dewolf		Samantha Garrett, Staff Representative
Stephen Williamson		Mike Bulthuis, ED, Ottawa Land Trust
Cathy Doolan		Heather Garnett, Director IHS
Carolanne Black		Rhonda Beauregard, Director ES
		Lauren Watkinson, ES

MINUTES

<u>ITEM</u>			<u>STATUS</u>	TIME LIMIT
1) C a	all to (Order		5
	a.	Land Acknowledgement (Anna)	Information	
	b.	Board Chair Remarks	Information	
	c.	Confirmation of quorum	Information	
	d.	Declarations of conflict of interest	Information	

I would like to first acknowledge that we are gathered here on the traditional unceded, un-surrendered territory of the Anishinaabe Algonquin Nation. As guests, it is a privilege to gather on this land. We offer our gratitude to all the generations of the Anishinaabe Algonquin Nation who have and continue to take care of this land since time immemorial. We further recognize and appreciate their historic connection to this land. We also value the contributions made by the Inuit, Metis and all other Indigenous Peoples, both in shaping and strengthening this community, province and country.

In keeping with one of the topics of our meeting today on housing and homelessness, I did want to share an Indigenous definition of homelessness to help situate our thinking about housing. The definition I am going to share was developed by Jesse Thistle in consultation with Indigenous communities across Canada. Jesse is Metis best-selling author, formerly homeless for over 10 years, and is now a professor at York University and was one of the most decorated phd students in Canada. The definition outlines 12 dimensions of Indigenous homelessness that include historical displacement, cultural disintegration and loss, going home homelessness, when people return to their communities but do not find stability or acceptance. To quote Jesse's definition:

Indigenous homelessness is not defined as lacking a structure of habitation; rather, it is a human condition that describes First Nations, Métis and Inuit individuals, families or communities lacking stable, permanent, appropriate housing, or the immediate prospect, means or ability to acquire such housing. It also includes individuals, families and communities isolated from their relationships to land, water, place, family, kin, each other, animals, cultures, languages and identities. Importantly, Indigenous people experiencing these kinds of homelessness cannot culturally, spiritually, emotionally or physically reconnect with their Indigeneity or lost relationships. https://www.homelesshub.ca/sites/default/files/attachments/COHIndigenousHomelessness-summary.pdf

Quorum confirmed. No conflicts of interest declared.

2) Consent Agenda 5

a. Approval of <u>Agenda</u> Approval

Motion: To approve the agenda as presented

Moved: Layal Younes Dewolf Seconded: Cathy Doolan Result: Carried

b. Approval of the <u>Minutes</u>

Motion: To approve the minutes as presented

Moved: Corey Fortier Seconded: Janet Bowes Result: Carried

c. <u>CEO Report</u> Information

3) Board Orientation & Development

30

30

a. Employment Services

Information

Approval

Discussion:

- Are there placements for francophone clients? Yes due to the size of the employer we work with there are bilingual, and fully French placements available. We also have many newcomers with French as a first language, who opt to enter English placements to improve their English.
- We have entered a proposal for job-track hairdressing to expand on the pre-apprenticeship program.
- Have we had to turn clients away due to capacity? Not at this point! If a course is full, we are able to accommodate folks in the next round of the program.
- Our funder target is 80% employment rate; we have not had an issue meeting this target in the past.

4) Business 60

a. Ottawa Land Trust EN / FR (Mike)

Presentation

Discussion:

- There will be a prioritization of working with like-minded sellers and purchasing in offline-spaces to ensure fir prices and transfers of assets.
- Goal is to stay under 250k/ unit
- Board in support of vision and planning
- Plan is to provide quality and long-term housing as opposed to "cheap" housing.
- How do you choose who to rent to? We draw from the centralize wait-list to fill units.
- Bond launch is looking at mid-april/may
- What do risks and returns look like? If something were to happen to CLT, properties would transfer to another organization. The highest risk, is to raise 1.6 in bonds, we need to purchase more properties within the next year to sustain the bonds. However, we are working based on Tapestry's proven model and track record.
 - b. Sign off on OHE Accountability (Tamara)

Approval

5

- i. Briefing Note
- ii. MSAA Extending Letter

Discussion:

- We will be looking for Board Approval to sign and accept the amendment agreement to our MSAA that outlines our accountabilities that are attached to our OHE funding.
- This new agreement will cover the period April 1, 2024, to March 31, 2025.
- The agreement will build on our previous total funding amount of \$9,476,235 and include the additional increase just confirmed by way of a funding letter with Ontario Health East.
- That amendment will add an additional \$140,800 in funding for fiscal years 2023-24 and 2024-25 equating to a 1.86% increase.
- All other performance targets and timelines around reporting remain unchanged under the amended agreement.
- The deadline for our signed document with Board approval is March 31, 2024.
- Budget is being reviewed at a granular level to try to assess deficits, and to account for a lack of insulation in areas like IT and various corporate costs that have not historically been funded.

- Working on centralized budget to account for corporate costs, which program level funding will likely feel in their operational costs.

Motion: To approve the MSAA as

Moved: Cathy Doolan

Seconded: Stephen Williamson

Result: Carried

c. Board Recruitment Updates (Cathy)

Information

5

8 strong candidates at this time, interviews to happen mid-April, and update to come next month.

- To discuss number of final recruits as well as composition in the coming months.

d. Health Equity Training Sub-Committee (Anna)

Discussion

10

Opportunity to pull together a sub-committee to go through the training and devise an implementation plan for presenting to the Board.

- How to move forward form a practical lens,
- Approximately 12k in the Board budget to cover costs associated with the AGM, training etc.
- Is there interest in a sub-committee to revise to review alliance training and planning in alignment with the budget and to work with Nathalie Duchesne.
- Looking for board-specific training, as opposed to "ground-zero"

Interested: Carolanne, Janet, Anna

Others to let me know by March 31, 2024

e. Quality Improvement Plan (Heather Garnett)

Approval

15

Heather highlighted the components of the QIP narrative for the fiscal year 2024-25, emphasizing its role in providing context for quality improvement efforts within the four priority pillars: Access and Flow, Equity, Experience, and Safety. She noted that for the current cycle, three new narrative sections have been introduced, bringing the total to eight sections:

Access and Flow: Organizations can outline initiatives aimed at ensuring timely and appropriate care delivery.

Population Health Approach: Describes how organizations are addressing population health needs in collaboration with other health service providers and within Ontario Health Teams.

Administrative Burden: Interprofessional primary care organizations can detail initiatives supporting clinicians and teams in dedicating more time to direct patient care.

QIP Workplan Context: Heather then provided context regarding the QIP workplan, referencing Dr. Kaplan's directive issued on November 22, 2023. Dr. Kaplan, Vice President of Quality at Ontario Health, contextualized the 2024/25 QIP program cycle within the current healthcare landscape, acknowledging persistent challenges while reaffirming the commitment to high-quality care and accessibility.

Priority Pillars and Shift in Approach: Dr. Kaplan, in collaboration with Ontario Health and the Ministries of Health and Long-Term Care, identified four priority pillars for the cycle: Access and Flow, Equity, Experience, and Safety. He emphasized a significant shift in the approach, moving away from focusing solely on priority indicators towards prioritizing these overarching pillars. Heather underscored this transition and highlighted the flexibility it offers organizations in tailoring quality improvement activities to address critical gaps.

Optional Indicators and Custom Indicators: While optional indicators aligned with the priority pillars were suggested, organizations were not mandated to incorporate them into their QIPs. Heather noted that all proposed optional indicators were included in the QIP for the Access and Flow, Equity, and Experience pillars. However, no optional indicators were included in the Safety pillar. To address this, Heather elaborated on custom indicators developed specifically for the Safety pillar.

Custom Indicators for Safety Pillar: Heather outlined issues within the Safety pillar, particularly regarding the historical use of the Code White policy. She emphasized staff confusion and lack of clarity regarding roles and responsibilities during behavioral and medical emergencies. To resolve these issues, Heather is developing a comprehensive Code White policy for behavioral emergencies and a Code Blue policy for medical emergencies. These policies will include clear directives for summoning assistance and delineate roles and responsibilities for responders.

To be signed off on by: Jill, Layal, Tamara, Heather

KMC to provide HG with names, emails, and contact for all signatories

Motion: To approve QIP as presented		
Moved: Corey Fortier	Seconded: Cathy Doolan	Result: Carried

f. Update on NDP Provincial Leader visit

Discussion

5

On March 13, 2024, NDP Provincial Leader Marit Stiles along with MPPs Joel Harden and Chandra Pasma toured PQCHC. Ms. Stiles and her team hosted a meeting on pharmacare in the Cedar Boardroom from 9-10am with a half hour press conference afterwards. The tour and meet and greet was with PQ leaders and staff and took place between 11am and 12pm. Leadership organized the tour with a key focus on ensuring Ms. Stiles left with a clear understanding of the impact of our collective work, along with key areas of advocacy.

Income tax clinic visit with CRA preliminarily completed, but follow-up this coming Monday to meet with the minister.

5) Alliance Board Liaison Updates (Cathy)

Information

2

First informal networking session held by the Alliance – found to be quite useful for hearing from others to inform context and hear varying experiences. Suggestion to share EDI "activities" at the beginning of board meetings.

Alliance conference yearly, June 5+6 – theme: Codesigning the Future of Primary Healthcare. More to come on how many we can send when budget is finalized.

6) In-Camera (Standing Item)

N/A

7) Adjournment Approval 1

	, -,		• •
Janet to present the Land acknowledgement at the next meeting			
Motion: To adjourn the meeting at 7:36pm			
	Moved: Corey Fortier	Seconded: Stephen Williamson	Result: Carried



Pinecrest-Queensway Community Health Centre **Board of Directors Meeting**

Date: April 16, 2024 5:30-7:30

Location: Pinecrest-Queensway Employment Services (2529 Carling Ave 2nd Floor)

PRESENT:	REGRETS:	STAFF:
Anna Dion (Virtual)	Jill Skinner	Tamara Chipperfield, CEO
Layal Younes Dewolf		Kymberly McIntosh, Corporate Services Lead
Stephen Williamson		Barbara Whalen, Staff Representative
Carolanne Black		Samantha Garrett, Staff Representative
Kwame Amoako (Virtual)		Heather Garnett, Director IHS
Janet Bowes		Scott Miller, Director Corporate Services
Cathy Doolan Sanjar Yunusov		David Glick-Stal, CBRE
Corey Fortier		

MINUTES

<u>ITEM</u>			<u>STATUS</u>	
1) Call to	Order			5
a.	Land Acknowledgement (J	anet)	Information	
b.	Board Chair Remarks		Information	
c.	Confirmation of quorum		Information	
d. Declarations of conflict of interest		interest	Information	
2) Consen	t Agenda			5
a.	Approval of <u>Agenda</u>		Approval	
Motion: To app	prove the agenda as presente	ed		
Moved: Corey	Fortier	Seconded: Sanjar Yunusov	Result: Carried	
b.	Approval of the <u>Minutes</u>		Approval	

Motion: To approve the minutes as present	Motion: To approve the minutes as presented		
Moved: Janet Bowes	Seconded: Stephen Williamson	Result: Carried	

c. CEO Report Information

Is there a role of the Board to push supports in the communities? We are currently examining service needs, and are in negotiations re: funding needs at 1 Corkstown to meet the needs of the residents. Internal conversations also happening around Carling shelter that will transition into a women's shelter. Also looking at other avenues and pathways to access programs internally and how to connect community members with PQ services. Advocating for funding with the City would be helpful!

Board Orientation & Development

30

a. <u>Integrated Health Services</u>

Information

Discussion:

Reviewed overview of Integrated Health Services, with a focus on Primary Care for this presentation. What is a system navigator in this context? In this case, many things – applications or forms (DTC, medical devices, etc.), connecting with services (Counselling, referrals, etc.), patient advocacy, etc.

Recruitment and retention – we have recruited 29 total staff to stabilize the team, including leadership. Currently working on clarifying roles and responsibilities. All staff are salaried and funded by Ontario Health (Formerly Champlain LHIN). Our MOA team of 10 speaks 12 languages between the team!

New community partners:

- 1. Collaboration with community Paramedics in Regina Towers in the way of wellness clinics. Some of the clients seen have been rostered with the clinic as they required ongoing care and monitoring.
- 2. Queens university OASIS in Ambleside towers in the way of the "age well at home" program.

Program Achievements:

- 1. Phone System Upgrades: Net2Phone Pilot and Telus Business Connect
- 2. Ocean Platform: Interfaced with our Electronic Medical Record (EMR)
- 3. Referral and Intake Process: Wait list, Patient Handout, Eligibility Criteria
- 4. Optimized Provider Appointment Schedule: Fair and Equitable
- 5. Panel Sizes: Established current state and targets for panel increases by provider
- 6. Academic Mandate: Nursing and NP Students
- 7. Stabilization of Team and Improved Morale

Would like to see a trend over time and how many patients we currently serve.

4) Business

a. Nomination Committee Updates (Cathy)
Information
5

A lot of applications this year, and a wide variety.

8 total interviewed with a mix of skill, diversity and experience.
Will review and select 3-4 for Board review and approval.

b. AGM Date (proposed: Sept 10, 2024) Approval 2

2nd Tuesday in September previous year, so to continue. Board

Information

5) Alliance Board Liaison Updates (Cathy)

April 23, 2024 - Board Liaison Networking Session

May 23, 2024 - Health System Changes Webinar

Alliance Conference June 5-6

6) In-Camera (Standing Item)

Motion: To move the meeting In-Camera			
Moved: Sanjar Yunusov Seconded: Stephen Williamson Result: Carried			
Motion: To close the in-camera session at 7	Motion: To close the in-camera session at 7:45pm		
Moved: Corey Fortier Seconded: Sanjar Yunusov Result: Carried			

7) Adjournment Approval 1

Motion: To adjourn the meeting at 7:54pm			
Moved: Janet Bowes	Seconded: Carolanne Black	Result: Carried	



Board of Directors Meeting Date: May 21, 2024 - 5:30-7:30

Location: Pinecrest-Queensway Employment Services (2529 Carling Ave 2nd Floor)

PRESENT:	REGRETS:
Board Members: Anna Dion, Layal Younes Dewolf, Stephen Williamson (Virtual), Carolanne Black,	Kwame Amoako
Sanjar Yunusov, Janet Bowes, Cathy Doolan, Jill Skinner, Corey Fortier	
Staff: Tamara Chipperfield (CEO), Kymberly McIntosh (Corporate Services Lead), Barbara Whalen	
(Staff Representative), Samantha Garrett (Staff Representative), Monica Armstrong (Director OHT),	
Scott Miller (Director Corporate Services)	

MINUTES

<u>ITEM</u>		<u>STATUS</u>	TIME LIMIT		
1) Call to	Order		5		
a.	Land Acknowledgement (Cathy)	Information			
b.	Board Chair Remarks	Information			
c.	Confirmation of quorum	Information			
d.	Declarations of conflict of interest	Information			
Land acknowle	dgement presented by Cathy Doolan. Quorum confirmed, r	no conflicts declared.			
2) Consen	t Agenda		5		
a.	Approval of Agenda	Approval			
b.	Approval of the Minutes	Approval			
c.	CEO Report	Information			
d.	Health Equity - Potential Consultants	Information			
Review of recent	tly added items to agenda.				
Motion: To appre	Notion: To approve the consent agenda as presented				

3) Board Orientation & Development

30

a. Board Orientation (OHT-ESO – Monica Armstrong)

Information

Result: Carried

Reviewed slide deck as presented.

Generative Discussion:

Moved: Layal Younes Dewolf

Ongoing sustainable funding not being offered, making it very difficult to provide ongoing care and growth.

Seconded: Corey Fortier

- We are fortunate to be an OHT involved with a CHC, CHC's are historically more responsive to community needs. What is the added value of an OHT, and why does PQ not get the funds directly? Focus on pulling groups together to better coordinate care. Siloed work is so common, but part of the OHT work is connecting services and integrated care teams with our primary care department and being efficient and effective with the work that we are doing.
- Once the OHT becomes designated, funding will flow through OHT to organizations and partners to organize services.
- Is this program similar to Health Links? Health Links does not exist anymore, but OHT has similar goals to that program. New government has expanded on the previous program and developed OHT.
- Priorities are ageing population and addiction who makes the strategic decision for target areas? At the beginning of the rollout, communities were to decide, however Ontario Health is now more prescriptive of OHT areas of focus.
- What is the implication of reducing from 14 to 1? Restructuring has caused this reduction. This is being done at the same time of emphasizing local planning though we are not an accelerated group and are not part of this planning process.

4) Business 60

- a. 2024-2025 Budget and Operations (Scott) Approval
 - i. Briefing Note
 - ii. Compliance with Legal remittance

We will be looking for approval of the 2024-25 Budget. The budget will be very similar to that of our ending results for 2023-24 with Revenues of \$28.67 million and with the following notable differences from our approved 2023-24 Budget:

- Increased Pathways to Education funding in the amount of \$149K to support 45 additional students.
- Full year funding in 2024-25 of 750K for our Ontario Health Team. The initial 2023-24 Budget was in the amount of \$375K.
- Our new Employment Services model with WCG now being our Funder provides an additional \$686K of funding for fiscal year 2024-25.

Our major funding streams are consistent with prior years as we continue to provide services and programming that supports our communities. There remains a portion of our service delivery that is done virtually but the majority of our programming has returned to pre-Covid operations.

On the expense side, there are no salary increases built into our 2024-25 Budgets. We continue to advocate for fair wage compensation with our Funders but as of today we have no commitment from any of them to support a wage increase. As such we operate with our existing pay scale for 2024-25 and have no major vacancies in positions that exist at this time. Program expenditures have increased by 6.4% over the previous fiscal. The major driver here is the operations that relate to our new Employment services model and consist of Employer incentives. We have also increased Ontario Health East (formerly LHIN) operational budgets with the 2% increase to our base funding that was received in fiscal 2024-25. Administrative expenses have ben budgeted in line with the previous year spend. We expect higher technology costs in 2024-25 and beyond and are actively working to create opportunities within our Corporate budget to proactively address these needs. We are also working on a plan that would see us increase our internal non-restricted Reserve Fund to support future IT, Capital, and infrastructure needs.

We are up to date with all mandatory remittances.

Generative Discussion:

- The board is very concerned about the lack of salary increase for staff, given that this is yet another year that we are falling behind and unable to offer an increase.
- Can surplus be given to staff as a one-time increase? Unfortunately we are unable to maintain an increase year over year. Reserve is small given the size of our organization, and needed to be prioritized for this period, however advocacy around pay equity is being discussed and pushed hard with the Alliance and other CHC's. We are also creating other opportunities for employees by exploring increased benefits and other incentives.

Motion: To approve the 2024-2025 budget as presented.

Moved: Cathy Doolan Seconded: CarolAnne Black Result: Carried

b. Alliance Resolutions 2024

Approval

10

15

i. Alliance voting authorization form

#1 By-law Resolution: Elimination of Election of Canadian Centre for Accreditation Designated Director

#2 By-law Resolution: By-law Changes 2024 to Comply with ONCA

#1 Policy Resolution: International Decade for People of African Descent

#2 Policy Resolution: Permanent funding for Peer Support Healthcare Services or All

#3 Policy Resolution: Substance Use Health Framework

#4 Policy Resolution: 2024 Amendment to the 2019 Policy Resolution – Decriminalization of illicit drug use and people who use

drugs have access to a safe regulated supply

#5 Policy Resolution: 2024 Amendment to the 2020 Policy resolution – Advancing Health Equity in Rural, Remote and Northern

Communities

All resolutions supported by the Board. Corey approved as authorized voter.

Motion: To approve support by the Board for the proposed resolutions.

Moved: Sanjar Yunusov Seconded: Anna Dion Result: Carried

Reviewed PowerPoint as presented.

Generative discussion:

- Hoping to utilize our IT manager to be more strategic and bolster our infrastructure to support potential cyberthreats this was not possible prior to hiring a 3rd IT officer.
- Are CHC's working collaboratively to handle IT risks? Yes, the 6 Ottawa-based CHC's are working together to help navigate this sector-wide challenge.
- Building issue is not on the 2024-2025 risk registry, it should be kept in mind it is, and the reserve fund piece is flowing into that project, however this is not something that will be an issue in the next 6 months given our timeline around the capital plan.

Motion: To approve the 2024-2025 integrated risk management plan			
Moved: Corey Fortier	Seconded: Stephen Williamson	Result: Carried	
d. Operational Plan (Tamara	·)	Information	15
Reviewed op-plan as presented.			
e. Annual Evaluation i. Board Member E ii. Committee Mem		Reminder	1
5) Alliance Board Liaison Updates (Cathy)		Information	2
6) Nominations Committee update (Cathy)	Approval	10

Recommending the approval of 5 new candidates, bringing us to 11 total members: Andy Macdonald, Nahal Yazdani, Mara Shaw, Sue Milburn-Hopwood, Carol Ann Northcott. Approved by the Board, but will need to be approved by the membership at the AGM.

Corey has indicated an interest in becoming the Chair of the Nominating/Governance Committee. Anyone interested in role of Secretary should let Jill know.

Motion: To approve the slate of nominees as presented.

a. Board Secretary Position

Moved: Jill Skinner Seconded: Sanjar Yunusov Result: Carried

7) Adjournment Approval 1

Motion: To adjourn the meeting at 7:55pm		
Moved: Janet Bowes	Seconded: Sanjar Yunusov	Result: Carried



Board of Directors Meeting Date: June 18, 2024 - 5:30-7:30

Location: Pinecrest-Queensway Employment Services (2529 Carling Ave 2nd Floor)

PRESENT:	REGRETS:
Board Members: Anna Dion, Layal Younes Dewolf, Stephen Williamson, Carolanne Black, Sanjar	
Yunusov, Janet Bowes, Cathy Doolan, Jill Skinner, Corey Fortier, Kwame Amoako (Virtual)	
Staff: Tamara Chipperfield (CEO), Kymberly McIntosh (Corporate Services Lead), Barbara Whalen	
(Staff Representative), Samantha Garrett (Staff Representative), Michele Hynes (Director CFS),	
Scott Miller (Director CS), Louisa Cameron (Staff), Katie McNamara (Director, HR)	

MINUTES

ITEM STATUS TIME LIMIT

1) Call to Order 10

a. Land Acknowledgement (Kymberly) Information

Pinecrest Queensway Community Health Centre is located on the traditional, unceded territory of the Anishinabe Algonquin Nation whose presence on Turtle Island reaches back to time immemorial. We are guests on this land and honour the past and ongoing contributions of First Nations, Inuit, and Métis across Canada. As an agency dedicated to healing, we acknowledge ongoing injuries caused by colonialism and racism and their pervasive impact on Indigenous peoples and communities. We are a diverse community that values cultural humility, safety, and pluralism. We are committed to working towards repair and restoration. We recognize that healing happens through continuous learning. We respect our connections with others and the land upon which we live, work, and play.

<i>k</i>	b	Board Chair Remarks	Information
None.			
C	С.	Confirmation of quorum	Information
C	d.	Declarations of conflict of interest	Information
Quorum confirmed, none declared.			

2) Consent Agenda

a. Approval of Agenda **Approval** b. Approval of the Minutes **Approval** CEO report Information

Review of recently added items to agenda. Discussion later on to happen around the CEO report, and items being pulled and added to Business.

Motion: To approve the consent agenda as presented.

Motion: To approve the Minutes as presented.

Moved: Corey Fortier Seconded: Stephen Williamson Result: Carried Moved: Janet Bowes Seconded: Carolanne Black Result: Carried

Board Orientation & Development

30

5

Families First Program – Louisa Cameron

Reviewed slide deck as presented.

Generative Discussion:

- 99% retained housing at 12 months which is the provincial target. We close out the file at 9 months, but follow-up at 12 months to verify status.
- Families are referred to our program through the shelter. The team is not responsible for procuring housing, however they work with the families to increase skill and capacity to ultimately retain housing.
- Connections to schools? Yes we have child and youth workers (specialist positions) who work with schools and others to provide wraparound care to the families.
- Is there something being done by the alliance to avoid shelters and increase safe and appropriate housing? There is a lot of advocacy happening.
- Housing first model allowing folks to have choices around where they reside which is important to increase stability. When you move away from the downtown core, you gain better housing but lose access to supports.
- Clients are always able to contact us, even after the 12 month period of check-in.

Short intermission to thank retiring Board members.

4) Business 60

a. Year-End/Audited Financials (General Report, PowerPoint)

Approval

10

i. Report to the Board

Reviewed PowerPoint as presented by Auditor Christa Casey.

Generative Discussion:

- Finance committee has no concerns about the numbers.
- Do we have a process for identifying fraud? Yes, however auditors test samples of higher risk areas versus examining 100% of financials. This is not a forensic audit, it is in respect to the reliability to the statements provided. The organization also has internal controls and processes in place that detect fraud in the organization. The auditors do review these processes and controls to assess their efficacy.

RFP Process:

- Tendered: Auditor experience and knowledge in the sector, value added services, cost, etc
- No significant difference between the audits
- Generative Discussion around benefits of staying with current auditor vs benefits of a new firm.
- As a result, the finance and audit committee is recommending putting forward a motion that Welch LLP be put forward to a vote at the AGM to re-appoint the firm for the next 5 years.

Motion: To approve the 2023-2024 financial statements as presented.

 Moved: Cathy Doolan
 Seconded: Janet Bowes
 Result: Carried

 Motion: To put Welch LLP forward for membership at the AGM

 Moved: Anna Dion
 Seconded: Corey Fortier
 Result: Carried

 Against: Sanjar Yunusov

b. Program Client Experience and Program Results

Information

10

Reviewed PowerPoint as presented.

Generative Discussion:

- Primary Care:
 - Panel size seems to be low, however we are seeing the requisite number of patients a large portion of our patient list is comprised of unattached patients (seeing patients but they are not rostered)
 - Current discussions are around rostering those patients prior to rostering new patients.
- ACTT:
 - Exceeding targets with ability to provide virtual care services.
- Infant Hearing:
 - Target determined based on birth rates, which differs.
- What happens when we go over targets? The ministry does not increase their funding based on these successes.

Approval

10

Reviewed Document as presented.

Generative Discussion:

- Is there a process for debriefing Code White's? Yes! There is a post-incident response policy.
- The majority of called Code White's are from Primary care, though the name is arbitrary it is purely an emergency response as opposed to a specific emergency types.
- There is a different protocol for lockdowns as opposed for a Code White.
- Code white only happens at our main location, there are other protocols for other locations and folks operating incommunity.

Motion: To approve the Annual Report

Moved: Stephen Williamson Seconded: Anna Dion Result: Carried

d. Guarding Minds (Katie)

Information

10

i. Diversity and Inclusion Report

Reviewed PowerPoint as presented.

e. CEO Report Discussion 5

Generative Discussion:

- Should the CEO report live in the consent agenda, or in Business?
- Can we elongate the consent agenda portion, and offer an opportunity for discussion?
- Not building conversation and relationships, and would like it taken off the consent agenda.
- Opportunity for the CEO to talk about key initiatives with the Board.
- Is there an opportunity to offer a hybrid keep it brief and offer time to ask questions, but not review each line item.
- Should we extend our Board meeting timing to 8pm to account for extra time required.
 - o In agreement that the Board is not offering good governance by rushing discussions.

Outcomes:

- CEO report moved to business, with understanding that it is for questions and not full presentation.
- Board meeting to be extended to 8pm we will offer an intermission to account for the extra time.

Motion: To go in camera			
Moved: Stephen Williamson	Seconded: Corey Fortier	Result: Carried	
Motion: To end in-camera session			
Moved: Stephen Williamson	Seconded: Cathy Doolan	Result: Carried	

f. Annual Board Evaluation Results

Discussion

Held – to go out in post-meeting email.

5) Committee Updates (Cathy)

Information

10

Governance committee updates: Committee will be bringing proposed work plan, revised TOR and status of policy review to the Board in the Fall. Orientation to start over the summer, details to come.

6) Alliance Board Liaison Updates (Cathy)

Information

2

Reminder on upcoming 6-CHC zoom meeting on compensation strategy.

Adjournment **Approval**

Motion: To adjourn at 8:28pm

1

Moved: Cathy Doolan	Seconded: Layal Younes-Dewolf	Result: Carried
---------------------	-------------------------------	-----------------